

# PREA Facility Audit Report: Final

**Name of Facility:** Troop B Canaan

**Facility Type:** Lockups

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 07/20/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Adam T Barnett, Sr.	<b>Date of Signature:</b> 07/20/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Barnett, Adam
<b>Email:</b>	adam30906@gmail.com
<b>Start Date of On-Site Audit:</b>	06/24/2024
<b>End Date of On-Site Audit:</b>	06/25/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Troop B Canaan
<b>Facility physical address:</b>	Route 7, 463 Ashley Falls Road, Canaan, Connecticut - 06018
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Sheriff/Chief/Director</b>	
<b>Name:</b>	Lieutenant Jeremy Combes
<b>Email Address:</b>	jeremy.combes@ct.gov
<b>Telephone Number:</b>	860-626-1820

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	3
<b>Current population of facility:</b>	0
<b>Average daily population for the past 12 months:</b>	0
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	18-70
<b>Facility security levels/detainee custody levels:</b>	Temp Holding
<b>Does the facility hold juveniles or youthful detainees?</b>	Yes
<b>Number of staff currently employed at the facility who may have contact with</b>	45

<b>detainees:</b>	
<b>Number of individual contractors who have contact with detainees, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with detainees, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
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<b>Name of agency:</b>	Connecticut State Police
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	1111 Country Club Road, Middletown, Connecticut - 06457
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
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<b>Name:</b>	Colonel Daniel Loughman
<b>Email Address:</b>	Daniel.Loughman@ct.gov
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
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<b>Name:</b>	Susan Cecil	<b>Email Address:</b>	Susan.cecil@ct.gov
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<b>Facility AUDIT FINDINGS</b>	
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<b>Summary of Audit Findings</b>	
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The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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:**

0

**Number of standards met:**

35

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-06-24
2. End date of the onsite portion of the audit:	2024-06-25

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	CT Alliance to End Sexual Violence

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	3
15. Average daily population for the past 12 months:	0
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	0
<b>37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>26</p>

<b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	0
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input checked="" type="checkbox"/> None
<b>If "None," explain:</b>	No detainee to interviewee at the facility.



<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	No detainee to interviewee at the facility.
<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:</b>	No detainee to interviewee at the facility.
<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b>	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/detainees.</p> <p><input type="checkbox"/> The inmates/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/detainees).</b></p>	<p>No detainee to interviewee at the facility.</p>
<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No detainee to interviewee at the facility.</p>

<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No detainee to interviewee at the facility.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No detainee to interviewee at the facility.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No detainee to interviewee at the facility.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No detainee to interviewee at the facility.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No detainee to interviewee at the facility.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No detainee to interviewee at the facility.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No detainee to interviewee at the facility.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No detainee to interviewee at the facility.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No detainee to interviewee at the facility.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>Gender and race.</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>0</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>a. Explain why it was not possible to interview the Agency Head:</b></p>	<p>Previously interviewed by DOJ Certified Auditor.</p>



<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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### Was the site review an active, inquiring process that included the following:

<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
<p><b>Documentation Sampling</b></p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No text provided.</p>

# SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

### 92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

**94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Harassment Investigation Outcomes**

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

**96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	No allegations reported.



<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>No allegations reported.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No text provided.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

**115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

Yes

No

### Non-certified Support Staff

**116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

**Identify the name of the third-party auditing entity**

Diversified Correctional Services LLC

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>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.</p>

<b>115.111</b>	<b>Zero tolerance of sexual abuse and sexual harassment</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) Policy A&amp;O Section #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures</li> <li>• Agency Organizational Chart</li> <li>• Pre-Audit Questionnaire (PAQ)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Agency PREA Coordinator</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.111 (a)</b></p> <p>The provision requires the agency to have a written policy mandating zero tolerance</p>

toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outline the agency's approach to preventing, detecting, and responding to such conduct.

A review of the policy included definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The agency has sanctions for those found to have participated in sexual abuse or sexual harassment after conducting a formal investigation.

The agency also has a description of strategies and responses to reduce and prevent sexual abuse and sexual harassment of detainees. This includes a clear PREA policy, PREA posters, PREA flyers, method for detainees to call and report sexual abuse or harassment and numbers for emotional support services.

Policy: DESPP A&O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 1, Section B: DESPP has a zero tolerance toward all forms of sexual abuse and sexual harassment (28 CFR 115.111). The Division of State police do not tolerate retaliation against any person who reports sexual abuse or sexual harassment or who cooperates with a sexual abuse or sexual harassment investigation.

Policy: DESPP A&O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 1-3, Section C: provides a detailed list of definitions related to sexual abuse and sexual harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.111 (b)**

The provision requires the agency to employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its lockups.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency has employed an upper-level, agency-wide PREA coordinator, which is in

a Lt position and rank, and has access to the agency upper-level senior leadership team.

Informal conversation with the agency PREA coordinator confirmed that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all agency facilities.

Review of the agency organization chart confirms that the chain of command includes the agency PREA coordinator which reports to the Office of the Deputy Commissioner.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 3-4, Section D: DESPP, through the Office of the Deputy Commissioner/Colonel of the Division State Police ensure that an upper-level employee is designated as the agency’s PREA Coordinator.

DESPP policy states that the PREA coordinator has sufficient authority to develop, implement, and oversee the department’s efforts to comply with the PREA standards in all departmental lockups. The PREA coordinator duties are:

- Take necessary action to ensure the department’s compliance with the PREA standards, subject to the approval of the Commissioner.
- Annually submit a status report of PREA compliance standards, investigative training requirements and reported investigated incidents to the Commissioner.
- Detail any corrective action required to ensure compliance with the PREA standards.
- Review submitted staffing plans for all department lockup facilities.
- Liaison with other units within DESPP regarding necessary policy revisions and records retention matters pertaining to compliance with the PREA standards.
- Ensure required audits of lockup facilities are arranged and conducted, in conjunction with affected troop/unit commanders, to the extent that such audits are applicable to the department’s facilities.
- Develop methods for staff to privately report sexual abuse and sexual harassment of detainees and prisoners.
- Develop a written plan to coordinate response among staff first responders, medical and mental health practitioners, investigators, and department leadership to an incident of sexual abuse.

PREA coordinator (previously interviewed) discusses how she coordinates agency’s facilities efforts to comply with the PREA standards. District commanders conduct annual spot inspections of each troop in their district to ensure they are following the agency PREA policy and all PREA standards. Troops have a sergeant assigned as the PREA liaison. The sergeants are responsible for day-to-day PREA spot checks and ensuring compliance. When there is a non-complaint, the PREA coordinator is notified and follows along the investigation through closing.

PREA coordinator (previously interviewed) reported that she has enough time to manage all her PREA related responsibilities.

	<p>PREA coordinator (previously interviewed) confirmed that when she identifies an issue with complying with a PREA standard, the actions or processes she undertake to work towards compliance with the standard is to review the PREA standard, PREA policy, and identify if there is a need to change practice within the agency. Wherever there is a need for change, she would facilitate the change or coordinate additional training.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b> The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.112</b>	<b>Contracting with other entities for the confinement of detainees</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures</li> <li>• Pre-Audit Questionnaire (PAQ)</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.112 (a)</b></p> <p>The provision requires, a law enforcement agency that contracts for the confinement of its lockup detainees in lockups operated by private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligations to adopt and comply with the PREA Standards.</p>



**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

The law enforcement agency has not contracted with another entity for the confinement of its detainees. The agency has no contractors that are required to adopt and comply with the PREA standards.

Based on a review of information the facility provided in the PAQ, the number of contracts for the confinement of residents that the agency entered or renewed with private entities or other government agency on or after August 20, 2012, or since the last PREA audit, whichever is later was zero. The number of above contracts that did not require contractors to adopt and comply with PREA standards was zero.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.112 (b)**

The provision requires that any new contract or contract renewal should provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

The agency/facility does not contract with another entity for the confinement of its detainees. The agency is not required to monitor any contractor for PREA compliance.

Based on a review of information the facility provided in the PAQ, the number of contracts referenced in 115.212 (a)-3 that do not require the agency to monitor contractor's compliance with PREA standards was zero.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**Overall Findings:**

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on

analysis, the facility is compliant with all provisions in this standard.

**115.113 Supervision and monitoring**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Evidence Relied Upon in Making the Compliance Determination:**

**Documentation:**

- Department of Emergency Services and Public Protection (DESPP) A&O Section #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures
- Pre-Audit Questionnaire (PAQ)
- DEPP-0103-C
- Troop Staffing Plan

**Site Review:**

**Interviews:**

- Agency PREA Coordinator
- Master Sgt. (Facility Commander)
- Security Staff

**Compliance Determination by Provisions and Corrective Action:**

**115. 113(a)**

The provision requires, for each lockup, the agency to develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect detainees against sexual abuse. In calculating adequate levels of staffing levels and determining the need for video monitoring, agencies shall take into consideration: The physical layout of each lockup. The composition of the detainee population. The prevalence of substantiated and unsubstantiated incidents of sexual abuse. And any other relevant factors.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures states for each lockup under the control of DESPP, a documented staffing plan be developed that provides for adequate levels of staffing, and where applicable, video monitoring to protect detainees against sexual abuse. The following factors are taken into consideration in calculating adequate staffing levels and determining the need for video monitoring:

- o The physical layout of each lockup.
- o The composition of the detainee population.
- o The prevalence of substantiated and unsubstantiated incidents of sexual abuse.
- o Any other relevant factors.

Based on a review of information the facility provided in the PAQ, since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents was 2. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated was 4.

The auditor reviews the Connecticut State Police Troop B – North Canaan staff plan and confirmed that the language in the staffing plan included Pursuant to A&O 19.03-30 Prison Rape Elimination Act (PREA) standards and Procedures, Troop B has developed and documented a minimum staffing plan that provides for adequate levels of staffing and where applicable video monitoring, to protect arrestees/ detainees against sexual abuse and sexual harassment.

In developing Troop B’s staffing plan and determining whether any adjustments are needed, the following factors were taken into consideration:

- The physical layout of each facility.
- The composition and yearly average of the arrestee population.
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse.
- Any finding of inadequacy from any federal, state, or administrative investigative agencies.
- Prevailing staffing patterns.
- The deployment of existing video monitoring systems or other monitoring technologies.

A review of the staffing plan confirmed that Troop B maintains minimum staffing levels of at least four (4) patrol troopers, one (1) desk officer, one (1) dispatcher (or additional Trooper), and one (1) supervisor consistent with the minimum patrol requirements.

**Site Review:**

- During the audit site review, the auditor observes adequate staffing levels at the site. The staffing levels for field troopers will vary based on the troops being onsite upon the detaining of an individual. When there is a detainee onsite staff are in direct proximity, conducting the processing of the detainee.
- The facility has cameras to supplement supervision of detainees. They are on the inside and outside area of the facility to help eliminate blind spots and to assist in monitoring detainees. Cameras monitor for site and sound. Additionally, staff can deploy body cameras if needed.
- The arresting officer serves as the direct care staff at the time, unless additional assistance is needed. A staff member is dispatched provides continuous monitoring of the cameras. The cameras have sound and site capabilities. When detainees are in

a holding cell and using the restroom, the camera blurs out the area below the waist (automatically).

- Informal conversation during the site review with the PREA Coordinator and Facility Commander and a review of the staffing plan confirmed the audio and video systems continuously monitor the detainees' condition and servers to communicate by two-way radio with detainees and sworn personnel in the cell area. The cell block cameras are equipped with privacy capabilities to protect detainee's privacy. CSP has updated technology to ensure accountability and safety for its personnel and the public. CSP Cruisers are equipped with GPS tracking capabilities. CSP has implemented the use of Body Worn Cameras (BWC) and Mobile Video Recorders (MVR) by its personnel to enhance policing transparency, increase public trust, and to help foster police-community relations. These cameras help with the video documentation of all detainee interactions/transport.

- Juveniles are held in a separate room if adult detainees are on site. Juveniles do not typically go into the holding cells. Movement of a detainee is restricted to the holding area and to the release waiting room. During informal and formal conversations, staff reported that they typically do not have individuals onsite for more than an hour. It was further reported that they will also try to separate the male and female detainees; particularly if they are onsite for more than one hour. Additionally, it was reported that, if possible, they will have the same gender transport and supervision.

Master Sgt. (Facility Commander) reported that the facility has a staffing plan, there is minimal staffing onsite to include a desk trooper and a supervisor. A desk trooper does consistent video monitoring, and it is recorded. The plan is documented and located in the dispatch area. The staffing plan varies from shift to shift and weekdays to weekends. Video monitoring is constantly occurring in the facility processing area regardless of staffing levels. The site does not house detainees any longer than necessary. Every effort is made to separate detainees of the opposite sex and juveniles are not placed in the adult area. Additional staff can be called as necessary. The staffing plan will be reviewed as necessary and as problem arises. Troopers are on call 24/7.

PREA coordinator (previously interviewed) reported that she is involved in the development of the staffing plan for the lockup. After the troop commander drafts or revises a staffing plan, it is sent to her for review and approval.

PREA coordinator (previously interviewed) reported when assessing adequate staffing levels and the need for video monitoring, explain that the facility staffing plan considers the physical layout of each lockup; the composition of the detainee population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; any other relevant factors. The agency continuously monitors 24/7 with video monitoring in addition to body cameras worn by the troopers and officers. There is a desk officer assigned to each shift and it is their responsibility to monitor all activity in the processing room and temporary holding facilities. Each lockup has single cell housing. The minimum staffing outlined is based on based upon the

physical layout of the facility lockup cells. If the facility is full, the plan outlines where the overflow of detainees would be transported. If there ever was an overflow of detainees and the facility is not able to house them appropriately, the facility transports them to other state/local facility or DOC. The facilities are temporary holding facility with single cell housing. If there was a substantiated incident of sexual abuse it would most likely be against an employee, who would be terminated. If there were numerous unsubstantiated incidents, the agency may determine the need for more supervision as that location and there would be a constant review of the camera systems by the PREA coordinator unit. The agency will make changes as deem necessary.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115. 113(b)**

The provision requires, in circumstances where the staffing plan is not complied with, the lockup to document and justify all deviations from the plan.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

In situations in which a deviation is made from the staffing pan, written justification for such deviation is documented and sent to the PREA coordinator by the facility supervisors.

A review of the staffing plan confirmed that each time the staffing plan is not complied with, the troop commander documents and justifies all deviations from the staffing plan and shall forward the document with justifications to the PREA Coordinator.

Based on a review of information that the facility provided in the PAQ, each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. Past 12 months was 0.

Master Sgt. (Facility Commander) reported that all shifts are covered by staff and if no staff is available the supervisor or Lt. would cover the shift.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115. 113(c)**

The provision requires, whenever necessary, but no less frequently than once each year, the lockup to assess, determine, and document whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section: Prevailing staffing patterns: The lockup's deployment of video monitoring systems and other monitoring technologies, and

The resources the lockup has available to commit to ensure adequate staffing levels.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

According to a review of the staffing plan, the troop commander is responsible for yearly review of and, if necessary, adjustments to the Troop's PREA staffing plan. The troop commander determines and documents whether adjustments are needed to the staffing plan no less than once a year.

PREA coordinator (previously interviewed) reported that the staffing plan for this facility is reviewed at least every year, she is consulted regarding any necessary adjustments. The agency has a command meeting to discuss a review of each staffing plan. At the meeting PREA is discuss for any necessary adjustments.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115. 113(d)**

The provision requires, if vulnerable detainees are identified pursuant to the screening required by 115.141, security staff to provide such detainees with heightened protection, to include continuous direct sight and sound supervision, single-cell housing, or placement in a cell actively monitored on video by a staff member sufficiently proximate to intervene, unless no such option is determined to be feasible.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

The facility utilizes a screening process required by 115.141 to identify vulnerable detainees. Vulnerable detainees are provided with heightened protection.

Policy: DESPP A&O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 4, Section E: All detainees shall be screened to assess their risk of being sexually abused by other detainees or sexually abusive toward other

detainees. 1.2. Troopers and police officers shall ask the detainee about his or her own perception of vulnerability; and the following criteria shall also be considered, to the extent that the information is available: a,b,c,d,e, whether the detainee has a mental, physical, or developmental disability. The age of the detainee, the physical build and appearance of the detainee. Whether the detainee has previously been incarcerated. The nature of the detainee's alleged offense and criminal history.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 5, Section E: If after a risk assessment screening, as outlined in section E2 above, any trooper or police officer determines that a detainee is identified as a vulnerable detainee, the trooper or police officer shall provide such detainee with heightened protection. Unless no such measure is determined to be feasible after consultation with the duty supervisor, such protection measure shall include (in order of preference): 1.2.3. Single-cell housing; Continuous direct sight and sound supervision; or Placement in a cell actively monitored on video by an employee sufficiently proximate to intervene. Such heightened protection measure (s) for the detainee shall continue to be reemployed for the duration of the detainment, and any post-screening transportation) i.e. prisoner transport) provided in a department vehicle or vehicle operated by a police officer under the jurisdiction and direction of the Division of State Police to or from court, a medical facility, a correctional center, or other entity.

A review of 61 PREA Notice and Screening Form completed on each detainee to include from hours to overnight stay confirmed that the facility has a process to access detainees for vulnerabilities.

Security Staff – The interviewed staff reported that if vulnerable staff are identified during screening the actions taken to protect them include keep separated, increase monitoring, go over the PREA information with them, and provide them for community related victim services if needed. Juveniles would always be kept separate, and they try to separate genders as well.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**Overall Findings:**

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Evidence Relied Upon in Making the Compliance Determination:**

**Documentation:**

- Department of Emergency Services and Public Protection (DESPP) A&O Section #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures
- Juvenile Arrest (Resolving Juvenile Matters)
- Logbooks Pages
- Detainee List Past 12 Months (0)
- Pre-Audit Questionnaire (PAQ)

**Site Review:**

**Interviews:**

- Master Sgt. (Facility Commander)
- Random Sample of Staff
- Juveniles/Youthful Detainees

**Compliance Determination by Provisions and Corrective Action:**

**115. 114(a)**

The provision requires that juveniles and youthful detainees to be held separately from adult detainees.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

The agency/facility holds juveniles and youthful detainees separately from adult detainees.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 4, Section E: states that juveniles and youthful detainees (under the age of 18) shall be held separately from adult detainees.

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of juveniles/youthful detainees held in the facility was 0.

A review of the Juvenile Arrest (Resolving Juvenile Matters) – provides police officers with a number of options when handling incidents involving a child who is accused or had been convicted of coming a crime.

A review of the Detainee List over 12 months: The auditor reviewed the detainee list onsite. The list is held in the logbook. There are separate logbooks for adults and juveniles.



	<p><b>Site Review:</b></p> <p>The auditor reviewed the location in which juveniles’ detainees would be held. Through informal conversations the Sergeant reported that they will only complete processing paperwork of juveniles in the holding center area. If there is an adult detainee onsite, they will place them in separate rooms and close the door. There are three holding cells and one processing cell. A door can be closed to separate the two areas.</p> <p>Master Sgt. (Facility Commander) reported that the site does not have segregated housing.</p> <p>Twelve random troopers were interviewed by the auditor’s non-certified support staff. Nine White, Two Hispanic, and One Black. Twelve males and zero females. Troopers stated that juvenile detainees are held separately from adult detainees. It was also reported that they are typically not held in the lock up area but in a room with a trooper until transferred or released.</p> <p>Juveniles/Youthful Detainees - There were no detainees to interview regarding whether detainees had any contact with adult detainees.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.115</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Evidence Relied Upon in Making the Compliance Determination:</b>
	<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures</li> <li>• Policy A&amp;O 19.2.8 – Cross-Gender Searches</li> </ul>

- Policy A&O 19.01.17 (4) d Shower, Perform Bodily Functions, etc.
- Staff Training Curriculum
- Staff Training Log (Electronic Sign Off Date)
- Documentation of Searches
- Pre-Audit Questionnaire (PAQ)

**Site Review:**

**Interviews:**

- Random Sample of Staff -
- Non-Medical Staff (Involved in Cross-Gender Strip or Visual Searches)
- Detainee Interview Questionnaire
- Transgender/Intersex Detainees

**Compliance Determination by Provisions and Corrective Action:**

**115.115 (a)**

The provision requires lockup not to conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 4, Section E4: Troopers and police officers shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (Refer to A&O 19.2.8). Consistent with A&O 19.01.17 (4) d, detainees shall be enabled to shower, perform bodily functions, and change clothing without non-medical employees of the opposite gender viewing the detainee’s breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. 1. Employees of the opposite gender of the detainee shall announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing.

A review of Strip Searches (C.G.S. 54-331) CALEA 1.2.6 section 1. No person arrested for a motor vehicle violation, or a misdemeanor shall be strip searched unless there is a reasonable belief that the individual is concealing a weapon, a controlled substance or contraband. Section 3. Any trooper conducting a strip search shall: obtain written permission from the commissioner or a designee of the commissioner and prepare a report regarding the conduct and results of the search of Form DPS-874-C.

The CALEA policy also states that strip searches shall not be conducted on juveniles unless there is an extenuating emergency circumstance that compels a strip search of a juvenile. Troopers shall seek guidance for their chain of command, and the

juvenile prosecutor's office before proceeding, and the procedures listed above in section 3 are still to be followed.

The CALEA policy regarding body cavity searches (C.G.S. 54-331 (a) section 1. No search of a body cavity, other than the mouth, shall be conducted without a search warrant.

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents were zero.

Documentation review determined that there have been no strip search or body cavity searches. Detainees have privacy if it is necessary for them to change clothing. Policy requires Detainees and staff may be subject to pat down searches by the same gender that will be conducted in a manner that avoids force, embarrassment or indignity to the person being searched.

**Site Review:**

During the site review the auditor observed the intake/processing area. The area is a small location that conducts processing for detainees. The detainees are onsite for a limited time frame typically of one hour for processing. Unless exigent circumstances strip searches would not occur. Through informal conversations the staff reported that they try to do same gender searches along with observation when needed.

Detainee Interviews: There were no detainees to interview regarding, are you and other detainees ever naked in full view of male//female staff.

Detainee Interviews: There were no detainees to interview regarding, if the detainee has any reason to believe that they were strip-searched for the sole purpose of determining their genital status.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.115 (b)**

The provision requires that the lockup document all cross-gender strip searches and cross-gender visual body cavity searches.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The site does not conduct cross-gender strip searches and cross-gender visual body cavity searches. If this was to occur the agency would require that all cross-gender

strip searches and cross-gender visual body cavity searches be documented and approved.

Policy: DESPP A&O #19.2.8 – Prison Rape Elimination Act (PREA) Standards and Procedures. Strip Searches and Body Cavity Searches provides guidelines of the strip search procedures and all strip searches be conducted by the same sex as the arrested person.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.115 (c)**

The provision requires that the lockup to implement policies and procedures that enable detainees to shower, perform bodily functions, and changes clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The facility has implemented policies and procedures that enable detainees to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, 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 an area where detainees are likely to be showering, performing bodily functions, or changing clothing.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 5, Section E4: Troopers and police officers shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (Refer to A&O 19.2.8). Consistent with A&O 19.01.17 (4) d, detainees shall be enabled to shower, perform bodily functions, and change clothing without non-medical employees of the opposite gender viewing the detainee’s breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. 1. Employees of the opposite gender of the detainee shall announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing.

The auditor review of the staffing plan confirmed that Department member shall

announce themselves prior to entering the cellblock containing a detainee of the opposite gender pursuant to A&O 19.03.30. Members making these checks shall have in their possession the keys to the cells in the event and immediate entry is required.

Detainee Interviews: There were no detainees to interview regarding, does male/female staff announce their presence when entering an area where detainees may be showering, using the toilet, or changing clothing.

Twelve random troopers were interviewed by the auditor's non-certified support staff. Nine White, Two Hispanic, and One Black. Twelve males and zero females. The troopers reported that detainees are held in a single person holding cell while being processed and if needed to use restroom a door that separates the processing area and the holding cells can be closed. Troopers stated they do not normally announce themselves due to the small area and detainees are only in processing area for brief period before being transported to another location or released. It was further reported that while there are cameras in the area, the cameras block near the toilet. The auditor was able to verify through onsite testing. The detainee does not take showers in lockup. They are there for a short time.

**Site Review:**

Unless exigent circumstances detainees should not be undressed at the site. There is a private bathroom and there are toilets in the holding cells. The toilets have direct observation however it was reported that if placed in a holding the facility would try to place the same gender staff to conduct monitoring. The auditor observed the camera set up and spoke to the dispatch team regarding observation of the toilet and cells. Staff reported that the camera will automatically fuzzi, waist down, when the camera is near the toilet area. The auditor asked staff to demonstrate the process. Staff showed the auditor all cells on the monitor.

The auditor had informal conversations with the PREA Coordinator, and the Facility Commander and a review of the staff plan confirmed when more than one arrestee/detainee is being booked at the same time, all troopers/officers involved in the booking process shall make every effort to house detainees separately in single cell housing to limit interactions between detainees. Detainees of the opposite sex shall be housed separately. If detainees of different genders are in custody, one gender will be transported to Troop L or appropriate Department of Corrections of Judicial Marshall holding facility. If the facility is at full capacity with detainees, the duty supervisor shall coordinate arrangement for detainee transportation to another facility while maintaining sufficient staff levels.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.115 (d)**

The provision requires the lockup not to search or physically examine a transgender or intersex detainee for the sole purpose of determining the detainee's genital status. If the detainee's genital status is unknown, it may be determined during conversations with the detainee, 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.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex detainee for the sole purpose of determining the detainee's genital status.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 5, Section E4: Troopers and police officers shall not search or physically examine any a transgender or intersex detainee for the sole purpose of determining the detainee's genital status.

**Site Review:**

During the site review, the auditor:

1. Observed the facility critical functions of cross-gender viewing. The auditor observes areas where detainees may be held. The facility is designed to hold detainees overnight and there are no shower areas. They have access to a toilet in a holding cell. The toilets can have direct observation however the cameras blur out near the toilet area. The staff provided same gender observation in needed.
2. Observed the facility critical function of cross-gender announcements. It was further determined that cross-gender announcements do not occur as they will deploy same gender staff in the holding area. The auditor observed that juvenile, female and male detainees can be housed at the site.
3. Observed the facility critical functions of cross-gender viewing. The auditor viewed the placement and angle of electronic surveillance monitoring in the main control room. The cameras do not show detainees private sections using the toilet.
4. Observed the facility critical function of the physical storage area of any information/documentation collected and maintained as hard copy. The hard copies of the PREA screening are kept in the detainees' file and maintained in lock file drawer a then moved to the headquarters storage location. Files were onsite for the audit process. Onsite/active files are kept in a locked records room.

Twelve random troopers were interviewed by the auditor's non-certified support staff. Nine White, Two Hispanic, and One Black. Twelve males and zero females. The troopers reported that CT State Police prohibits staff from searching or physically

examining a transgender or intersex detainee for the purpose of determining that detainee's genital status.

Transgender/Intersex Detainees: There were no transgender/intersex detainees' onsite during the audit process.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.115 (e)**

The provision requires the agency to train law enforcement staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex detainees, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures states that the department train troopers in how to conduct cross-gender pat-down searches, and searches of transgender and intersex detainees, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

A review of the Training Curriculum (module 6 Handcuffing) provides documentation that troopers received training on cross gender pat down searches of transgender and intersex detainees.

A review of the Staff Training Log provides documentation that troopers received training on cross gender pat down searches of transgender and intersex detainees.

Twelve random troopers were interviewed by the auditor's non-certified support staff. Nine White, Two Hispanic, and One Black. Twelve males and zero females. The training for troopers during the academy included instructions on performing pat-down searches for individuals of different genders, including transgender and intersex individual. This training emphasized using the back of the hand, ensuring body camera is recording and if possible, search person in the front of cruiser to ensure that dash camera is also recording. Troopers reported specifically that cross-gender searches should only be conducted if it's not possible to have another trooper of the same gender perform the search. Troopers stated that they have received in the last year they reviewed training on Power DMS regarding searching

Corrective Actions:

N/A. There are no corrective actions for this provision.

	<p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.116</b>	<b>Detainees with disabilities and detainees who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures</li> <li>• DESPP A&amp;O 19.05.06 Neglected or Abused Children</li> <li>• DESPP A&amp;O 19.03.07 Elderly Persons Aged Sixty (60) Older</li> <li>• DESPP A&amp;O 19.03.25 Intellectual Disability</li> <li>• Language Line Services Flyer</li> <li>• Zero Tolerance Flyer (Spanish)</li> <li>• Pre-Audit Questionnaire (PAQ)</li> </ul> <p><b>Site Review:</b></p> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Agency Head</li> <li>• Detainees (with disabilities or who are limited English proficient)</li> <li>• Random Sample of Staff</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115. 116 (a)</b></p> <p>The provision requires that the agency to take appropriate steps to ensure that detainees with disabilities (including, for example, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual,</p>



psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with detainees who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with detainees with disabilities, including detainees who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

The agency has established procedures to provide disabled detainees 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.

Policy: DESPP A&O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 5-6, Section E6: Detainees with disabilities include detainees who are deaf or hard of hearing, blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities. Troopers and police officers shall take appropriate steps to ensure that detainees with disabilities or detainees with limited English proficiency have an equal opportunity to participate in or benefit from all aspects of the department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include:

1. When necessary to ensure effective communication with detainees who are deaf or hard of hearing, or who are limited English proficiency, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.
2. Providing written materials in formats or through methods that ensure effective communication with detainees with disabilities, including detainees who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

The agency has documents in Spanish and English. The site utilizes language line services if there is limited English speaking individual.

**Site Review:**

During the onsite audit the auditor informally discussed with staff how interpreter services are addressed. The staff would seek interpreter services through Language Line. The auditor observed PREA related information in the lock up area in English/

Spanish.

Agency Head Designee (previously interviewed) report that the agency has established procedures to provide detainees with disabilities and detainees who are limited English proficient 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. The agency will request officers to assist with translation or utilize the language line if needed.

Detainees (with disabilities or who are limited English proficient) - There were no limited English proficient or detainees onsite during the onsite audit process.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.116 (b)**

The provision requires the agency to 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 detainees who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency has established procedures to provide detainees 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 or sexual harassment.

Policy: DESPP A&O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 5-6, Section E6: Detainees with disabilities include detainees who are deaf or hard of hearing, blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities. Troopers and police officers shall take appropriate steps to ensure that detainees with disabilities or detainees with limited English proficiency have an equal opportunity to participate in or benefit from all aspects of the department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include:

1. When necessary to ensure effective communication with detainees who are deaf or hard of hearing, or who are limited English proficiency, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

2. Providing written materials in formats or through methods that ensure effective communication with detainees with disabilities, including detainees who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

Staff Training: provided adequate information on how troopers would appropriately engage individual with disabilities and/or limited English proficient.

**Site Review:**

During the onsite audit the auditor informally discussed with staff how interpreter services are addressed. It was determined that staff are aware of accessing the language line services.

Detainees (with disabilities or who are limited English proficient) - There were no limited English proficient or disabled detainees onsite during the onsite audit process.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.116 (c)**

The provision requires the agency to not rely on detainee interpreters, detainee readers, or other types of detainee assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety, the performance of first-response duties under 115.164, or the investigation of the detainee's allegations.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

The program has not relied on detainee interpreters, detainee readers, or other types of detainee's assistants.

All staff indicated that they would not let detainees serve as interpreters. The facility has staff interpreters and if needed they will access the language line.

Policy: DESPP A&O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 5-6, Section E6: Troopers and police officers shall not rely on other detainees for assistance with interpreting, reading, or similar activities except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety, the performance of first-response duties under section G of this policy, or the investigation of a detainee's allegations of sexual abuse, sexual harassment, or retaliation.

Based on a review of information the facility provided in the PAQ, in the past 12

	<p>months, the number of instance 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 residents' safety, the performance of first-response duties under 115.264, or the investigation of the resident's allegations was zero.</p> <p>Twelve random troopers were interviewed by the auditor's non-certified support staff. Nine White, Two Hispanic, and One Black. Twelve males and zero females. The interviewed troopers affirmed that they would not rely on another detainee to interpret or assist a disabled or limited English proficiency detainees in reporting any allegations of sexual abuse or harassment. Instead, the troopers stated that arrangements would be made for a staff member to provide interpretation assistance if needed, they would contact the language line, call local police, or dispatch.</p> <p>Detainees (with disabilities or who are limited English proficient): There were no detainees' onsite during the audit process.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.117</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures</li> <li>• 5 - year Background Checks</li> <li>• Initial Background Checks</li> </ul>

- Hiring/Application Package
- SPRC (State Police Record Check) System
- FLIQ (NLETS Criminal History Identity) System
- FLOQW (Person Query Form)

**Interviews:**

- Administrative (Human Resources) Staff

**Compliance Determination by Provisions and Corrective Action:**

**115.117(a)**

The provision requires, the agency not to hire or promote anyone who may have contact with detainees and shall not enlist have services of any contractor who may have contact with detainees, 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).

Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 15-16, Section O: - states that the department does not hire or promote anyone who may have contact with detainees, and not enlist the services of any contractor who may have contact with detainees 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). 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. Has been civilly or administratively adjudicated to have engaged in the activity described in subsection O (1) (b).

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.117 (b)**

The provision requires that the agency consider any incidents of sexual harassment

in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with detainees.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 15-16, Section O: states that the department shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with detainees.

Administrative (Human Resources Previously Interviewed) staff reported that the agency does consider prior incidences of sexual harassment. It was further reported that such considerations are outlined in policy.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies corroborated that the facility is complying with the provisions of this standard.

**115.117 (c)**

The provision requires before hiring new employees, who may have contact with detainees, the agency shall: Perform a criminal background records check, and Consistent with Federal, State, and local laws, make its best efforts to contact all prior institutional employees for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – states that before hiring new employees who may have contact with detainees, the department shall: (a) Perform a criminal background records check; and consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks was 10.

Administration (Human resources Staff Previously Interviewed) reported that the agency conducts criminal background checks at the state and federal level, in addition to conducting motor vehicle checks. The agency runs SPRC (State police

record check), FLIQ (NLETS Criminal History Identity, and FLQW (person query form).

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.117 (d)**

The provision requires the agency to perform a criminal background record check before enlisting the services of any contractor who may have contact with detainees.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 15-16, Section O: states that the department also performs a criminal background record check before enlisting the services of any contractor who may have contact with detainees.

Based on a review of information the facility provided in the PAQ, in the past 12 months, 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 was zero.

Administration (Human Resources Staff Previously Interviewed) reported that the agency conducts criminal background checks at the state and federal level, in addition to conducting motor vehicle checks. The agency runs SPRC (State Police Record Checks), FLIQ (NLETS Criminal History Identity, and FLQW query form).

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.117 (e)**

The agency requires either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with detainees or have in place a system for otherwise capturing such information for current employees.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 15-16, Section O: – states that the department shall either conduct criminal background record checks at least every five (5) years of current employees and contractors who may have contact with detainees or have in place a system for otherwise capturing such information for current employees.

The agency conducts 5-year background checks on the entire troop. This is the agency’s first PREA Audit, all staff had a refresh background check run on them during the audit phase.

Administrative (Human Resources Staff Previously Interviewed) reported that every employee at the agency is required to complete a successful background check prior to being employed officially by the agency. In 2024 the agency is running all CSP and constables. All personnel will be run again in five years. The agency conducts law enforcement background checks on all state troopers.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.117 (f)**

The provision requires, the agency to ask all applicants and employees who may have contact with detainees directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 15-16, Section O: states that the department ask all applicants and employees who may have contact with detainees directly about previous misconduct described in subsection O (1) above in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. All employees who may have contact with detainees shall have a continuing affirmative duty to disclose any misconduct described in subsection O (1).

Administrative (Human Resources Staff Previously Interviewed) reported that new hires and staff considered for promotion in the detainee areas must complete a PREA Employment Questionnaire. It was further reported that law enforcement officers are subjected to a polygraph examination and policy outlines the duty to



disclose any arrests, not only for sexual misconduct.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**117.117 (g)**

The provision requires material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 15-16, Section O: Material omissions regarding such misconduct described in this section, or the provision of materially false information, shall be grounds for termination.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**117.117 (h)**

The provision requires unless prohibited by law, the agency to 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 15-16, Section O: states that unless prohibited by law, the department provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for who such employee has applied to work.

Administrative (Human Resources Staff Previously Interviewed) reported that the agency does disclose sexual abuse or sexual harassment information to other institutional employers about former employees, upon request from that institution. The legal affairs unit will work with HR on said requests.

	<p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.118</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures</li> <li>• Camera Upgrade: NCS Work Orders</li> <li>• Nationwide Security Corporation (NSC) Invoice No. 72875</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Agency Head Designee</li> <li>• Master Sgt. (Facility Commander)</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.118 (a)</b></p> <p>The provision requires, when designing or acquiring and new lockup and in planning any substantial expansion or modification of existing lockups, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect detainees from sexual abuse.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p>

The agency when designing or acquiring and new lockup and in planning or modification of existing lockup the agency consider the impact of sexual abuse and sexual harassment in its planning.

**Site Review:**

During the site review and interviews with staff there was no information that indicated that the site had made any expansions or modifications.

A review of the Camera Upgrade: NCS Work Order confirmed no additional expansions or modifications.

Agency Head Designee (previously interviewed) report that when designing, acquiring, or planning substantial modifications to facilities, the agency considers the effects of such changes on its ability to protect detainees from sexual abuse. CSP has not made any recent modifications to facilities. If the agency were to make changes, they would follow PREA and CALEA guidelines.

Master Sgt. (Facility Commander) reported that there have been no expansions or modifications except replacing computer equipment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.118 (b)**

The provision requires, 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 detainees from sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

A review of the camera upgrade: NCS Camera Work Order confirmed no major updates in electronic surveillance systems.

**Site Review:**

During the onsite portion of the audit, the auditor checked the monitoring system. The monitoring system is in the dispatch area. The office is utilized to watch cameras and make announcements; along with other duties/responsibilities of staff.

Agency Head Designee (previously interviewed) report that the agency uses monitoring technology (either newly installed or updated) to enhance the protection of detainees from incidents of sexual abuse. The agency considers the effect of such

	<p>changes on the ability to protect detainees from sexual abuse. The agency continuously monitors all detainees via camera (visual and audio).</p> <p>Master Sgt. (Facility Commander) reported that security cameras within the cell blocks/processing area are always recording, and the cameras are pixelated to maintain privacy of the genital area if detainees use the toilet.</p> <p><b>Corrective Actions:</b> N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.121</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures</li> <li>• Crime Scene Evidence</li> <li>• Juvenile Arrest Procedure</li> <li>• Resolving Juvenile Matters Training Log</li> <li>• DESPP A&amp;O 18.2.7</li> <li>• Victim Advocacy Card</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Random Sample of Staff</li> <li>• Agency PREA Coordinator</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.121 (a)</b></p>

The provision requires to the extent the agency is responsible for investigating allegations of sexual abuse in its lockups, the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency/facility is responsible for conducting administrative sexual abuse investigations (including detainee-on-detainee sexual abuse or staff sexual misconduct). The agency/facility is responsible for conducting criminal sexual abuse investigations (including detainee-on-detainee sexual abuse or staff sexual misconduct).

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 6 Section H: Investigators 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. 1. When conducting investigations into all allegations of sexual abuse within a department lockup, troopers and police officers shall follow uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. Refer to A&O 18.2.7 for additional details. Crime Scene Evidence policy provides a detailed description on the protocol on the handling of crime scene (pp.22-23).

Twelve random troopers were interviewed by the auditor’s non-certified support staff. Nine White, Two Hispanic, and One Black. Twelve males and zero females. The troopers were aware of the agency’s protocols. Troopers were able to describe the process and steps required to obtain usable physical evidence to include separating the detainees in custody, using body camera to record scene, securing the area, bagging clothes in certain bags, notifying the supervisor and transporting too medical. The troopers stated that supervisor or major crime unit would conduct sexual abuse investigations.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.121 (b)**

The provision requires agency protocol to be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office of Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic

Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011. As part of the training required in 115.131, employees and volunteers who may have contact with lockup detainees shall receive basic training regarding how to detect and respond to victims of sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The protocol is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ’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. Employees and volunteers who may have contact with detainees receive basic training regarding how to detect and respond to victims of sexual abuse.

The Juvenile Arrest Procedures provides guidance on the uniform evidence protocol while working with youth.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 15, Section N: The department shall train all troopers and any other employee or volunteer who may have contact with lockup detainees to fulfill their responsibilities under the department’s sexual abuse prevention, detection, and response policies and procedures, including training on: (a) (b) (c) (d) (e) (f).

A review of the PREA Training for Lockups Power Point and the Resolving Juvenile Matters Training Log confirmed the process.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.121 (c)**

The provision requires the agency to 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The facility offers all detainees who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 9-10, Section H: When a sexual abuse allegation is made, a forensic medical examination shall be offered to all victims, without financial cost, when evidentiary or medically appropriate. 1. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs), where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. Efforts to provide SAFEs or SANEs shall be documented in the investigator’s report. If a detainee is transported for a forensic examination to a medical facility that offers victim advocacy services, the detainee shall be permitted to use such services to the extent available, consistent with security needs. When a sexual abuse allegation is made by a juvenile detainee, investigators shall ensure that developmentally appropriate protocols are implemented (e.g., Child Advocacy Center interviews, etc.).

Based on a review of information the facility provided in the PAQ, the number of forensic medical exams conducted during the past 12 months was zero. The number of exams performed by SANEs/SAFEs during the past 12 months was zero. The number of exams performed by a qualified medical practitioner during the past 12 months was zero.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.121 (d)**

The provision requires, if the detainee is transported for a forensic examination to an outside hospital that offers victim advocacy services, the detainee shall be permitted to use such services to the extent available, consistent with security needs.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Victims of sexual abuse are transported for forensic examination to an outside hospital.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 9-10, Section H: When a sexual abuse allegation is made, a forensic medical examination shall be offered to all victims, without financial cost, when evidentiary or medically appropriate. 1. Such examinations shall be performed

by Sexual Assault Forensic Examiners (SAFEs), where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. Efforts to provide SAFEs or SANEs shall be documented in the investigator's report. If a detainee is transported for a forensic examination to a medical facility that offers victim advocacy services, the detainee shall be permitted to use such services to the extent available, consistent with security needs. When a sexual abuse allegation is made by a juvenile detainee, investigators shall ensure that developmentally appropriate protocols are implemented (e.g., Child Advocacy Center interviews, etc.).

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of detainees transported to outside hospital for forensic examination was 0. In the past 12 months, the number of detainees transported to outside hospital for forensic examination who were offered victim advocacy services was 0.

PREA coordinator (previously interviewed) reported that victims of sexual abuse are transported for a forensic examination to an outside hospital to receive a forensic examination. The agency does not have medical staff that complete any of these services, so all medical services are always completed by a local hospital. The hospital offers victim advocacy services, and the agency also provides the victim with a victim advocacy card to continue to receive services in case they are released from the hospital and/or agency custody. Victims are also encouraged to continue to use advocacy services. There may be limitations if transported to DOC, however, DOC has onsite services.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.121 (e)**

The provision requires that to the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Twelve random troopers were interviewed by the auditor's non-certified support staff. Nine White, Two Hispanic, and One Black. Twelve males and zero females. The troopers affirmed that they received PREA education as part of the academy training as well as they have regular training in Power DMS system, Roll Call briefings will discussed updates and handouts are given out by supervisors to cover



clear understanding of the Zero Tolerance Policy, the rights of both employees and detainee in custody, recognizing signs and symptoms of sexual abuse, and the procedures for reporting and responding to such incidents. Furthermore, the troopers were able to articulate the appropriate actions to prevent, detect, report, and respond to instances of sexual abuse and harassment include recognizing if they notice physical harm, sadness, shame or isolation. The troopers could articulate ways to avoid inappropriate relationships with detainees as well as ensuring they comply under mandated reporting laws.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.121 (f)**

The provision requires, the requirements in paragraphs (a) through (e) of this section shall also apply to:

- Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in lockups; and
- Any Department of Justice component that is responsible for investigating allegations of sexual abuse in lockups.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

Auditor is not required to audit this provision.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

**Overall Findings:**

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

<b>115.122</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**Evidence Relied Upon in Making the Compliance Determination:**

**Documentation:**

- Department of Emergency Services and Public Protection (DESPP) A&O Section #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures
- Agency Investigation Policy (Website)

**Interviews:**

- Agency Head Designee
- Investigative Staff

**Compliance Determination by Provisions and Corrective Action:**

**115.122 (a)**

The provision requires, that the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including detainee-on-detainee sexual abuse or staff sexual misconduct).

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 9, Section H: DESPP shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received was 0. In the past 12 months, the number of allegations resulting in an administrative investigation was 0. In the past 12 months, the number of allegations referred to for criminal investigation was 0.

Agency Head Designee (previously interviewed) reported that administrative and criminal allegations are investigated by the agency. A call for service is generated and the appropriate investigator is assigned. The PREA Policy is followed.

Agency Head Designee (previously interviewed) report that the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.

Agency Head Designee (previously interviewed) describe how an administrative or criminal investigation is completed for allegations of sexual abuse or harassment. A

call for service is generated and the appropriate investigator is assigned. The PREA policy is followed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.122 (b)**

The provision requires, if another law enforcement agency is responsible for conducting investigations of allegations of sexual abuse or sexual harassment in its lockups, the agency shall have in place a policy to ensure that such allegations are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy, including a description of responsibilities of both the agency and the investigating entity, on its website, or if it does not have one, make available the policy through other means. The agency shall document all such referrals.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

N/A. The agency does not utilize another law enforcement agency to conduct investigations of allegations of sexual abuse or sexual harassment.

Policy on website: Home (ct.gov): Agency policy on the investigation process can be located on the agency website.

Investigative Staff (previously interviewed) reported that the agency policy requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.122 (c)**

The provision requires any state entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in lockups shall have in place a policy governing the conduct of such investigations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

	<p>because:</p> <p>Auditor is not required to audit this provision.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>115.122 (d)</b></p> <p>The provision requires, that any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in lockups shall have in place a policy governing the conduct of such investigations.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>Auditor is not required to audit this provision.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.131</b>	<b>Employee and volunteer training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures</li> <li>• Roster and Background Checks Date</li> <li>• PREA Training Curriculum for Lockups (PPT)</li> <li>• PREA Training Log Staff Signing Dates</li> <li>• New Hire Staff PREA Understanding Acknowledgement Signed-Staff Sign electronically</li> </ul>

**Interviews:**

- Random Sample of Staff
- Volunteer (who may have contact with detainees)

**Compliance Determination by Provisions and Corrective Action:****115.131 (a)**

The provision requires the agency to train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on:

- The agency's zero tolerance policy and detainees' right to be free from sexual abuse and sexual harassment.
- The dynamics of sexual abuse and harassment in confinement settings, including which detainees are most vulnerable in lockup settings.
- The right of detainees and employees to be free from retaliation for reporting sexual abuse or harassment.
- How to detect and respond to signs of threatened and actual abuse.
- How to communicate effectively and professionally with all detainees; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

The agency trains all employees and volunteers who may have contact with detainees on the required topics.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 15-16, Section N: The department shall train all troopers and any other employee or volunteer who may have contact with lockup detainees to fulfill their responsibilities under the department's sexual abuse prevention, detection, and response policies and procedures, including training on: (a) (b) (c) (d) (e) (f). The department's zero-tolerance policy and detainees' right to be free from sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in confinement settings, including which detainees are most vulnerable in lockup settings; The right of detainees and employees to be free from retaliation for reporting sexual abuse or sexual harassment; How to detect and respond to signs of threatened and actual sexual abuse; How to communicate effectively and professionally w with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

A review of the PREA Training Curriculum (PPT) confirmed that the staff has received the required training. The auditor review of the PREA Training Log verified that the

staff has completed the training.

A review of the Employee PREA Training Acknowledgement for New Hire and Refresher-Acknowledge is completed electronically in the training management system.

Twelve random troopers were interviewed by the auditor's non-certified support staff. Nine White, Two Hispanic, and One Black. Twelve males and zero females. The troopers affirmed that they received PREA education as part of the academy training as well as they have regular training in Power DMS system, Roll Call briefings will discussed updates and handouts are given out by supervisors to cover clear understanding of the Zero Tolerance Policy, the rights of both employees and detainee in custody, recognizing signs and symptoms of sexual abuse, and the procedures for reporting and responding to such incidents. Furthermore, the troopers were able to articulate the appropriate actions to prevent, detect, report, and respond to instances of sexual abuse and harassment include recognizing if they notice physical harm, sadness, shame or isolation. The troopers could articulate ways to avoid inappropriate relationships with detainees as well as ensuring they comply under mandated reporting laws.

There were no volunteer to interview regarding whether they received PREA training.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.131 (b)**

The provision requires that all current employees and volunteers who may have contact with lockup detainees to be trained within one year of the effective date of the PREA standards, and the agency shall provide annual refresher information to all such employees and volunteers to ensure that they know the agency's current sexual abuse and sexual harassment policies and procedures.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency/facility provides employees and volunteers who have contact with detainees with information about current policies regarding sexual abuse and sexual harassment. The frequency with which employees and volunteers who may have contact with detainees receive refresher training on PREA requirements annually.

Policy: DESPP A&O #19.03.30 states that all existing employees who may have contact with lockup detainees be trained within one year of the effective date of the PREA standards and provide refresher information annually to ensure that

employees know the department's current detainee sexual abuse and sexual harassment policies and procedures.

A review of the PREA Training Log confirmed completion of the required training.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.131 (c)**

The provision requires the agency to document, through employee signature or electronic verification, that employees understand the training they have received.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency documents that employees who may have contact with detainees understand the training they have received through employee signature or electronic verification.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 15-16, Section N: All troopers and other employees who may have contact with lockup detainees shall acknowledge either in written or electronic format as designated by the department, that he or she understands the training/ refresher information they have received. (a) the department shall maintain documentation confirming that such training/refresher information has been received, and such records shall be maintained, and such records shall be made available to the PREA coordinator.

The New Hire Staff PREA Understanding Acknowledgement signed electronically by staff confirmed completion of the training. A review of the PREA Training Log provided verification of the staff training.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**Overall Findings:**

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on

analysis, the facility is compliant with all provisions in this standard.

**115.132**

**Detainee, contractor, and inmate worker notification of the agency's zero-tolerance policy**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Evidence Relied Upon in Making the Compliance Determination:**

**Documentation:**

- Department of Emergency Services and Public Protection (DESPP) A&O Section #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures
- Intake/Vulnerability Assessment Tool (PREA Notice and Screening Forms)
- Detainee Logbook (Juvenile/Adult)
- Victim Pocket Card

**Site Review:**

**Interviews:**

- Intake Staff
- Detainee Interview Questionnaire
- Contractor (s) and Inmate who work in the Lockup (who may have contact with Detainees)

**Compliance Determination by Provisions and Corrective Action:**

**115.132 (a)**

The provision requires that the intake process, employees to notify all detainees of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

During the Intake process, employees notify all detainees of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment.

Policy: DESPP A&O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 4, Section E: During the initial intake of a detainee into a department lockup facility, the processing trooper or police officer shall read to all detainees the PREA Notification which notices all detainees of the following: 1. The department's zero-tolerance policy for all forms of detainee sexual abuse and



sexual harassment.

Based on a review of information the facility provided in the PAQ, of detainees admitted during the past 12 months, the number who were given this information at intake was 1.

Site Review:

During the site review the auditor was notified that all troopers can conduct intake. When a trooper brings in a detainee, they will immediately process them. The intake area has three holding cells. The detainee is typically onsite for one hour. The auditor observed that the site had PREA related written documentation and documentation on the walls near the holding area. Through informal conversation it was further reported that the staff will read over the material with the detainee. The troopers also have a pocket card that they can provide the detainee with victim related services. The auditor reviewed the detainee logbook. The site has a separate logbook for juveniles as the adult logbook is open for public recording.

Intake Staff (Trooper) reported that detainees are provided a sheet at intake on PREA. The information is provided when conducted the risk assessment and it is also on the Prison Property Form. Further information is posted on the wall in the lock up area. When detainees come into the processing area the documentation is immediately covered. The troopers verbally go over the forms with the detainees.

Detainee Interviews: There were no detainees to interview regarding, are you and other detainees ever naked in full view of male//female staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.132 (b)**

The provision requires the agency to ensure that, upon entering the lockup, contractors and any inmates who work in the lockup are informed of the agency's zero tolerance policy regarding sexual abuse and sexual harassment.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Contractors and any inmates who work in the facility are informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment upon entering the facility.

Policy: DESPP A&O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 15, Section N: states that any contractor or (DOC) inmates

	<p>assigned to work in the lockup and who may have contact with lockup detainees be informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment.</p> <p>Contractor (s) and Inmates who work in the Lockup (who may have contact with Detainees), there are no contractors or inmates who work in the lockup who may have contact with Detainees during the audit process.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.134</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures</li> <li>• PREA Specialized Training: Investigating Sexual Abuse in Confinement Setting Certification Sheet</li> <li>• Training Log</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Investigative Staff</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.134 (a)</b></p> <p>The provision requires that in addition to the general training provided to all</p>

employees and volunteers pursuant to 115.131, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

The agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 15, Section N: In addition to the general training requirements listed above, the department shall ensure that department investigators that conduct detainee sexual abuse investigations have received training in conducting such investigations in confinement settings. (a) Specialized training shall include: 1. 2. 3. Techniques for interviewing sexual abuse victims; Proper use a Miranda and Garrity warnings; Sexual abuse evidence collection in confinement setting; and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The auditor confirmed that investigators take the Specialized Training for Investigators from the PREA Resource Center Specialized Training: Investigating Sexual Abuse in Confinement Setting (9 modules).

A review of the Specialized Training for Investigators confirmed that all Troopers are investigators have received specialized training to investigate allegations of sexual abuse in a confinement setting. It should be noted that all troopers are law enforcement personnel.

Investigative Staff (previously interviewed) stated that they have completed training specific to conducting sexual abuse investigations. The training included a wide array of topics from the language that should be used, interview techniques, statistics, application of Miranda and Garrity warnings, the culture of inmates (i.e. code of silence), understanding/ recognizing trauma responses in victims, an overview of forensic examinations, evidence collection procedure specific to confinement, different techniques used to interview adults versus juveniles, and finally the outcome following the investigation/report. What will qualify for administrative versus criminal prosecution.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.134 (b)**

The provision requires specialized training to include techniques for interviewing

sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

The agency specialized training does include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

A review of the PREA Resource Center Specialized Training: Investigating Sexual Abuse in Confinement Settings (9 modules) confirmed that the investigative staff are received the required information.

A review of investigators PREA Training Log records confirmed all Troopers are investigators and they have received specialized training to investigate allegations of sexual abuse in confinement settings.

Interviewed investigative staff stated that the topics included in the training were: techniques for interviewing sexual abuse victims, Miranda and Garrity warnings, sexual abuse evidence collection, and criteria to substantiate a case.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies corroborated that the facility is complying with the provisions of this standard.

**115.134 (c)**

The provision requires the agency to maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

Based on a review of information about the facility provided in the PAQ, the number of investigators currently employed who have completed the required training was 100.

A review of the PREA Resource Center Specialized Training: Investigating Sexual Abuse in Confinement Settings (9 modules) confirmed that the investigative staff are received the required information.

A review of investigators PREA Training Log records confirmed that they have

	<p>received specialized training to investigate allegations of sexual abuse in confinement settings.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>115.134 (d)</b></p> <p>The provision requires any State entity or Department of Justice component that investigates sexual abuse in lockups to provide such training to their agents and investigators who conduct such investigations.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>Auditor is not required to audit this provision.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.141</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section</li> </ul>

#19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures

- PREA Notice and Screening Form, JD-MS-43
- PREA Risk Screening Assessments
- Zero Tolerance Flyer

**Site Review:**

**Interviews:**

- Staff Who Perform Screening for Risk of Victimization
- Random Sample of Staff
- Detainee Interview Questionnaire

**Compliance Determination by Provisions and Corrective Action:**

**115.141 (a)**

The provision requires, in lockups that are not utilized to house detainees overnight, before placing any detainees together in a holding cell, staff shall consider whether, based on the information before them, a detainee may be at a high risk of being sexually abused and, when appropriate, shall take necessary steps to mitigate any such danger to the detainee.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency/facility is used to house detainees overnight. Before placing any detainees together in a holding cell, staff consider whether a detainee may be at a high risk of being sexually abused. When appropriate, staff takes necessary steps to mitigate any such danger to the detainee.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 15, Section N: In lockups that are not utilized to house detainees overnight, before placing any detainees together in a holding cell, troopers and police officers consider whether, based on the information before them, a detainee may be at a high risk of being sexually abused, and when appropriate, take necessary steps to mitigate any danger to the detainee. The same considerations are applied to lockups in which a detainee is never placed in a holding cell with another detainee and is never placed in an area with other detainees absent continuous staff supervision.

Interviewed Staff Who Perform Screening for Risk of Victimization (Trooper) reported that detainees are interviewed for risk of sexual abuse victimization. The tool is new to the agency. However, the screening tool looks at if the detainee feels that they are at risk for being abused, if they have been abused, and whether they feel safe. The screening is conducted by any arresting officer who transports the detainee to the lock up site.

Twelve random troopers were interviewed by the auditor's non-certified support

staff. Nine White, Two Hispanic, and One Black. Twelve males and zero females. Staff reported that detainees are held in a single person holding cell. The troopers stated that if they determine a detainee is at high risk of sexual abuse, they will share this information with their supervisor, ensure they are separated from other detainees and notify the next facility, such as the jail, where the detainee is being transferred.

Detainee Interviews: There were no detainees to interview regarding when detainee arrived at this facility dealing with their safety.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

### **115.141 (b)**

The provision requires, in lockups that are utilized to house detainees overnight, all detainees shall be screened to assess their risk of being sexually abused by other detainees or sexually abusive toward other detainees.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency has a policy that requires that detainees be screened to assess their risk of sexual victimization or risk of sexually abuse by other detainees.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 4, Section E: All detainees shall be screened to assess their risk of being sexually abused by other detainees or sexually abusive toward other detainees.

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of detainees who were screened for risk of sexual victimization or risk of sexually abusing other detainees was 1.

The auditor reviews the PREA Notice and Screening Form and confirmed the following PREA screening questions:

- While in State Policy Custody do you feel vulnerable to any type of sexual abuse?
- Does the detainee have a mental, physical, or developmental disability?
- How old is the detainee?
- What is the physical build and appearance of the detainee?
- Has the detainee has previously been incarcerated?
- Does the nature of the detainee’s alleged offense and/or criminal history put them at risk for sexual victimization while in CSP custody?

The facility completes a PREA Screening Risk Assessment for all detainees that arrive at the site. The auditor reviewed 61 PREA Notice and Screening Form completed on each detainee to include from hours to overnight stay confirmed that the facility screened to assess detainee risk of sexual victimization or risk of sexually abuse by other detainees.

Interviewed Staff Who Perform Screening for Risk of Victimization (Trooper) reported that detainees are interviewed for risk of sexual abuse victimization. The tool is new to the agency. However, the screening will look to see if they feel that they are at risk of being abused, if they have been abused, and whether they feel safe.

Twelve random troopers were interviewed by the auditor's non-certified support staff. Nine White, Two Hispanic, and One Black. Twelve males and zero females. Staff reported that the facility is designed to hold detainees overnight. All their cells are single.

Informal conversation with the PREA coordinator confirmed that all detainees, know matter how long the stay at the facility are screened to assess their risk of being sexually abused by other detainees or sexually abusive toward other detainees. This includes overnight and "in and out".

Detainee Interviewed Questionnaire: There were no detainees onsite during the audit process to interview.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.141 (c)**

The provision requires, in lockups described in paragraph (b) of this section, staff shall ask the detainee about his or her own perception of vulnerability.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The staff do ask detainees about his or her perception of vulnerability.

Policy: DESPP A&O #19.03.30 states Troopers and police officers ask the detainee about his or her own perception of vulnerability.

Interviewed Staff Who Perform Screening for Risk of Victimization (Trooper) reported that detainees are interviewed for risk of sexual abuse victimization. The tool is new to the agency. However, the screening will look to see if they feel that they are at risk of being abused, if they have been abused, and whether they feel safe. Upon proof the staff was able to discuss additional questions such as age, prior history of



incarceration, disabilities, or other vulnerabilities.

Detainee Interview Questionnaire: There were no detainees onsite during the audit process.

A review of 61 PREA Notice and Screening Form completed on each detainee has the required questions that address detainees' perception of vulnerability.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.141 (d)**

The provision requires, that the screening process in the lockups described in paragraph (b) of this section shall also consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization:

- Whether the detainee has mental, physical, or developmental disability.
- The age of the detainee.
- The physical build and appearance of the detainee.
- Whether the detainee has previously been incarcerated; and
- The nature of the detainee's alleged offense and criminal history.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 states that the following criteria are considered, to the extent that the information is available:

- Whether the detainee has a mental, physical, or developmental disability.
- The age of the detainee.
- The physical build and appearance of the detainee.
- Whether the detainee has previously been incarcerated.
- The nature of the detainee's alleged offense and criminal history.

A review of the PREA Screening Risk Assessment tool confirmed that all the above-mentioned areas are considered during intake process.

A review of 61 PREA Notice and Screening Form completed on each detainees asked the required information.

Interviewed Staff Who Perform Screening for Risk Victimization reported (Trooper) that detainees are interviewed for risk of sexual abuse victimization. The tool is new to the agency. However, the screening will look to see if they feel that they are at risk of being abused, if they have been abused, and whether or not they feel safe. Upon probing the staff was able to discuss additional questions such as age, prior

	<p>history of incarceration, disabilities, or other vulnerabilities.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.151</b>	<b>Detainee reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures</li> <li>• Personal Property Inventory and Prisoner Processing Form (DPS-68C)</li> <li>• Arrest Module/Jail Management Function of the RMS</li> <li>• PREA Reporting Posters</li> </ul> <p><b>Site Review:</b></p> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Random Sample of Staff</li> <li>• Detainee Interview Questionnaire</li> <li>• Agency PREA Coordinator</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.151 (a)</b></p> <p>The provision requires, the agency to provide multiple ways for detainees to privately report sexual abuse and sexual harassment, retaliation by other detainees or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p>

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

The agency has established procedures allowing for multiple internal ways for detainees to report privately to agency officials about sexual abuse or sexual harassment; retaliation by other detainees or staff reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 7, Section F: Detainees may report in multiple ways the following:

1. Page 7 Sexual abuse and/or sexual harassment that occurred within a department lockup; (b) Retaliation by other detainees, department employees, or police officers under the jurisdiction and direction of the Division of State Police for reporting sexual abuse and/or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such an incident.

A review of the Zero Tolerance Poster (English and Spanish) confirmed that the agency/facility provides multiple internal ways to report allegations of sexual abuse and sexual harassment.

**Site Review:**

During the site review the auditor observed some PREA signage in the holding cell area. The auditor observed the facility provides detainee access to writing instruments, paper, and forms to report with. The auditor evaluated the facility systems by which detainees in the facility can report sexual abuse and/or sexual harassment. Detainee can report by using the internal process or written format or using the phone. Informal conversations with staff reported that at times the detainee will have their personal devices on them unless placed in a holding cell. Detainees are rarely placed in a holding cell as they are immediately released or transferred.

Detainees are informed of the different ways to report, and how to access the internal and external reporting process. During the site visit the auditor request that staff demonstrate and walk through the intake process, where they conduct PREA screening. Informal conversations with staff reported that the facility has toll-free hotline numbers available to Detainees. Externally, detainees may contact the Connecticut Sexual Assault Crisis Services Line and that information is provide and displayed the holding area and in the PREA material.

During the site review the auditor requested to see the location where records are kept. Staff reported that records are only held onsite temporarily in the supervisor’s office. Records are transported to the state headquarters.

It was further reported that if vulnerability is identified they will notify the receiving site of the detainee.

Interviewed PREA Coordinator (previously interviewed) reported that outside agencies have a system in place to report the alleged incident immediately. Reports can also be made anonymously or by a third party. All complaints will be immediately reported to an investigator and investigated upon receipt. The detainees are provided with a phone number to report the incident to an outside agency and will be allowed to make a phone call to report it. In addition, they can make a phone call to have someone else report it on their behalf.

Detainee Interviews: There were no detainees to interview regarding, how to report sexual abuse or sexual harassment at this facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies corroborated that the facility is complying with the provisions of this standard.

**115.151 (b)**

The provision requires the agency to also inform detainees of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward detainee reports of sexual abuse and sexual harassment to agency officials, allowing the detainee to remain anonymous upon request.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency informs detainees of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 7, Section Fb.2: Detainees shall be informed of at least one way to report sexual abuse or sexual harassment to public or private entity or office that is not part of DESPP, and that is able to receive and immediately forward detainee reports of sexual abuse and sexual harassment to DESPP officials, allowing the detainee to remain anonymous upon request.

A review of the Zero Tolerance Poster (English and Spanish) confirmed that the agency/facility provides multiple internal ways to report allegations of sexual abuse and sexual harassment.

**Site Review:**

During the site review the auditor observed some PREA signage in the holding cell area. The auditor observed the facility provides detainee access to writing instruments, paper, and forms to report with. The auditor evaluated the facility

systems by which detainees in the facility can report sexual abuse and/or sexual harassment. Detainee can report by using the internal process or written format or using the phone. Informal conversations with staff reported that at times the detainee will have their personal devices on them unless placed in a holding cell. Detainees are rarely placed in a holding cell as they are immediately released or transferred.

PREA coordinator (previously interviewed) reported that the facility provides at least one way for detainees to report abuse or harassment to a public or private entity or office that is not a part of the agency. The detainees are provided with a phone number to report the incident to an outside agency and will be allowed to make a phone call to report. In addition, detainees can make a phone call to have someone else report it on their behalf.

PREA coordinator (previously interviewed) reported that these procedures (reporting) enable review and immediate transmission of detainee report of sexual abuse and sexual harassment to agency officials that allow the detainee to remain anonymous upon request. Outside agencies have a system in place to report the alleged incident immediately. Reports can also be made anonymously or by a third party. All complaints will be immediately reported to an investigator and investigated upon receipt.

Detainee Interviews: There were no detainees to interview regarding whether detainees are allowed to make a report without having to give their name or report anonymously.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies corroborated that the facility is complying with the provisions of this standard.

**115.151 (c)**

The provision requires staff to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 7, Section Fb.1.2: Staff shall accept reports made verbally, in writing, and anonymously. 1. Any verbal reports of sexual abuse and/or sexual harassment shall be documented by means of a written incident report.

Twelve random troopers were interviewed by the auditor's non-certified support staff. Nine White, Two Hispanic, and One Black. Twelve males and zero females. The troopers stated that detainees have the option to report verbally. Troopers reported that detainees are only detained for a brief period of time at their processing area and not allowed to have writing instruments therefore would be unable to write report. If a detainee does choose to report verbally, the troopers affirmed that they would promptly notify their supervisor, complete the necessary PREA form, and take immediate action.

Detainee Interviews: There were no detainees to interview regarding, making reports of sexual abuse or sexual harassment either in person or in writing.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

### **115.151 (d)**

The provision requires the agency to provide a method for staff to privately report sexual abuse and sexual harassment of detainees.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency has established procedures for staff to privately report sexual abuse and sexual harassment of detainees.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 8, Section F3.a: Staff and Department Reporting. A. Staff, including police officers under the jurisdiction and direction of the Division of State Police, may privately report sexual abuse and/or sexual harassment by contacting the PREA Coordinator, filing a complaint with the Internal Affairs Unit, or utilizing the third-party contact phone number posted on the DESPP website.

### **Site Review:**

As previously stated, the auditor observed signage for making a report and victim related services in the holding area. The signage was in English and Spanish.

Twelve random troopers were interviewed by the auditor's non-certified support staff. Nine White, Two Hispanic, and One Black. Twelve males and zero females. The troops reported if a report needed to be done privately, they could notify the supervisor, or PREA hotline. All troopers reported that they felt comfortable speaking to supervisors if a report was needed. They will report immediately.

Corrective Actions:

	<p>N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.154</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures</li> <li>• DESPP Website</li> </ul> <p><b>Site Review:</b></p> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Agency PREA Coordinator</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.154 (a)</b></p> <p>The provision requires the agency to establish a method to received third-party report of sexual abuse and sexual harassment in its lockups and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a detainee.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The agency/facility provides a method to receive third-party reports of detainee</p>

sexual abuse or sexual harassment. The agency or facility public distributes information on how to report detainee sexual abuse or sexual harassment on behalf of detainees.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 7-8, Section F: states that all reports of sexual abuse and sexual harassment of detainees that are made from third parties are received and investigated to include anonymous reports. 1. This includes anonymous reports.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 7-8, Section F3: Staff, including police officers under the jurisdiction and direction of the Division of State Policy, may privately report sexual abuse and/or sexual harassment by contacting the PREA Coordinator, filing a complaint with the Internal Affairs Unit, or utilizing the third-party contact phone number posted on the DESPP website.

**Audit Site Review:**

As previously stated, the auditor observed signage for making a report and victim related services near the holding cells. The signage was in English and Spanish.

Posters and information for third party reporting are posted and available in the holding area. Informal conversation with staff confirmed they have been trained to take all allegations and reports seriously and to report them immediately, including those reported by third parties. The verbal reports are to be followed up with a written report immediately.

The agency publicizes information on third party reporting through websites: by posting in public areas of the facility lobby or visitation area and pamphlets. Website: Home (ct.gov).

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**Overall Findings:**

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

<b>115.161</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard



**Auditor Discussion**

**Evidence Relied Upon in Making the Compliance Determination:**

**Documentation:**

- Department of Emergency Services and Public Protection (DESPP) A&O Section #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures
- DESPP A&O 19.05.06 Neglected or Abused Children
- DESPP A&O 19.03.07 Elderly Persons Aged Sixty (60) Older
- DESPP A&O 19.03.25 Intellectual Disability
- Website: Home (ct.gov)
- State Status: Mandatory Reporting

**Interviews:**

- Agency PREA Coordinator
- Random Sample of Staff
- Master Sgt. (Facility Commander)

**Compliance Determination by Provisions and Corrective Action:**

**115.161 (a)**

The provision requires that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in an agency lockup; retaliation against detainees or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 7, Section F: states that all employees report immediately to the on-duty shift supervisor any knowledge, suspicion, or information regarding an incident of detainee sexual abuse and/or sexual harassments that occurred within a department lockup; any retaliation against detainees, department employees, or police officers under the jurisdiction and direction of the Division of State Police who reported such an incident; ad any employee neglect or violation of responsibilities that may have contributed to an incident of retaliation.

Twelve random troopers were interviewed by the auditor’s non-certified support

staff. Nine White, Two Hispanic, and One Black. Twelve males and zero females. Troopers indicated a clear understanding of the duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the processing center or holding cells. Troopers also reported using the PREA Checklist during the intake process to determine if detainee has been sexually abused or harassed. The various ways trooper indicated that a report could be made included, but not limited to:

- Report to supervisor
- Report to Major Crime Unit
- DOC Staff or Halfway House Supervisor
- Probation Office
- PREA Hotline

Policy: DESPP Policy A&O #19.03.30 states in addition to the requirements the policy, supervisors receiving reports consider and comply with any other statutory mandatory reporting requirements of vulnerable populations, including:

- Neglected or abused children (Reference A&O 19.05.06).
- Elderly persons aged sixty (60) or older (Reference A&O 19.03.07).
- Persons with Intellectual Disability or an individual who receives services from the Department of Social Services' Division of Autism Spectrum Disorder Services (Reference A&O 19.03.25).

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.161 (b)**

The provision requires apart from reporting to designated supervisors of officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment and investigation decisions.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Apart from reporting to designated supervisors or officials and designated state or local services 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.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 7, Section F: Troopers, police officers, and other staff shall not reveal any information related to a sexual abuse report to anyone other than the

extent necessary to make treatment and investigatory decisions.

Twelve random troopers were interviewed by the auditor's non-certified support staff. Nine White, Two Hispanic, and One Black. Twelve males and zero females. The trooper stated that if they were the first to be notified about alleged sexual abuse, they would inform their supervisor, fill out the necessary PREA form, and obtain any additional statements required from the supervisor.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.161 (c)**

The provision requires if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

All staff at the agency are mandated reports and follow the state statute requiring all staff to report victim under the age of 18 and vulnerable adults to the appropriate authority.

Policy: DESPP A&O #19.03.30 states that in addition to the requirements the policy, supervisors receiving reports consider and comply with any other statutory mandatory reporting requirements of vulnerable populations, including:

- Neglected or abused children (Reference A&O 19.05.06).
- Elderly persons aged sixty (60) or older (Reference A&O 19.03.07).
- Persons with Intellectual Disability or an individual who receives services from the Department of Social Services' Division of Autism Spectrum Disorder Services (Reference A&O 19.03.25).

Master Sgt. (Facility Commander) reported that if an allegation of sexual abuse or sexual harassment is made by someone under the age of 18, a supervisor would obtain the minimum facts of the allegations and seek input from major crime health professionals and DCF to determine the best way to proceed with the investigation.

PREA coordinator (previously interviewed) reported that how she responds when an allegation of sexual abuse or sexual harassment is made by someone under the age of 18 or someone considered a vulnerable adult under state or local law. When a sexual abuse allegation is made by a juvenile or vulnerable adult detainee, investigators shall ensure that developmentally appropriate protocols are

implemented (e.g. Child Advocacy Center interviews, etc...)

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.161 (d)**

The provision requires the agency to report all allegations of sexual abuse, including third-party and anonymous reports, to the agency's designated investigators.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency reports all allegations of sexual abuse, including third party and anonymous reports to the designated investigators.

Policy: DESPP A&O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 7, Section F: All allegations of sexual abuse shall be forwarded to a designated sexual abuse investigator who shall investigate the allegation pursuant to section H of this policy. A Computer Aided Dispatch (CAD) Call for Services (CFS) number shall be created.

Policy: DESPP A&O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 7, Section F: Third Party Reporting: All reports of sexual abuse and sexual harassment of detainees that are made from third parties shall be received and investigated.

There were no reported allegations of sexual abuse or sexual harassment within the past 12 months.

Master Sgt. (Facility Commander) reported that any report of sexual abuse or sexual harassment would be reported and investigated by an investigator.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**Overall Findings:**

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

<b>115.162</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Agency Head</li> <li>• Facility Director</li> <li>• Random Sample of Staff</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.162 (a)</b></p> <p>The provision requires that when an agency learns that a detainee is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the detainee.</p> <p>Compliance Determination:  The facility has demonstrated compliance with this provision of the standard because:</p> <p>The agency requires all staff to take immediate action to protect detainees who are subject to a substantial risk of imminent sexual abuse.</p> <p>Policy: DESPP A&amp;O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 8, Section G1.b: states, take immediate action to protect the detainees from substantial risk of imminent sexual abuse; 1. Contact a supervisor to determine further actions to protect the detainee.</p> <p>Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of times the agency or facility determined that a detainee was subject to a substantial risk imminent sexual abuse was zero. If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passes before acting is N/A.</p> <p>Agency Head Designee (previously interviewed) report when learn that a detainee is subject to a substantial risk of imminent sexual abuse the protective action the agency take is to provide heightened protection while in CSP custody.</p> <p>Master Sgt. (Facility Commander) reported that they do not house detainees for long</p>

	<p>periods of time. There is no contact between detainees. Detainees do not share cells.</p> <p>Twelve random troopers were interviewed by the auditor’s non-certified support staff. Nine White, Two Hispanic, and One Black. Twelve males and zero females. The troopers stated that if it’s determined that a detainee is at imminent risk of sexual abuse, they would promptly separate the individual from others, relocate them to another site, notify their supervisor, and initiate these actions immediately.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.163</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Agency Head</li> <li>• Facility Director</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.163 (a)</b></p> <p>The provision requires, upon receiving an allegation that a detainee was sexually abused while confined at another facility, the head of the facility that received the</p>

allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Upon receiving an allegation that a detainee was sexually abused while confined at another facility, the agency head of the facility that received the allegation will notify the head of the facility or appropriate office.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 8, Section F: states that upon any trooper or police officer during his or her duties receiving an allegation that a detainee was sexually abused while confined at a non-department facility (e.g. a Connecticut correctional facility or judicial lockup), the following individuals shall be notified through the chain of command as soon as possible:

- The commanding officer of the Troop area has operational responsibility for the facility in question.
- The department PREA coordinator.

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of allegations the facility received that a detainee was abused while confined at another facility was 0.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.163 (b)**

The provision requires such notification to be provided as soon as possible, but no later than 72 hours after receiving the allegation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 8, Section F: states that upon receiving such notification, the Commanding Officer of the Troop area having operational responsibility for the facility in question shall notify, or cause to be notified, the head of the facility or appropriate office of the agency where the alleged abuse occurred (e.g. Department of Correction (DOC) PREA Unit, Chief Judicial Marshal, etc.), according to any existing protocol arrangements.

- Notification is provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.
- Notification is documented using a method prescribed by the PREA Coordinator.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.163 (c)**

The provision requires the agency to document that it has provided such notification.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency policy requires that the notifications are documents according to the provision.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 8, Section Fb2: Notification is documented using a method prescribed by the PREA Coordinator.

Informal conversation with the PREA Coordinator confirmed that the notification is documented.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.163 (d)**

The provision requires the facility head or agency office that receives such notification to ensure that the allegation is investigated in accordance with these standards.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency office that receives such notification ensures that the allegation is investigated in the same way as all investigations. However, there were no reports.

Based on a review of information that the facility provided in the PAQ, in the past 12



	<p>months, the number of allegations of sexual abuse the facility received from other facilities was 0.</p> <p>Agency Head Designee (previously interviewed) report if another agency or a facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of your facilities, the PREA coordinator is the designated point of contact. It was asked what happens when your agency (or a facility within your agency) receives such allegations. An investigative team is sent out to investigate and notifications within the agency are made. There was no examples of such allegations being reported from another facility or agency.</p> <p>Master Sgt. (Facility Commander) that there is no segregated housing and that they do not house individuals overnight. The average length of time onsite is one hour.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies corroborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.164</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Law Enforcement Staff and Non-Law Enforcement Staff First Responders</li> <li>• Random Sample of Staff</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p>

**115.164 (a)**

The provision requires upon learning of an allegation that a detainee was sexually abused, the first law enforcement staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser.
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- If the abuse occurred within a time that still allows for the collection of physical evidence, 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; and
- If the abuse occurred within a time that still allows for the collection of physical evidence, 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.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

The first law enforcement staff member to respond will implement the required reporting steps according to policy.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 8, Section G1.2: Upon learning of an allegation that a detainee was sexually abused, the first trooper or police officer to respond to such report shall:

- (a) Separate the alleged victim and abuser.
- (b) Take immediate action to protect the detainee from substantial risk of imminent sexual abuse:
  1. Contact a supervisor to determine further actions to protect the detainee.
- (c) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- (d) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate:
  1. Washing; Brushing teeth; Changing clothes, Urinating, Defecating, Smoking, Drinking, or Eating

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of allegations that a detainee was sexually abused is 0. Of these allegations, the number of times the first security staff member responded to the report separated the alleged victim and abuser is 0. In the past 12 months, the number of allegations where staff were notified within a time that still allowed for the collection of physical evidence is 0.

Twelve random troopers were interviewed by the auditor's non-certified support staff. Nine White, Two Hispanic, and One Black. Twelve males and zero females. The trooper stated that if they were the first to be notified about alleged sexual abuse, they would inform their supervisor, fill out the necessary PREA form, and obtain any additional statements required from the supervisor.

Interviewed Law Enforcement Staff and Non-Law Enforcement report that they would separate the involved parties, secure the area, and gather all of the evidence. The person would be taken offsite for medical examinations. They would ask the detainee if they would like medical care. It should also be noted that all law enforcement considered as first responders.

Informal conversation with troopers indicated that they are fully aware of the first responder protocols.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies corroborated that the facility is complying with the provisions of this standard.

**115.164 (b)**

The provision requires if the first staff responder is not a law enforcement staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify law enforcement staff.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency requires that if the first staff responder is not a law enforcement staff member, the responder will be required that the alleged victim not take any actions that could destroy physical evidence.

Informal conversations with the non-law enforcement staff confirmed that they have taken the same PREA training as the law enforcement officers and are required to follow the same protocols.

Based on a review of information that the facility provided in the PAQ, of the allegations that a detainee was sexually abused made in the past 12 months, the number of times a non-law enforcement staff member was the first responder was 0. Of those allegations responded to first by a non-law enforcement staff member, the number of times that the staff member requested that the alleged victim not take any actions that could destroy physical evidence was 0. Of those allegations responded to first by a non-law enforcement staff member, the number of times that the staff member notified law enforcement was 0.

	<p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all</p>
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<b>115.165</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures</li> <li>• DESPP A&amp;O 19.3.26</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Master Sgt. (Facility Commander)</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.165 (a)</b></p> <p>The provision requires the agency to develop a written institutional plan to coordinate actions taken in response to a lockup incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and agency leadership.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The agency has developed a plan to coordinate actions taken in response to a lockup incident of sexual abuse. It should be noted that the site does not have</p>

medical and mental health staff.

Master Sgt. (Facility Commander) reported that it is standard procedure to notify the individual of the outcome of an investigation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.165 (b)**

The provision requires if a victim is transferred from the lockup to a jail, prison, or medical facility, the agency shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency requires if a victim is transferred from the lockup to a jail, prison, or medical facility, the agency inform the receiving facility of the incident and the victims' potential need for medical or social services.

Policy: DESPP A&O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 8-9, Section D: DESPP has implemented a coordinated response plan to ensure appropriate actions are taken in response to a lockup incident of sexual abuse. 1. If a victim is transferred from the lockup to a jail, prison, another agency's lockup, or medical facility, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise.

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of victims transferred from the lockup to a jail, prison, or medical facility as a result of an allegation of sexual abuse was 0. In the past 12 months, the number of those victims transferred as a result of an allegation of sexual abuse where the agency informed the receiving facility of the incident and the victims' potential need for medical or social services was 0. In the past 12 months, the number of those victims transferred as a result of an allegation of sexual abuse who requested the agency not inform the receiving facility was 0.

Master Sgt. (Facility Commander) reported that it is standard procedure to inform the facility of the incident and the potential for medical or social services unless otherwise requested by the victim.

Corrective Actions:

N/A. There are no corrective actions for this provision.

	<p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.166</b>	<b>Preservation of ability to protect detainees from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures</li> <li>• State Police Bargaining Unit Contract Between State of Connecticut and Connecticut State Police Union (Effective July 1, 2022 – Expiring June 30, 2026).</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Agency Head Designee</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.166 (a)</b></p> <p>The provision requires neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p>

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

There are a Troopers union agreement that do not limit the agency's ability to remove alleged staff sexual abusers from contact with detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. There have not been any collective bargaining agreements since August 20, 2012.

The auditor reviews the Trooper's union agreement titled: State Police Bargaining Unit Contract Between State of Connecticut and Connecticut State Police Union (Effective July 1, 2022 - Expiring June 30, 2026, and confirmed that the agreement meets the PREA standards requirements.

Agency Head Designee (previously interviewed) report no agreement for higher level administrators or any governmental entity responsible for collective bargaining on the agency behalf, entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.166 (b)**

The provision requires nothing in this standard shall restrict the entering into or renewal of agreement that govern:

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

Auditor is not required to audit this provision.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**Overall Findings:**

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

<b>115.167</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures</li> <li>• Retaliation Monitoring Forms</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Agency Head Designee</li> <li>• Master Sgt (Facility Commander)</li> <li>• Designated Staff member Charged with Monitoring Retaliation (or Sheriff/Chief/Director if unavailable)</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.167 (a)</b></p> <p>The provision requires the agency to establish a policy to protect all detainees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other detainees or staff and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The agency has a policy to protect all detainees and staff who report sexual abuse or sexual harassment.</p> <p>Policy: DESPP A&amp;O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 11, Section J: Detainees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other detainees or staff.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p>



**115.167 (b)**

The provision requires the agency to employ multiple protection measures, such as housing changes or transfers for detainee victims or abusers, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 8-9, Section J2: The commanding officer of any troop or unit that contains one or more lockup facilities shall ensure that multiple measures are employed for the protection against retaliation, such as the following:

- (a) Removing alleged staff or detainee abusers from contact with victims.
- (b) Providing emotional support services, whether through existing employee support programs or not, for staff who were reported to have suffered sexual abuse or sexual harassment or for cooperating with investigators.

Informal conversation with staff reported do the setup of the site, the detainees do not stay overnight and typically no longer than two hours. If allegations are made the detainees will be released from the site prior to the implementation of retaliation monitoring.

Agency Head Designee (previously interviewed) report that the agency protects detainees and staff from retaliation for sexual abuse or sexual harassment allegations by separate the accused and victim and provide medical/support services to the victim.

Master Sgt. (Facility Commander) reported that it isn't applicable if detainee on detainee in that they are not held onsite. However, if staff were involved, they would be held accountable according to CSP policies and union policies. Complainants or victims would be protected.

Interviewed Designated Staff Member Charged with Monitoring Retaliation reported that as a duty supervisor if there was concern or if there waws a need to prevent retaliation, we would separate the involved parties and investigate. We would look to monitor the involved parties, video monitoring, and increase monitoring if needed for a detainee. The detainees are only onsite for 1-2 hours. If there are an alleged or identified concerns of retaliation, I would directly speak to the involved parties and preserve any necessary evidence associated with the allegation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the

facility is complying with the provisions of this standard.

**115.167 (c)**

The provision requires the agency to monitor the conduct and treatment of detainees or staff who have reported sexual abuse and of detainees who were reported to have suffered sexual abuse and shall act promptly to remedy such retaliation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency monitors the conduct and treatment of detainees or staff who have reported sexual abuse and of detainees who were reported to have suffered sexual abuse promptly to remedy retaliation.

Policy: DESPP A&O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 8-9, Section J3: states the department monitors the conduct and treatment of detainees or staff who have reported sexual abuse and of detainees who were reported to have suffered sexual abuse. Commanders act promptly to remedy any retaliation.

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of times an incident of retaliation occurred in the past 12 months was 0.

Master Sgt. (Facility Commander) reported depending on the complaint and the subsequent investigation, all efforts would be made to maintain a safe working environment while not violating anyone's right. The detainees do not stay onsite.

Interviewed Designated Staff Member Charged with Monitoring Retaliation reported when looking for signs of retaliation they would look to see if someone is not willing to talk or the party directly reports concern. Since they are onsite for a limited time, they would typically have a detainee report any concerns. Once an allegation is made, they would immediately separate involved parties and secure the camera footage.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.167 (d)**

The provision requires 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.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

The agency policy requires it to take appropriate measures for all individuals who cooperate with an investigation expresses a fear of retaliation.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 11, Section J5: states if any other individual who cooperates with an investigation expresses a fear of retaliation, the department will take appropriate measures to protect that individual against retaliation.

Agency Head Designee (previously interviewed) report that if an individual who cooperates with an investigation expresses a fear of retaliation, the agency takes measures to protect that individual against retaliation. The agency uses single cell housing and continuously monitors all detainees, and ager consultation with a supervisor.

Master Sgt. (Facility Commander) reported that detainees do not stay onsite, however, if a staff member was found at fault, they would be held accountable according to CSP policies and union policies. All efforts would be made to maintain a safe working environment while not violating anyone’s union rights.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.167 (e)**

The provision requires an agency’s obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 11, Section J4: states that the department’s obligation to monitor terminates if the department determines that the allegation is unfounded.

Auditor is not required to audit this provision.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

**Overall Findings:**

The auditor uses a triangulation approach, by connecting the PREA facility

	documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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<b>115.171</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures</li> <li>• Specialized Training for Investigators</li> <li>• Investigation Reports</li> </ul> <p><b>Site Review:</b></p> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Investigative Staff</li> <li>• Agency PREA Coordinator</li> <li>• Master Sgt. (Facility Commander)</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.171 (a)</b></p> <p>The provision requires when the agency conducts its own investigation into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The agency conducts its own investigation into allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively for allegations to include third-party and anonymous reports.</p> <p>Policy: DESPP A&amp;O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 11, Section J: states that DESSP ensure that an administrative and/</p>

or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

Investigative Staff (previously interviewed) reported how long does it take to initiate an investigation following an allegation of sexual abuse or sexual harassment. The investigation should begin immediately as soon as the allegation is reported.

Investigative Staff (previously interviewed) reported that the investigators handle anonymous or third-party reports of sexual abuse or sexual harassment allegations are not investigated differently. All complaints/allegations should be handled the same regardless of how it was reported.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.171 (b)**

The provision requires where sexual abuse is alleged, the agency use investigators who have received special training in sexual abuse investigations pursuant to 115.134.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency requires all investigations to be conducted by staff who have received special training in sexual abuse investigations.

Policy: DESPP A&O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 9, Section H1: DESPP shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. (b) Investigators who have received special training in sexual abuse investigations pursuant to section N (6) a below shall be used when sexual abuse is alleged.

Policy: DESPP A&O #19.03.30 states that in addition to the general training requirements, the department ensure that department investigators that conduct detainee sexual abuse investigations have received training in conducting investigations in confinement settings.

Policy: DESPP A&O #19.03.30 states that specialized training include:

- Techniques for interviewing sexual abuse victims.
- Proper use of Miranda and Garrity warnings.
- Sexual abuse evidence collection in confinement settings.
- The criteria and evidence required to substantiate a case for administrative action

or prosecution referral.

The auditor confirmed that investigators take the Specialized Training for Investigators from the PREA Resource Center Specialized Training: Investigating Sexual Abuse in Confinement Setting (9 modules).

Investigative Staff (previously interviewed) stated that they have completed training specific to conducting sexual abuse investigations. The training included a wide array of topics from the language that should be used, interview techniques, statistics, application of Miranda and Garrity warnings, the culture of inmates (i.e. code of silence), understanding/ recognizing trauma responses in victims, an overview of forensic examinations, evidence collection procedure specific to confinement, different techniques used to interview adults versus juveniles, and finally the outcome following the investigation/report. What will qualify for administrative versus criminal prosecution.

The auditor reviews the training log of 23 investigators for special training in sexual abuse investigations that confirmed the required training.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.171 (c)**

The provision requires investigators to 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency policy requires investigators to gather information and preserve direct and circumstantial evidence.

Policy: DESPP A&O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 9, Section H1: states that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Investigative Staff (previously interviewed) stated that the first step in initiating an investigation and how long would they take are: Crime scene secured/preserved;

Separate victim and accused/alleged perpetrator; Collect/Secure Evidence; These steps should be taken as quickly as possible.

Investigative Staff (previously interviewed) when ask to describe the investigation process, photograph the scene; collection of evidence; conduct interviews of victim, accused, witnesses using trauma informed techniques; Review any prior reports or complaints related to the incident or involving the parties; Analyze all information/ evidence/interviews and determine if allegation can be substantiated, unsubstantiated, or unfounded; complete a detailed report documenting your process and findings.

Investigative Staff (previously interviewed) when asked to describe any direct and circumstantial evidence you would be responsible for gathering in an investigation of an incident of sexual abuse. Any statements or physical evidence from victim and suspect as well as forensic medical exam of victim; any physical evidence/area canvases from the scene/secondary scenes; any statement/information collected from witnesses; other sources (i.e. phones, mail, security video, logbooks, etc...)

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.171 (d)**

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

When the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 9, Section H1: states that when the quality of evidence appears to support criminal prosecution, the department conduct compelled administrative interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Investigative Staff (previously interviewed) stated that when they discover evidence that a prosecutable crime may have taken place, they would consult with prosecutors before conducting compelled interviews.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.171 (e)**

The provision requires the credibility of an alleged victim, suspect, or witness to be assessed on an individual basis and shall not be determined by the person's status as detainee or staff. No agency shall require a detainee 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency policy requires the credibility of alleged victim, suspect, or witness to be assessed on an individual basis and are not determined by the person's status as detainee or staff.

Policy: DESPP A&O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 9, Section H1: states that the credibility of an alleged victim, suspect, or witness be assessed on an individual basis and not determined by the person's status as detainee or staff. Submission of a detainee who alleges sexual abuse to a polygraph examination is not used as a condition for proceeding with the investigation of an allegation. 1. Submission of a detainee who alleges sexual abuse to a polygraph examination shall not be used as a condition for proceeding with the investigation of such an allegation.

Investigative Staff (previously interviewed) when ask what basis you judge the credibility of an alleged victim, suspect, or witness reported that the credibility is assessed on an individual basis, and not based on the person's status as detainees or staff. Investigators are to include the basis of credibility assessment in their reports.

Investigative Staff (previously interviewed) were asked would you, under any circumstances, require a detainee's sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation. The response was no they would not use any.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.171 (f)**



The provision requires administrative investigation:

- Shall include an effort to determine whether staff actions or failures to act contribute to the abuse; and,
- Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency has a policy that requires administrative investigation be written format with specific details.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 9, Section H: states that administrative investigations be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.1. Administrative investigations should also include an effort to determine whether staff actions or failures to act contributed to the abuse.

Investigative Staff (previously interviewed) were asked, are criminal investigations documented? And what is contained in the report? They include the original complaints/allegations, all investigative steps to include, but not limited to photographs, interviews, evidence collection, all relevant documentation, and findings.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.171 (g)**

The provision requires criminal investigations to be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency requires criminal investigations to be documented in a written report with specific details.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and

Procedures. Page 10, Section H: states that criminal investigations be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Investigative Staff (previously interviewed) were asked, are criminal investigations documented? And what is contained in the report? They include the original complaints/allegations, all investigative steps to include, but not limited to photographs, interviews, evidence collection, all relevant documentation, and findings.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.171 (h)**

The provision requires substantiated allegations of conduct that appears to be criminal to be referred for prosecution.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency requires substantiated allegations of conduct that appears to be criminal to be referred for prosecution.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 9, Section H: states that substantiated allegations of conduct that appears to be criminal be referred for prosecution.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 12, Section K: states when there is probable cause to believe that a detainee sexual abused another detainee in a lockup, the investigating trooper or police officer shall refer the matter to the appropriate prosecuting authority.

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later was 0.

The auditor requested criminal investigations records, but there were no reported criminal investigations regarding sexual abuse or sexual harassment.

Investigative Staff (previously interviewed) were asked, when do you refer cases for prosecution? When upon review of the case, it has been determined that there is sufficient evidence/probable cause exists to indicate that a prosecutable crime has

occurred.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.171 (i)**

The provision requires the agency to retain all written reports referred to in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The retain all written reports according to the Connecticut State Library for sex crimes.

Policy: DESPP A&O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 9, Section H: DESPP shall follow the established retention schedule approved by the Connecticut State Library for sex crime case investigations.

Policy: DESPP A&O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 13, Section L4: States that DESPP shall maintain sexual abuse data collected pursuant to subsection (L) 2 above for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.171 (j)**

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency requires that the departure of the alleged abuser or victim from employment or control of the lockup or agency is not provide a basis for terminating an investigation.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 10, Section H: states that the departure of the alleged abuser or victim from employment with the department or control of the agency does not provide a basis for terminating an investigation.

Investigative Staff (previously interviewed) were asked, how do you proceed when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct? This doesn't change anything. The case will be investigated the same. And how do you proceed when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident? If either the victim or the alleged abuser leaves the facility prior to completion of the investigation the investigator still takes all of the same investigative steps and gathers as much information as possible.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

#### **115.171 (k)**

The provision requires any state entity or Department of Justice component that conducts such investigations to do so pursuant to the above requirements.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Auditor is not required to audit this provision.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

#### **115.171 (l)**

The provision requires when outside agencies investigate sexual abuse, the agency shall cooperate with outside investigators and to endeavor to remain informed about the progress of the investigation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency cooperates with outside investigators, however, the agency has it on

	<p>certified investigations unit.</p> <p>Master Sgt. (Facility Commander) reported that an outside agency would not investigate their allegations of sexual abuse.</p> <p>PREA coordinator (previously interviewed) reported that if an outside agency investigates allegations of sexual abuse, the agency remains informed of the progress of a sexual abuse investigation. The agency investigates all its own allegations.</p> <p>Investigative Staff (previously interviewed) were asked, when an outside agency investigates an incident of sexual abuse in this facility, what role do you play? Facility staff should fully cooperate, providing any available reports/documentation/ video, etc. to assist in an outside investigation.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.172</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Investigative Staff</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p>

	<p><b>115.172 (a)</b></p> <p>The provision requires the agency to impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The policy requires the investigators to impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Policy: DESPP A&amp;O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 10, Section H: state that DESPP impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Investigative Staff (previously interviewed) reported that the standard of evidence require to substantiate allegations of sexual abuse or sexual harassment is the preponderance of the evidence.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.176</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <hr/> <p><b>Documentation:</b></p>

- Department of Emergency Services and Public Protection (DESPP) A&O Section #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures

**Interviews:**

- Agency PREA Coordinator

**Compliance Determination by Provisions and Corrective Action:**

**115.176 (a)**

The provision requires staff to be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

The agency policy requires staff to be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 11, Section K: state that DESPP employees be subject to disciplinary sanctions up to and including termination for violating agency detainee sexual abuse or detainee sexual harassment policies.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.176 (b)**

The provision requires termination to be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

The agency requires termination to be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was 0. In the past 12 months, the number of those staff from the facility who have been terminated (or resigned prior to

termination) for violating agency sexual abuse or sexual harassment policies was 0.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.176 (c)**

The provision requires disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency policy requires disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment commensurate with the nature and circumstances of the acts.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 11, Section J:

states that disciplinary sanctions for violations of DESPP policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies was 0.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.176 (d)**

The provision requires 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



	<p>agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p><b>Compliance Determination:</b> The facility has demonstrated compliance with this provision of the standard because:</p> <p>Agency policy requires all terminations for violations of agency sexual abuse or sexual harassment policies.</p> <p>Policy: DESPP A&amp;O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 9, Section K: states that all terminations for violation of DESPP policy, or resignations by staff who would have been terminated if not for their resignation, be reported to any relevant licensing bodies.</p> <p>Based on a review of information that the facility provided in the PAQ, 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 o termination) for violating agency sexual abuse or sexual harassment policies was 0.</p> <p><b>Corrective Actions:</b> N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.177</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures</li> </ul>

**Interviews:**

- Master Sgt. (Facility Commander)

**Compliance Determination by Provisions and Corrective Action:**

**115.177 (a)**

The provision requires any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with detainees and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency requires any contractor or volunteer who engages in sexual abuse to be prohibited from contact with detainee and to be reported to law enforcement agencies.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 12, Section K: states that any contractor or volunteer who engages in sexual abuse be prohibited from contact with detainees, a criminal investigation by the agency be initiated (unless the activity was clearly not criminal), and the sexual abuse be reported to any relevant licensing bodies.

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of detainees was 0.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.177 (b)**

The provision requires the facility to take appropriate remedial measures and shall consider whether to prohibit further contact with detainees, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency requires the facility to take appropriate remedial measure and to consider whether to prohibit further contact with detainees, in the case of any other

	<p>violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Policy: DESPP A&amp;O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 12, Section K: states that the department takes appropriate remedial measures and considers whether to prohibit further contact with detainees, in the case of any other violation of the policy by a contractor or volunteer.</p> <p>Master Sgt. (Facility Commander) reported that they do not have volunteers or contractors.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.178</b>	<b>Referral for prosecution for detainee-on-detainee sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Master Sgt. (Facility Commander)</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.178 (a)</b></p>

The provision requires when there is probable cause to believe that a detainee sexually abused another detainee in a lockup, the agency shall refer the matter to the appropriate prosecuting authority.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 12, Section K: states that when there is probable cause to believe that a detainee sexual abused another detainee in a lockup, the investigating trooper or police officer refer the matter to the appropriate prosecuting authority.

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of the allegations above that were referred to the appropriate prosecuting authority was 0.

Master Sgt. (Facility Commander) reported that all allegations were being investigated, and action would be taken based on the results of the investigation.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.178 (b)**

The provision requires to the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall inform the investigating entity of this policy.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

N/A. The agency is responsible for investigating allegations of sexual abuse.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.178 (c)**

The provision requires any State entity or Department of Justice component that is responsible for investigating allegations of sexual abuse in lockups to be subject to this requirement.

	<p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>N/A. The agency is responsible for investigating all allegations of sexual abuse.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.182</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Master Sgt. (Facility Commander)</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.182 (a)</b></p> <p>The provision requires detainee victims of sexual abuse in lockups to receive timely, unimpeded access to emergency medical treatment.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p>

The agency does not provide medical treatment on site. However, the agency has a policy to ensure that victims of sexual abuse in lockups receive timely, unimpeded access to emergency medical treatment.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 10, Section H: states that DESP has implemented a coordinated response plan to ensure appropriate actions are taken in response to a lockup incident of sexual abuse.

- If a victim is transferred from the lockup to a jail, prison, another agency’s lockup, or medical facility, inform the receiving facility of the incident and the victim’s potential need for medical or social services, unless the victim requests otherwise.
- Other state agencies have documented procedures for notifying the State Police regarding incidents in their respective prisons or lockups so that appropriate investigative action can be taken by State Police personnel.
- Victims have timely, unimpeded access to emergency medical treatment.

Master Sgt. (Facility Commander) reported that victims receive timely, unimpeded access to medical treatment. Victims are immediately taken to a medical facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.182 (b)**

The provision requires treatment services to 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 11, Section H: Victims shall have timely, unimpeded access to emergency medical treatment. (a) Treatment services shall be provided to the victim names the abuser or cooperates with any investigation arising out of the incident.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

	<p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.186</b>	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Master Sgt. (Facility Commander)</li> <li>• Agency PREA Coordinator</li> <li>• Incident Review Team Member</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.186 (a)</b></p> <p>The provision requires the lockup to 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.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The agency policy requires facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation.</p> <p>Policy: DESPP A&amp;O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 12, Section L: states that DESPP conducts 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.</p>

Based on a review of information that the facility provided in the PAQ, 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 was 0.

Master Sgt. (Facility Commander) reported that the facility does have a sexual abuse incident review team. The team would include the CO of each district, the CO of the training academy or designee and the PREA coordinator.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.186 (b)**

The provision requires such review to ordinarily occur within 30 days of the conclusion of the investigation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 9, Section L: states that review ordinarily occurs within 30 days of the conclusion of the investigation.

Based on a review of information that the facility provided in the PAQ, 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 was 0.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.186 (c)**

The provision requires the review team to include upper-level management officials, with input from line supervisors and investigators.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors.



Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 12, Section L: The review team shall include the commanding officer of each district, commanding officer of the Training Academy or designee, and the PREA coordinator. (1) Input from line supervisors and investigating troopers shall be allowed.

Master Sgt. (Facility Commander) reported that the facility does have a sexual abuse incident review team. The team would include the CO of each district, the CO of the training academy or designee and the PREA coordinator.

Corrective Actions:

N/A. There are no corrective actions for this provision.

### **115.186 (d)**

The provision requires a review team to:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- Consider whether the incident or allegations 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 lockup.
- Examine the area in the lockup where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) (1) – (d)(5) of this section, and any recommendations for improvement and submit such report to the lockup head and agency PREA coordinator.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 12, Section K: states that the review team considers the following:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- 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 lockup.
- Examine the area in the lockup where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.

- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- The PREA Coordinator prepare a report of the review teams findings, including but not necessarily limited to determinations made pursuant to criteria reviewed above, and any recommendations for improvement, and submit such report to the commanding officer of the lockup and to the Office of the Colonel.

Master Sgt. (Facility Commander) reported that information from the sexual abuse incident review will be prepared in a report and the findings would make determination and will recommend any necessary improvements to the commanding officer of the facility and the Office of the Colonel.

PREA coordinator (previously interviewed) reported that the facility prepares a report of its finding from the sexual abuse incident reviews, including any determinations per standard 115.186 (d)-1 through (d)5 and any recommendations for improvement. The facility or the assigned department investigates will prepare the report. The report will be reviewed by the agency PREA coordinator and the rest of the incident review team. The review team will see if there was a deviation from policy or a need for policy change.

PREA coordinator (previously interviewed) reported that these reports are forwarded to the PREA coordinator for review; however, the facility does not have any PREA complaints to date.

PREA coordinator (previously interviewed) reported what actions, if any, do she take after the report has been submitted. The PREA coordinator reviewed the report and the evidence (i.e.. Video) to confirm if the report is accurate. The PREA coordinator would schedule a meeting with the incident review team or seek subject matter experts to gather a second opinion on policy violations.

Incident Review Team Member interviewed reported that the incident review team considers all the above when discussing what may have motivated the incident or allegations. The site has not had an incident but upon review, they would look at what contributed to the incident, what could have been done differently, what needs to change in the facility layout, and staffing. The goal will be to look at the entire picture. There are cameras in the holding cells, trooper cars, and body cameras. Site cameras have audio and visual capabilities. If there is an inoperable device, they will address getting it fixed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.186 (e)**

The provision requires the lockup to implement the recommendations for

	<p>improvement or shall document its reasons for not doing so.</p> <p><b>Compliance Determination:</b> The facility has demonstrated compliance with this provision of the standard because:</p> <p><b>Policy:</b> DESPP Policy A&amp;O #19.03.30 states that the recommendations for improvement be implemented at the lockup facility, or the reasons for not doing so be documented by the commanding officer of any troop or unit responsible for the lockup facility in question and forwarded through the chain of command to the PREA Coordinator.</p> <p><b>Corrective Actions:</b> N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.187</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures</li> </ul> <p><b>Interviews:</b></p> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.187 (a)</b></p> <p>The provision requires the agency to collect accurate, uniform data for every allegation of sexual abuse at lockups under its direct control using a standardized</p>

instrument and set of definitions.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 13, Section L: states that the PREA Coordinator ensures that accurate, uniform data for every allegation of sexual abuse at lockups under the direct control of the Division of State Police is collected.

Policy: DESPP A&O #19.03.30 Section C uses the same set of definitions as the PREA standards.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.187 (b)**

The provision requires the agency to aggregate the incident-based sexual abuse data at least annually.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 12, Section L: states such incident-based sexual abuse data shall be aggregated at least annually, and include, at a minimum, the data necessary to answer all questions from the most recent version of the Local Jail Jurisdictions Survey of Sexual Violence conducted by the Department of Justice and designated for lockups.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.187 (c)**

The provision requires the incident-based data collected to include, at a minimum, the data necessary to answer all questions from the most recent version of the Local Jail Jurisdictions Survey of Sexual Violence conducted by the Department of Justice, and subsequent form developed by the Department of Justice and designated for lockups.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency uses the standardized instrument includes, at a minimum, the data necessary to answer the questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 12, Section L: states such incident-based sexual abuse data shall be aggregated at least annually, and include, at a minimum, the data necessary to answer all questions from the most recent version of the Local Jail Jurisdictions Survey of Sexual Violence conducted by the Department of Justice and designated for lockups.

Informal conversation with the PREA coordinator confirmed that the agency's first PREA audit and the agency's first annual report will occur next year.

Information conversation with PREA coordinator confirmed that the agency has not had to complete a SSV Report.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.187 (d)**

The provision requires agency to maintain, review, and collect data as needed from all available incident-based documents, including reports, investigations files, and sexual abuse incident reviews.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.187 (e)**

The provision requires the agency also to obtain incident-based and aggregated data from any private agency with which it contracts for the confinement of its detainees.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

N/A. the agency does not contract for the confinement of its detainees.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies corroborated that the facility is complying with the provisions of this standard.

**115.187 (f)**

The provision requires upon request, the agency to provide all such data from the previous calendar year to the Department of Justice no later than June 30.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

The agency has a policy requiring the agency to provide all such data from the previous calendar year to the Department of Justice no later than June 30. However, the department has not requested any data from the previous calendar year.

Policy: DESPP A&O #19.03.30 states that upon request, DESPP provide all data from the previous calendar year to the Department of Justice no later than June 30.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies corroborated that the facility is complying with the provisions of this standard.

**Overall Findings:**

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Evidence Relied Upon in Making the Compliance Determination:**

**Documentation:**

- Department of Emergency Services and Public Protection (DESPP) A&O Section #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures
- Agency PREA Annual Report

**Interviews:**

- Agency PREA Coordinator
- Agency Head Designee

**Compliance Determination by Provisions and Corrective Action:**

**115.188 (a)**

The provision requires the agency to review data collected and aggregated pursuant to 115.187 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 lockup, as well as the agency.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 states that the PREA Coordinator ensures that the data collected in subsection L (2) of the policy is reviewed to assess and improve the effectiveness of the department's 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 lockup, as well as the department

Agency Head Designee (previously interviewed) report that the agency uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. Identifying problem areas, taking corrective action on an ongoing basis. Each incident is reviewed by the incident review team and the agency are always reassessing if there are any corrective actions or policy updates needed.

PREA coordinator (previously interviewed) reported that the agency does review data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The incident review team assesses the need for policy changes, training, or additional prevention after each incident. On an annual basis, the PREA coordinator will analyze all data to determine the need for change. The agency ensures that data collected pursuant to 115.187 are securely retained. The PREA screenings are held with the arresting trooper or desk officer. Once released, the PREA screenings are filed away in a locked filing cabinet. The agency does take corrective action on an ongoing basis on these data. As of right now, the facility does not have any complaints. The agency policy was approved in July of 2023.

PREA coordinator (previously interviewed) reported that the agency prepares an annual report of findings from its data review and any corrective actions for each facility, as well as the agency as a whole. The first annual report will be completed in 2025. If there is a complaint, the incident review team will discuss corrective actions for the facility immediately. The incident review team will also suggest corrective actions or policy changes for the agency as a whole and implement them as necessary.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.188 (b)**

The provision requires such a report to 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency has a policy requiring the annual PREA report to include a comparison of the current year's data and corrective actions. However, this is the agency's first PREA audit and the agency's first annual report will occur next year.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 13, Section L:

states that reports 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.

Corrective Actions:

N/A. There are no corrective actions for this provision.



A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.188 (c)**

The provision requires the agency's report to be 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency has a policy that requires that the agency's annual report be approved by the agency head and made readily available to the public.

Policy: DESPP A&O #19.03.30 states that the department's annual report prepared in policy subsection L (3)(a)3 above be approved by the Commissioner and made available to the public through the department's public website.

Informal conversations with the PREA coordinator confirmed that this is the agency's first PREA audit and the agency's first annual report will occur next year.

Agency Head Designee (previously interviewed) report that the agency head or designee will approve annual reports written to 115.88. The first annual report will be in 2025.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.188 (d)**

The provision requires the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a lockup but must indicate the nature of the material redacted.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency policy requires that the agency redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a lockup.

Policy: DESPP A&O #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures. Page 13, Section L: The department may redact specific material from

	<p>the reports when publication would present a clear and specific threat to the safety and security of a lockup but must indicate the nature of the material redacted.</p> <p>PREA coordinator (previously interviewed) report the types of material are typically redacted from annual report and indicated that nature of material redacted. Specific information from all reports will be redacted to prevent any threat to the safety and security of secure facilities, victims, and staff. The PREA annual Report will redact information concerning staff and personal identifiers. This information will be included in the annual report.</p> <p>This is the agency's first PREA audit and the agency's first annual report will occur next year (2025).</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.189</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Evidence Relied Upon in Making the Compliance Determination:</b>
	<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 - Prison Rape Elimination Act (PREA) Standards and Procedures</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Agency PREA Coordinator</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.189 (a)</b></p>

The provision requires the agency to ensure that data collected pursuant to 115.187 are securely retained.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 13, Section L: DESPP shall ensure that data collected pursuant to subsection (L) 2 above are securely retained.

PREA coordinator (previously interviewed) reported that the agency does review data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The incident review team assesses the need for policy changes, training, or additional prevention after each incident. On an annual basis, the PREA coordinator will analyze all data to determine the need for change. The agency ensures that data collected pursuant to 115.187 are securely retained. The PREA screenings are held with the arresting trooper or desk officer. Once released, the PREA screenings are filed away in a locked filing cabinet. The agency does take corrective action on an ongoing basis on these data. As of right now, the facility does not have any complaints. The agency policy was approved in July of 2023.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.189 (b)**

The provision requires the agency to make all aggregated sexual abuse data, from lockups under its direct control and any private agencies 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The agency has a policy that requires the agency to make all aggregated sexual data, from lockups under its direct control and any private agencies with which it contracts. The agency does not contract with private agencies to hold its detainees.

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 12, Section L: the department shall make all aggregated sexual abuse data from lockups under its control readily available to the public at least annually, through the department’.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.189 (c)**

The provision requires before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 13, Section L: the department shall make all aggregated sexual abuse data from lockups under its control readily available to the public at least annually, through the department'. (a) Before making any aggregated sexual abuse data publicly available, the department shall ensure that all personal identifiable are removed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.189 (d)**

The provision requires the agency to maintain sexual abuse data collected pursuant to 115.187 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: DESPP A&O #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures. Page 12, Section L: states that DESPP maintain sexual abuse data collected pursuant to subsection (a) 2 of the policy for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Policy: DESPP A&O #19.03.30 states that DESSP follow the established retention schedule approved by the Connecticut State Library for sex crime case investigations.

Corrective Actions:

N/A. There are no corrective actions for this provision.

	<p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Evidence Relied Upon in Making the Compliance Determination:</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Department of Emergency Services and Public Protection (DESPP) A&amp;O Section #19.03.30 – Prison Rape Elimination Act (PREA) Standards and Procedures</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Agency PREA Coordinator</li> <li>• Agency Website</li> </ul> <p><b>Compliance Determination by Provisions and Corrective Action:</b></p> <p><b>115.401 (a)</b></p> <p>The provision requires during the three-year period starting on August 20, 2013, and during the three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>Effective 2023 the agency was required to complete its 1st cycle of PREA audits. The agency oversees 11 Trooper sites and has completed the required PREA audits of all sites. The agency’s future audit plan is to start with their 2nd cycle August 20, 2024 – August 19, 2025, this cycle will start a third of their sites being audited every three years. This will put the agency in a position to ensure that all its sites are</p>

audited according to DOJ PREA cycles.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.401 (b)**

The provision requires during each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Effective 2023 the agency was required to complete its 1st cycle of PREA audits. The agency oversees 11 Trooper sites and has completed the required PREA audits of all sites. The agency's future audit plan is to start with their 2nd cycle August 20, 2024 - August 19, 2025, this cycle will start a third of their sites being audited every three years. This will put the agency in a position to ensure that all its sites are audited according to DOJ PREA cycles.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.401 (h)**

The auditor shall have access to, and shall observe, all areas of the audited facilities.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

During the site review the auditor observes all areas of the audited facility where detainees are housed and move in and out of the facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the

facility is complying with the provisions of this standard.

**115.401 (i)**

The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

During the site review the facility provided the auditor with copies of requested documents.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.401 (m)**

The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The auditor and the auditor support helper allow interviewing staff that were requested by the auditor. There were no detainees to interview during this period.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

**115.401 (n)**

Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

	<p>The auditor Notice of the PREA auditor was posted with the required time frame. This was confirmed by the PREA coordinator taking pictures and sending them to the auditor as well as during site visits the Notices were posted in the facility. There were no confidential letters.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>115.403 (f)</b></p> <p>The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one or is otherwise made readily available to the public.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>Effective 2023 the agency was required to complete its 1st cycle of PREA audits. The agency oversees 11 Trooper sites and has completed the required PREA audits of all sites. The agency’s future audit plan is to start with their 2nd cycle August 20, 2024 - August 19, 2025, this cycle will start a third of their sites being audited every three years. This will put the agency in a position to ensure that all its sites are audited according to DOJ PREA cycles. The first 8 audits were completed and is posted on the agency website. The last three audits will be posted on the agency website when the final reports completed a file with PREA Resource Center.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on</p>



	analysis, the facility is compliant with all provisions in this standard.
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<b>Appendix: Provision Findings</b>		
<b>115.111 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment</b>	
	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
<b>115.111 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment</b>	
	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 lockups?	yes
<b>115.112 (a)</b>	<b>Contracting with other entities for the confinement of detainees</b>	
	If this agency is law enforcement and it contracts for the confinement of its lockup detainees in lockups operated by 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 law enforcement agency does not contract with private agencies or other entities for the confinement of detainees.)	na
<b>115.112 (b)</b>	<b>Contracting with other entities for the confinement of detainees</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the law enforcement agency does not contract with private agencies or other entities for the confinement of detainees OR the response to 115.112(a)-1 is "NO".)	na
<b>115.113 (a)</b>	<b>Supervision and monitoring</b>	

	Does the agency ensure that it has developed for each lockup a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect detainees against sexual abuse?	yes
	Does the agency ensure that it has documented for each lockup a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect detainees against sexual abuse?	yes
	Does the agency ensure that it takes into consideration the 4 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The physical layout of each lockup?	yes
	Does the agency ensure that it takes into consideration the 4 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the detainee population?	yes
	Does the agency ensure that it takes into consideration the 4 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that it takes into consideration the 4 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
<b>115.113 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the lockup document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.113 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the lockup assessed, determined, and documented whether adjustments are needed to: 1. The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the lockup assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the lockup assessed, determined, and documented whether adjustments are needed to: The lockup's	yes

	deployment of video monitoring systems and other monitoring technologies?	
	In the past 12 months, has the lockup assessed, determined, and documented whether adjustments are needed to: The resources the lockup has available to commit to ensure adequate staffing levels?	yes
<b>115.113 (d)</b>	<b>Supervision and monitoring</b>	
	If vulnerable detainees are identified pursuant to the screening required by § 115.141, does security staff provide such detainees with heightened protection, to include: Continuous direct sight and sound supervision?	yes
	If vulnerable detainees are identified pursuant to the screening required by § 115.141, does security staff provide such detainees with heightened protection, to include: Single-cell housing or placement in a cell actively monitored on video by a staff member sufficiently proximate to intervene, unless no such option is determined to be feasible?	yes
<b>115.114 (a)</b>	<b>Juveniles and youthful detainees</b>	
	Are juveniles and youthful detainees held separately from adult detainees? (N/A if the facility does not hold juveniles or youthful detainees (detainees <18 years old).)	yes
<b>115.115 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the lockup 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
<b>115.115 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the lockup document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
<b>115.115 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the lockup implement policies and procedures that enable detainees to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent	yes

	circumstances or when such viewing is incidental to routine cell checks?	
	Does the lockup require staff of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing?	yes
<b>115.115 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the lockup always refrain from searching or physically examining transgender or intersex detainees for the sole purpose of determining the detainee's genital status?	yes
	If a detainee's genital status is unknown, does the lockup determine genital status during conversations with the detainee, 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
<b>115.115 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the agency train law enforcement 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 agency train law enforcement staff in how to conduct searches of transgender and intersex detainees in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.116 (a)</b>	<b>Detainees with disabilities and detainees who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that detainees 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: Detainees who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that detainees 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: Detainees who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that detainees 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: Detainees who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that detainees 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: Detainees who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that detainees 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: Detainees who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that detainees 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 the overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with detainees 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 detainees with disabilities including detainees who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with detainees with disabilities including detainees 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 detainees with disabilities including detainees who: are blind or have low vision?	yes
<b>115.116</b>	<b>Detainees with disabilities and detainees who are limited</b>	

<b>(b)</b>	<b>English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to detainees 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
<b>115.116 (c)</b>	<b>Detainees with disabilities and detainees who are limited English proficient</b>	
	Does the agency always refrain from relying on detainee interpreters, detainee readers, or other types of detainee assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety, the performance of first-response duties under §115.164, or the investigation of the detainee's allegations?	yes
<b>115.117 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with detainees 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 detainees 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 detainees who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with detainees who: o 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 services of any contractor who may have contact with detainees who: Has been	yes

	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?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with detainees who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
<b>115.117 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with detainees?	yes
<b>115.117 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with detainees, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with detainees, 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
<b>115.117 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with detainees?	yes
<b>115.117 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with detainees or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.117 (f)</b>	<b>Hiring and promotion decisions</b>	



	Does the agency ask all applicants and employees who may have contact with detainees 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 detainees 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
<b>115.117 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.117 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, 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
<b>115.118 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new lockup or planned any substantial expansion or modification of existing lockups, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect detainees 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.)	na
<b>115.118 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	agency's ability to protect detainees from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	
<b>115.121 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse in its lockups, 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
<b>115.121 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes
<b>115.121 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.121 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the detainee is transported for a forensic examination to an outside hospital that offers victim advocacy services, does the agency permit the detainee to use such services to the extent available, consistent with security needs?	yes
<b>115.121 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
<b>115.122 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.122 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If another law enforcement agency is responsible for conducting investigations of allegations of sexual abuse and sexual harassment in its lockups, does the agency have a policy in place to ensure that such allegations are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? (N/A if agency is responsible for conducting administrative and criminal investigations of sexual abuse or sexual harassment. See 115.121(a).)	na

	Has the agency published such policy, including a description of responsibilities of both the agency and the investigating entity, on its website or, if it does not have one, made the policy available through other means? (N/A if agency is responsible for conducting administrative and criminal investigations of sexual abuse or sexual harassment. See 115.121(a).)	na
	Does the agency document all such referrals? (N/A if agency is responsible for conducting administrative and criminal investigations of sexual abuse or sexual harassment. See 115.121(a).)	na
<b>115.131 (a)</b>	<b>Employee and volunteer training</b>	
	Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: Its zero-tolerance policy and detainees' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: The dynamics of sexual abuse and sexual harassment in confinement, including which detainees are most vulnerable in lockup settings?	yes
	Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: The right of detainees and employees to be free from retaliation for reporting sexual abuse or harassment?	yes
	Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: How to communicate effectively and professionally with all detainees?	yes

	Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.131 (b)</b>	<b>Employee and volunteer training</b>	
	Have all current employees and volunteers who may have contact with detainees received such training?	yes
	Does the agency provide each employee and volunteer with annual refresher information to ensure that they know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
<b>115.131 (c)</b>	<b>Employee and volunteer training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.132 (a)</b>	<b>Detainee, contractor, and inmate worker notification of the agency's zero-tolerance policy</b>	
	During the intake process, do employees notify all detainees of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
<b>115.132 (b)</b>	<b>Detainee, contractor, and inmate worker notification of the agency's zero-tolerance policy</b>	
	Does the agency ensure that, upon entering the lockup, all contractors and any inmates who work in the lockup are informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
<b>115.134 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees and volunteers pursuant to §115.131, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not	yes

	conduct any form of administrative or criminal sexual abuse investigations. See 115.121(a.)	
<b>115.134 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.121(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 administrative or criminal sexual abuse investigations. See 115.121(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 administrative or criminal sexual abuse investigations. See 115.121(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 administrative or criminal sexual abuse investigations. See 115.121(a).)	yes
<b>115.134 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.121(a).)	yes
<b>115.141 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	If the lockup is not utilized to house detainees overnight, before placing any detainees together in a holding cell do staff consider whether, based on the information before them, a detainee may be at a high risk of being sexually abused? (N/A if the lockup is utilized to house detainees overnight.)	na
	When appropriate, do staff take necessary steps to mitigate such danger to the detainee? (N/A if the lockup is utilized to house detainees overnight.)	na
<b>115.141</b>	<b>Screening for risk of victimization and abusiveness</b>	

<b>(b)</b>		
	If the lockup is utilized to house detainees overnight, are all detainees screened to assess their risk of being sexually abused by other detainees or sexually abusive toward other detainees? (N/A if lockup is NOT used to house detainees overnight.)	yes
<b>115.141 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In lockups described in paragraph (b) of this section, do staff always ask the detainee about his or her own perception of vulnerability? (N/A if lockup is NOT used to house detainees overnight.)	yes
<b>115.141 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: Whether the detainee has a mental, physical, or developmental disability. (N/A if lockup is NOT used to house detainees overnight.)	yes
	Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: The age of the detainee? (N/A if lockup is NOT used to house detainees overnight.)	yes
	Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: The physical build and appearance of the detainee? (N/A if lockup is NOT used to house detainees overnight.)	yes
	Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: Whether the detainee has previously been incarcerated? (N/A if lockup is NOT used to house detainees overnight.)	yes
	Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: The nature of the detainee's alleged offense	yes

	and criminal history? (N/A if lockup is NOT used to house detainees overnight.)	
<b>115.151 (a)</b>	<b>Detainee reporting</b>	
	Does the agency provide multiple ways for detainees to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple ways for detainees to privately report: Retaliation by other detainees or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple ways for detainees to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.151 (b)</b>	<b>Detainee reporting</b>	
	Does the agency also provide at least one way for idetainees 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 entity or office able to receive and immediately forward detainee reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the detainee to remain anonymous upon request?	yes
<b>115.151 (c)</b>	<b>Detainee reporting</b>	
	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
<b>115.151 (d)</b>	<b>Detainee reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of detainees?	yes
<b>115.154 (a)</b>	<b>Third-party reporting</b>	



	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment in its lockups?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a detainee?	yes
<b>115.161 (a)</b>	<b>Staff and agency reporting duties</b>	
	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 an agency lockup?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against detainees or staff who reported such an incident?	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
<b>115.161 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, and investigation decisions?	yes
<b>115.161 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.161 (d)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency report all allegations of sexual abuse, including third-party and anonymous reports, to the agency's designated investigators?	yes
<b>115.162</b>	<b>Agency protection duties</b>	

<b>(a)</b>		
	When the agency learns that a detainee is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the detainee?	yes
<b>115.163 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a detainee 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
<b>115.163 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.163 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.163 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.164 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a detainee was sexually abused, is the first law enforcement staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a detainee was sexually abused, is the first law enforcement 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 detainee was sexually abused, is the first law enforcement 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,	yes

	defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a detainee was sexually abused, is the first law enforcement 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
<b>115.164 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a law enforcement staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify law enforcement staff?	yes
<b>115.165 (a)</b>	<b>Coordinated response</b>	
	Has the agency 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 a lockup incident of sexual abuse?	yes
	If a victim is transferred from the lockup to a jail, prison, or medical facility, does the agency, as permitted by law and unless the victim requests otherwise, inform the receiving facility of the incident and the victim's potential need for medical or social services?	yes
<b>115.165 (b)</b>	<b>Coordinated response</b>	
	If a victim is transferred from the lockup to a jail, prison, or medical facility, does the agency, as permitted by law, inform the receiving facility of the incident unless the victim requests otherwise? (N/A if the agency is not permitted by law to inform a receiving facility, where a victim is transferred from the lockup to a jail, prison, or medical facility as a result of an allegation of sexual abuse of the incident and the victim's potential need for medical or social services.)	yes
	If a victim is transferred from the lockup to a jail, prison, or medical facility, does the agency, as permitted by law, inform the	yes

	receiving facility of the victim's potential need for medical or social services unless the victim requests otherwise? (N/A if the agency is not permitted by law to inform a receiving facility, where a victim is transferred from the lockup to a jail, prison, or medical facility as a result of an allegation of sexual abuse of the incident and the victim's potential need for medical or social services.)	
<b>115.166 (a)</b>	<b>Preservation of ability to protect detainees from contact with abusers</b>	
	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 detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.167 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all detainees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other detainees or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.167 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for detainee victims or abusers, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.167 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, does the agency: Monitor the conduct and treatment of detainees or staff who have reported sexual abuse?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, does the agency: Monitor the conduct and treatment of detainees who were reported to have suffered sexual abuse?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, does the agency: Act promptly to remedy any such retaliation?	yes
<b>115.167 (d)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.171 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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 115.121(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 115.121(a).)	yes
<b>115.171 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.134?	yes
<b>115.171 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.171 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.171 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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 detainee or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a detainee who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.171 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.171 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.171 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.171 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.171(f)	yes

	and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	
<b>115.171 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the lockup or agency does not provide a basis for terminating an investigation?	yes
<b>115.171 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When outside agencies investigate sexual abuse, does the agency cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.121(a). )	na
<b>115.172 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.176 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.176 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.176 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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

<b>115.176 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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: o 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
<b>115.177 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with detainees?	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
<b>115.177 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with detainees?	yes
<b>115.178 (a)</b>	<b>Referral for prosecution for detainee-on-detainee sexual abuse</b>	
	When there is probable cause to believe that a detainee sexually abused another detainee in a lockup, does the agency refer the matter to the appropriate prosecuting authority?	yes
<b>115.178 (b)</b>	<b>Referral for prosecution for detainee-on-detainee sexual abuse</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, does the agency inform the investigating entity of this policy? (N/A if the agency/facility is responsible for administrative and criminal investigations. See	na



	115.121(a.)	
<b>115.182 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do detainee victims of sexual abuse in lockups receive timely, unimpeded access to emergency medical treatment?	yes
<b>115.182 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.186 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the lockup 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
<b>115.186 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.186 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors and investigators?	yes
<b>115.186 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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 was motivated or otherwise caused by other group dynamics at the lockup?	yes
	Does the review team: Examine the area in the lockup where the incident allegedly occurred to assess whether physical barriers in	yes

	the area may enable abuse?	
	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 §§ 115.186(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the lockup head and agency PREA coordinator?	yes
<b>115.186 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the lockup implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.187 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at lockups under its direct control using a standardized instrument and set of definitions?	yes
<b>115.187 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.187 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Local Jail Jurisdictions Survey of Sexual Violence conducted by the Department of Justice, or any subsequent form developed by the Department of Justice and designated for lockups?	yes
<b>115.187 (d)</b>	<b>Data collection</b>	
	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

<b>115.187 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its detainees? (N/A if the agency does not contract for the confinement of its detainees.)	na
<b>115.187 (f)</b>	<b>Data collection</b>	
	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
<b>115.188 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.187 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 § 115.187 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 § 115.187 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 lockup, as well as the agency as a whole?	yes
<b>115.188 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.188 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it	yes

	does not have one, through other means?	
<b>115.188 (d)</b>	<b>Data review for corrective action</b>	
	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 lockup?	yes
<b>115.189 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.187 are securely retained?	yes
<b>115.189 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from lockups under its direct control and any private agencies 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
<b>115.189 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.189 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.187 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	

	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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	na

	single facility agencies, there has never been a Final Audit Report issued.)	
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