

PREA Facility Audit Report: Final

Name of Facility: Grace House

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/30/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Latera M. Davis	Date of Signature: 11/30/2021

AUDITOR INFORMATION	
Auditor name:	Davis, Latera
Email:	laterad@yahoo.com
Start Date of On-Site Audit:	10/11/2021
End Date of On-Site Audit:	10/13/2021

FACILITY INFORMATION	
Facility name:	Grace House
Facility physical address:	219 Valley Street, Williamantic, Connecticut - 06226
Facility Phone	
Facility mailing address:	54 North St, Willimantic, Connecticut - 06226

Primary Contact	
Name:	Jaime Ley
Email Address:	Jaime.Ley@perceptionprograms.org
Telephone Number:	860-450-7130

Facility Director	
Name:	Shannen Howe
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Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	5
Current population of facility:	4
Average daily population for the past 12 months:	4
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females
Age range of population:	18 and over
Facility security levels/resident custody levels:	Secured Facility for women on parole
Number of staff currently employed at the facility who may have contact with residents:	14
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Perception Programs, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	54 North Street , Willimantic, Connecticut - 06226
Mailing Address:	
Telephone number:	8604507130

Agency Chief Executive Officer Information:	
Name:	Kristie Scott
Email Address:	Kristie.Scott@perceptionprograms.org
Telephone Number:	860-450-7122

Agency-Wide PREA Coordinator Information			
Name:	Jaime Ley	Email Address:	jaime.ley@perceptionprograms.org

AUDIT FINDINGS

Narrative:

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

Grace House, part of Perception Programs Inc. agreed to participate in a Prison Rape Elimination Act (PREA) audit, conducted by auditor (Latera Davis); on behalf of Diversified Correctional Services.

Site Review Location: The site review for this audit took place at the Grace House located at 219 Valley Street, Willimantic, Connecticut, 06226. The facility is in the middle section of the state. The auditor conducted pre-audit work prior to arrival at the facility. Pre-audit work included but was not limited to review of the Pre-Audit Questionnaire (PAQ), documentation review on the agency, email correspondence, and telephone calls.

A certified PREA audit was conducted at the Grace House located in Willimantic, CT on 10/11-10/12, 2021. It should be noted that the Grace House is identified as transitional facility, that is contracted to provide services for the Connecticut Department of Corrections. The Perception Houses hereinafter may be referred to as a facility. It should be noted that, for the purpose of this audit report, the clients housed at the facility will be called "residents" for the duration of the report.

The auditor used a triangular approach, by connecting the PREA audit documentations, on-site observation, facility walk through, practice, interviewed staff, residents, and local and national advocates to make determinations for each standard.

Pre-onsite Audit Phase

Posting: On 9/10/2021, the auditor provided the audit notice to the agency PREA coordinator (PC), with instruction to post the required PREA Audit Notice of the upcoming audit prior to the audit for confidential communications. The PREA Coordinator confirmed via email that the notices were posted on 9/14/2021. The auditor received photos of the timestamp posted notices, located in common areas and resident boards. The auditor did not receive communication from any residents.

Pre-Audit Questionnaire (PAQ): In order to prepare for the audit process, pre-kick off email correspondence occurred with the agency's PREA Coordinator in June 2021. As the auditor reviewed the materials provided by the facility, any outstanding documents were communicated directly with the agency PREA coordinator and facility Director. Completed documents were submitted or discussed via telephonic and email.

The Pre-Audit Questionnaire was completed and sent to the auditor as required. The completed Pre-Audit Questionnaire (PAQ) was submitted on 9/14/2021. Additional documentation received included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials were also provided. The auditor reviewed all the documentation submitted by the facility and prepared a list of issues based on the evidence provided.

The auditor completed a documentation review using the Pre-Audit Questionnaire (PAQ), internet search, policies and procedures review, and additional documentation provided via email correspondence; to include both the agency and the facility policy and procedures, agency mission statement, daily population report, and schematic/layout for the facility. The auditor was provided a list of requested documents for the on-site review. As the auditor reviewed the materials provided by the facility, the content/documents were organized and any outstanding issues/concerns were addressed via telephonic and email correspondence, with the agency PREA coordinator. It should be noted that a list of random and special categorized residents was provided during the on-site review.

Website Review: Prior to the on-site portion of the audit, the auditor conducted a website review of the facility. There were no public articles found on the facility.

Prior to the on-site portion of the audit, the auditor was made aware that the facility did not house female residents or residents who were held for immigration purposes. Email communication was sent to the PREA coordinator requesting the following information in preparation for the site review:

- Staffing Plan/Documentation of deviation for the staffing plan
- Annual Reviews
- Logs of exigent circumstances for cross gender pat down searches
- Staff training logs
- Written materials used for effective communication about PREA residents with disabilities or limited reading skills
- Documentation of staff training on PREA complaint practices for residents with disabilities

- Documentation of investigators who have completed specialized investigative training
- Documentation of mental health and medical staff that have completed specialized training
- Screening instrument used to determine risk for victimization
- Documentation of use of screening information to inform housing, bed, work, education and facility assignments with the goal of keeping separate those residents with a high risk of being sexually abusive
- Sample resident grievances (on-site will review general grievances filed)
- Resident handbook
- Documentation of notifications of abuse while confined at another facility (if applicable)
- Facility institutional plan (coordinated plan)
- Retaliation reports (all investigation files, last 12 months)
- Documentation when segregated housing was used to house residents who have alleged to have suffered sexual abuse (if applicable)
- Sample of investigations of alleged sexual abuse complaints completed by the agency
- Sample of investigations of alleged sexual abuse complaints completed by outside agency
- Sample of documentation of any substantiated or unsubstantiated complaints
- Sample of documentation of notifications
- Sample records of terminations, resignations, or other sanctions against staff—allegations of sexual abuse or sexual harassment—within the last 12 months – (may request to review more sexual harassment while on site)
- Reports of sexual abuse of residents by contractors or volunteers
- Sample records of disciplinary actions against residents for sexual conduct with staff
- Sample records of disciplinary actions against residents for sexual conduct against other residents (need substantiated abuse or harassment allegations)
- Documentation of sexual abuse incident reviews
- Unannounced rounds documentation
- A summary of all incidents within the past 12 months (log)
- Rosters
- Notice of auditor post-English/Spanish (received)
- Residents with disabilities
- Residents who are limited English proficient (LEP)
- LGBTI residents
- Residents in segregated housing (PREA related)
- Residents who reported sexual abuse
- Residents who reported sexual victimization during risk screening
- Staff roster
- Specialized staff list
- Staff personnel documentation
- Resident documentations
- List of contractors who have contact with residents

- List of volunteers who have contact with residents
- PREA reassessments (all sexual abuse cases)

On-Site Audit Phase

Team Composition/Entrance

The audit team consisted of the auditor (Latera Davis). On 10/11/2021 at approximately 10:00 am the auditor arrived at the facility to conduct an entrance meeting with the agency PREA Coordinator (s) and the facility manager; along with beginning the on-site process (physical plant inspection and interviews). It should be noted that a resident participated in providing an auditor with the site inspection.

Entrance Meeting

The entrance meeting served as initial introductions and on-site logistics with the facility leadership. The auditor reiterated the PREA Resource Center's (PRC) expectations of the on-site process and written reports, along with the audit goals. The auditor provided an overview of the expectations during the on-site audit and transparency to discuss any identified issues or concerns. The team also established a process to make corrections on-site, if necessary and post on-site follow up.

Prior to the on-site audit and upon conclusion of the entrance meeting, the auditor was provided resident and employee documentation to review. Resident and staffing lists were also provided allowing the audit team to make randomized selections of interview participants. The Grace House staff work 8-hour shifts; with three respective shifts.

Day One: The auditor conducted the physical plant site inspection along with staff and resident interviews; along with file review.

Day Two: The auditor completed the remaining interviews (resident and staff) and file review. Upon completion of assigned tasks, auditor returned to the assigned office to discuss site observation, informal and formal interviews, file review, and necessary corrective actions. Day two also served as the close out conference.

Interviews: Due to COVID-19, and the need to take extra safety precautionary measures; resident and informal auditor contact during the walk through was limited. The auditor was able to have informal discussion with one resident while conducting the physical plant inspection. During the informal discussion, the residents were aware of PREA.

For the formal interviews, the auditor randomly selected names of individuals who would be interviewed, and the facility staff prepared the residents and staff members for interview in a staged manner. For all completed interviews, appropriate PREA-interview protocols were utilized, and standard advisory statements were communicated with the interviewing audit team member recording responses by hand or typed.

On the first day of the on-site audit there were two residents reported at the facility. Staff interviews were based on who was at the facility on the days of the audit, varying staff shifts, and positions/roles held. Over the two days being on-site, 15 interviews were conducted with staff that have specialized roles and responsibilities. It should be noted that this also included staff that have dual role responsibilities. The interviews were conducted privately in several different meeting rooms and the protocols used included but were not limited to incident review team members, mental health staff, screening staff, security first responder, agency head, staff who supervise residents in isolation, agency contract administrator, HR administrator, intake staff, PREA coordinator, intermediate or higher-level staff, facility director, medical staff, and staff who monitor for retaliation. The facility did not have any approved volunteers at the facility.

Along with the specialized staff and 3 random staff. Random staff were chosen by retrieving a list of staff from every shift, including new and more tenured staff. A total of 4 targeted resident interviews were identified. There were no residents housed for the sole purpose of immigration. It was also reported that there were no residents segregated for risk of sexual victimization, which was confirmed through staff and resident interviews, as well as site review by audit team members. The interviews were conducted primarily in an empty offices or staff offices and telephonic communication.

The sampling strategy included interviewing all residents which included a selection of targeted residents within the sample of participants. Interviews were conducted using the Department of Justice (DOJ) protocols to assess the resident's knowledge of PREA and reporting mechanisms available to them at the facility. Both random residents were also given the targeted resident interviews.

Interviews

Residents

- Random Residents: 2
- Targeted Residents: 4 (same as random)
- Disability: 2
- LGB: 2

Staff

- Random Staff: 3
- Specialized Staff: 12
 - Mental Health: 1
 - Medical
 - Contractor: 1
 - Administrative Investigator: 1
 - Intake: 1
 - Staff who Perform Risk for Victimization and Abusiveness: 1
 - Designated Staff Members Charged with Monitoring for Retaliation: 1
 - First Responders (all direct staff): 3
 - Incident Review Team: 1
 - HR Administrator: 1
- Agency Head: 1
- Director (program lead): 1
- PREA Coordinator: 1

The PREA audit requires the auditor to conduct outreach to relevant national and local advocacy organizations. To communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The following national advocacy, State, and/or community advocacy organizations were contacted.

Advocacy Organization	Date Received
Just Detention International (JDI)	8/23/2021
Sexual Assault Crisis Center of Eastern Connecticut	Multiple attempts-no response

The auditor asks the advocacy organizations the following questions:

How many residents reported sexual abuse and/or sexual harassment in the last 12 months?

Have you received any reports on the facility in the last 12 months?

Documentation Review and Sampling

Documents Reviews: During the site review, documentation review included, but was not limited to the auditor review of personnel files, training records, resident intake, screening, and PREA education records; and any other related documents that covered the prior 12-month period. The documentation review process was covered by the auditor. The PAQ reported zero investigations.

Grievances: The Grace House has grievance boxes located near the front entryway. There is a grievance box for the program along with the Connecticut Department of Corrections. The agency PREA Coordinator provided a sample of grievances from the last 12 months.

Informational Consolidation: The auditor met frequently with agency leadership, throughout the two days to consolidate information and ensure that the interviews, documentation reviews, and facility observations supported a compliance determination for the required PREA standards. When additional information was requested to establish compliance, the management team was responsive and made every effort to deliver documentation. The facility staff was receptive to providing additional documentation along with noted concerns in documentation review.

Exit Briefing

The audit team conducted an exit meeting on 10/13/2021, at which preliminary findings of the review were discussed with the facility leadership team. During the exit, the auditor provided an overview of the on-site inspection results and discussion of follow up requested information.

Post-Onsite Audit Phase

Upon return from the on-site phase of the audit, the auditor, and the agency PREA coordinator agreed to communicate by email and telephone during the post-audit phase, regarding any identified need for additional documentation, as well as clarification of questions that arose while collating data.

Communication with the agency PREA Coordinator began immediately upon the conclusion of the on-site audit. Communication was ongoing, with responses provided consistently both by email and telephone. Documentation and clarification communication emails facilitated the ability to process both the Interim and Final Reports.

Audit Section of the Compliance Tool: The auditor continued to review documentation and interview notes gathered while on-site and compile information to enter the audit portion of the compliance tool. Detailed information from the audit interviews were integrated into

relevant sections of the standards. To ensure all standards were thoroughly analyzed, the auditor proceeded standard by standard, determining compliance or non-compliance.

Final Audit Report: 11/23/2021

AUDIT FINDINGS

Facility Characteristics:

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

Facility Demographics

Total staff: 6 current staff (several were on leave)

- Facility Director
- 1 Contracted Psychologist
- 1 Medical staff
- 3 Direct care Staff
- 1 staff on FMLA

Security Level: Minimum-Transitional Center

Grace House is a residential treatment program for women age 18+ who have been impacted by the criminal justice system.

Our five-bed residential serves women with co-occurring substance abuse and mental health disorders. We are a trauma and gender informed program, and all treatment is tailored to the unique needs of women who have experienced trauma. The program includes 20 hours of individual and group therapy each week, and treatment is focused on relapse prevention, healthy relationships, life skills, and mood regulation. A case manager is available to assist residents with employment, procuring IDs, medical appointments, housing, and discharge planning. A prescriber is also available to provide comprehensive psychiatric evaluations and medication management. On average, residents stay in the program for 3-6 months.

Services:

- Individual Therapy
- Group Therapy
- Skills Building
- Trauma Therapy
- Risks and Needs Assessment
- Case Management
- Aftercare Planning

Site Review: The auditor conducted a comprehensive site review of the facility. Residents had access on-site and could be present. The director along with a resident, assisted in escorting the auditor throughout the center during the inspection.

The Grace House is a transitional center for females in Connecticut. The center provides short term transitional services.

During the site review, the following areas were inspected:

- Administrative Offices
- Kitchen
- Dinette
- Living Room
- Basement (locked at all times)
 - Residents are only allowed to access with staff. One resident at a time.
 - Laundry area
 - Locked storage closet
- Housing (4 rooms)
 - 3 Single Occupancy
 - 1 Double Occupancy
 - Hallway bathroom

The program has all residents who have mental health disorders. The residents participate in group onsite and do not have offsite employment. The auditor was provided unimpeded access to all parts of the facility and all secure rooms and storage areas in the facility. The auditor spoke informally with residents and staff during the site inspection.

The auditor inspected facility doors, restrooms, and office areas. The areas were consistently secured and locked. The auditor noted

placement and coverage of video monitoring and technology, along with surveillance cameras, and reviewed for potential blind spots. Inspections of bathroom and shower areas were conducted, with observation of possible cross-gender viewing. There is a centralized camera viewing area in the administrative office. The cameras provide visual and audio capabilities.

There were no locations of concern identified during the tour. The resident assisting with the tour stated that male staff do not come into the housing area. She reported that the residents are pat down searched, but never by male staff.

AUDIT FINDINGS

Summary of Audit Findings:

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

Number of standards exceeded:	2
Number of standards met:	39
Number of standards not met:	0

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 2

List of Standards Exceeded: 115.233; 115.241

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: NA

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ul style="list-style-type: none"> Pre-Audit Questionnaire (PAQ) b. Policy: <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedures c. Perception Organization Chart 2. Interviews: <ol style="list-style-type: none"> a. PREA Coordinator <p>Findings (By Provision):</p> <p>115.211(a). As reported in the PAQ, the agency has a written policy that mandates zero tolerance in all forms of sexual abuse and sexual harassment. The Prison Rape Elimination Act (PREA) Policies and Procedures states that “Perception Programs will have zero tolerance for all forms of resident on resident or staff on resident sexual abuse or sexual harassment and has therefore designated a PREA coordinator to oversee the agency’s efforts to prevent, detect and respond to such conduct. Perception Programs will protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, from retaliation by other residents or staff”.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.211(b). As reported in the PAQ, the agency employs or designates an upper-level, agency-side PREA coordinator. The Prison Rape Elimination Act (PREA) Policies and Procedures states that “Perception Program’s PREA Coordinator is the Senior Director of Residential Services. The PREA Coordinator oversees the agency’s efforts to prevent, detect and respond to inappropriate sexual conduct and will monitor for retaliation by the abuser toward those who came forward to disclose the misconduct”.</p> <p>The facility provided a copy of the organization chart, showing the position of the PREA Coordinator.</p> <p>Interviews:</p> <p>The interviewed agency PREA Coordinator reported that they have enough time to manage all of the PREA related responsibilities. The PREA Coordinator reported that agency efforts to comply with the PREA standards include Perception Programs maintains a policy and procedure on the management of sexual abuse and sexual harassment allegations by residents. That policy is the agencies guidepost for ensuring compliance with PREA standards.</p> <p>If a concern was identified, the concern would be brought to the PREA Coordinator for review who in turn would notify the agency’s Quality Manager. The Quality Manager and PREA Coordinator would meet with Senior Director of Residential Services and Program Lead to review the compliance issue and identify a remedy for implementation. Staff would be trained and/or notified as needed. An auditing process would be identified, implemented and monitored. The area of non-compliance along with the continuous improvement plan would be tracked in quarterly Quality Council meetings where audit results would be monitored.</p> <p>Documentation review for compliance: Policy and organization chart. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Corrective Action:</p> <p>No corrective action is recommended for this standard.</p>

115.212	<p>Contracting with other entities for the confinement of residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Residential Provider Manual c. Perception Program Contract (CDOC) <p>Findings (By Provision):</p> <p>115.212(a). As reported in the PAQ, the agency has entered or renewed one contract for the confinement of residents. The Grace House is the contracted provider for the Connecticut Department of Corrections.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.212(b). As reported in the PAQ, the agency requires the contracts to monitor the contracts compliance with PREA standards. There was one contract that that the agency did not require to monitor for the compliance of PREA standards. The facility is contracted by the Connecticut Department of Corrections (CDOC). The CDOC Residential Provider Manual states that “the provider agency will contract with a USDOJ-certified PREA auditor to perform an audit of each program housing offenders once every three (3) years, in accordance with PREA policies.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.212(c). As reported in the PAQ, there were zero contracts that that the agency did not require to monitor for the compliance of PREA standards.</p> <p>Corrective Action:</p> <p>No corrective action is recommended for this standard.</p>
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy
 - Staffing Scheduling
 - Prison Rape Elimination Act (PREA) Policies and Procedures
 - c. Annual Staffing Plan (FY 2022)
 - d. Week of Audit Schedule (10/11-10/14/2022)
2. Interviews:
 - a. PREA Coordinator
 - b. Director

Findings (By Provision):

115.213(a). As reported in the PAQ, the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan. Since the last PREA audit the average daily number of residents is four, and the number of residents in which the staffing plan was predicated on five.

Policy Staff Scheduling provides guidance on the facilities responsibility to ensure adequate staffing. The policy further states that "residential programs are required to be staffed 24 hours per day, seven days per week. In staffing these programs, the agency must balance covering all unfilled shifts with managing cost overages from wages and unnecessary overtime payment". The Prison Rape Elimination Act (PREA) Policies and Procedures further states that:

The Program Lead will develop a written plan that provides for adequate levels of staffing to protect residents against sexual abuse. This staffing plan will take into consideration the following:

- The physical layout of the facility
- The composition of the resident population
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse
- Any other relevant factors.

In any situation in which a deviation is made from the staffing plan, written justification for such deviation must be documented and sent to the PREA Coordinator.

The Program Lead/supervisory designee will develop a written plan for the use of video monitoring to protect residents against sexual abuse. This plan will specify how existing technology will be used in sexual abuse prevention and what additional specific technology would be helpful.

Interviews:

The interviewed PREA Coordinator reported that when assessing adequate staffing levels or the need for video monitoring the following are considered in the staffing plan:

The Senior Director of Residential Services in collaboration w/ the Program Lead review the staffing plan a minimum of once annually. This review takes into consideration the following:

- The physical layout of the facility- Walkthroughs are conducted routinely
- The composition of the resident population
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse
- Any other relevant factors.

In any situation in which a deviation is made from the staffing plan, written justification for such deviation must be documented and sent to the PREA Coordinator. All three residential programs have surveillance systems installed which monitor resident movement. The Program Lead/supervisory designee will develop a written plan for the use of video monitoring to protect residents against sexual abuse. This plan will specify how existing technology will be used in sexual abuse prevention and what additional specific technology would be helpful.

The interviewed program director also reported that the program has adequate staffing levels to protect residents against sexual abuse. It was also stated that the CDOC requires the program to maintain a 1:2 staff to client ratio; however PPI staffs up to two staff during waking hours. Video monitoring is included in the staffing plan. The staffing plan is documented on a matrix and on the staffing calendars. The program director reported that some of the areas that that will be assessed include:

- Staff direct interaction with residents along with video surveillance. Video coverage is located in several locations within the program.
- Residents with higher level of care may require an increase in staffing patterns.
- Video surveillance is onsite and is audited by the program lead.

Overall compliance is checked by reviewing the staffing plans.

The auditor reviewed the staffing plan along with video monitoring while conducting the onsite inspection. The plan along with adequate video coverage was appropriate.

115.213(b). As reported in the PAQ, there were no deviations in the staffing plan.

115.213(c). As reported in the PAQ, the facility conducts an annual review of the staffing plan. The auditor reviewed a copy of the FY 2022 annual staffing plan, and along with the staff schedule for the week of the audit. The Prison Rape Elimination Act (PREA) Policies and Procedures states that "at least once yearly, or whenever necessary, the PREA Team will reassess the program and make adjustments, if necessary, to the staffing plan; prevailing staffing patterns; the video monitoring plan; and the resources available to commit to ensure adequate staffing levels".

Interviews:

The interviewed PREA Coordinator reported that the staffing plan is reviewed at least once every year. In any situation in which a deviation is made from the staffing plan, written justification for such deviation must be documented and sent to myself (PREA Coordinator). The interviewed program director reported that compliance with staffing plans is adhered to at all times.

Corrective Action:

No corrective action is recommended for this standard.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: <ul style="list-style-type: none"> • Resident/Visitor Searches • Monitoring Client Whereabouts • Prison Rape Elimination Act (PREA) Policies and Procedures c. Training: Pat Searches for Contracted Residential Programs 2. Interviews: <ol style="list-style-type: none"> a. Random sample of staff b. Random sample of residents (2) c. Transgender or Intersex Residents <p>Findings (By Provision):</p> <p>115.215 (a). As reported in the PAQ, the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. There have been zero instances in the past 12 months were staff conducted cross-gender strip or cross-gender visual body searches of residents.</p> <p>The Resident/Visitor Searches policy states that "reasonable accommodations shall be made to provide for same gender pat searches. When such accommodation cannot be made and a pat search is deemed essential without delay, then a cross gender pat search may be conducted. All cross-gender pat searches shall be documented on a program Incident Report. Strip searches are strictly prohibited".</p> <p>A review of the appropriate documentation and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.215 (b). As reported in the PAQ, the facility does not permit cross-gender pat down searches of female residents, absent exigent circumstances. It was also reported that the facility does not restrict female residents access to regularly available programming or other outside opportunities in order to comply with the provision. There were zero reported pat down searches of female residents that were conducted by male staff. It should also be noted that the program recently implemented pat down searches. The implementation of pat down searches and staff training on pat down searches occurred during the pre-audit phase.</p> <p>The staff of the program completed training hosted by the Connecticut Department of Corrections. The auditor reviewed the training curriculum, which covered all necessary components to meet compliance with the standard.</p> <p>Interviews:</p> <p>The two interviewed residents of the Grace House reported that only female staff conduct pat down searches. It was also reported that if there was a male staff present, he would only conduct a wand search.</p> <p>The interviewed random staff reported that they were recently trained on how to conduct a cross gender search and a transgender search. It was also reported that male staff do not conduct pat down searches of female residents. If there is not female staff available they will contact a female staff at the agency program located next door to assist.</p> <p>115.215 (c). NA-the facility does not conduct cross-gender strip searches and cross-gender visual body cavity searches. However policy Resident/Visitor Searches states that "all cross-gender pat searches shall be documented on a program Incident Report. Strip searches are strictly prohibited".</p> <p>115.215 (d). As reported in the PAQ, the facility has implemented policies and procedures that enable residents to dress, shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts,</p>

buttocks, or genitals except in exigent circumstances. Monitoring Client Whereabouts policy states that "Cameras are never placed in resident bedrooms, resident bathrooms, or staff offices in order to preserve a degree of personal privacy". The Prison Rape Elimination Act (PREA) Policies and Procedures policy further states that "Staff of the opposite gender will never be permitted to view breasts, buttocks, or genitalia. Staff must announce their presence when entering areas of the facility where residents of the opposite sex may be performing bodily functions or dressing".

The agency has a procedure in place requiring the announcement of male staff as they enter the housing area. It was further reported that the male staff do not enter the rooms, rather they knock on the door, announce themselves and conduct an observation view from the door.

Interviews:

The two random residents interviewed reported that male staff never enter the housing area. The two interviewed residents also reported that the female staff are the only ones who conduct the pat down searches. If there are no female staff on shift then the male staff would only conduct the wand search. The residents reported feeling like no staff can ever see them naked in full view.

The random staff interviewed reported that everyone makes announcements when going in the housing area. One staff reported that they have never worked with male staff so they are not sure if they do anything different. The interviewed staff reported that they will knock on the residents door before entering and ask if they can come into the room. All of the interviewed staff reported that residents are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.215 (e). As reported in the PAQ, the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The Prison Rape Elimination Act (PREA) Policies and Procedures states that "staff must not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. A resident's genital status may be determined based on all information available to the program. The agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis".

Interviews:

The random staff interviewed reported that they are not allowed to search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.215 (f). As reported in the PAQ, 100% of staff who have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional manner with security needs. The staff of the program completed training hosted by the Connecticut Department of Corrections. The auditor reviewed the training curriculum, which covered all necessary components to meet compliance with the standard.

Interviews:

The random staff interviewed reported that they recently received training to conduct pat down searches and how to search a transgender or intersex resident in a respectful manner. The staff do not routinely conduct pat down searches.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: <ul style="list-style-type: none"> • Discrimination • Prison Rape Elimination Act (PREA) Policies and Procedures c. Memo: Language Translation d. Resident Handbook (Spanish/English) e. Perception Programs, Inc. Sexual Harassment, Sexual Misconduct and Sexual Assault Brochure 2. Interviews: <ol style="list-style-type: none"> a. Agency Head b. Random sample of staff (3) c. Residents w/disabilities or LEP (2) <p>Findings (By Provision):</p> <p>115.216 (a). As reported in the PAQ, the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Discrimination policy states that "Perception House does not discriminate or permit discrimination against any person or group of persons in outreach, admission or treatment activities on the basis of race, color, religious creed, marital status, national origin, sex, or sexual preference".</p> <p>The following documents were reviewed to determine the agency response to providing interpretive services: Memo (Language Translation Services); Resident Handbook (Spanish/English); Perception Programs, Inc. Sexual Harassment, Sexual Misconduct and Sexual Assault Brochure (Spanish/English); PREA signage on walls (Spanish/English).</p> <p>Interviews:</p> <p>The interviewed agency head reported that all residents will have every opportunity to participate in all aspects of sexual abuse and sexual harassment prevention, detection and response. The program shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities or limited English proficient. Interpretation services will be provided as needed. Resident interpreters will not be utilized for any investigation aspects of reported sexual abuse or harassment except where an extended delay in obtaining an effective interpreter could compromise resident's safety or performance of first responders or investigation of resident's allegation. Any use of resident interpreters must be documented.</p> <p>The two random residents interviewed, were also identified as having a disability. One resident stated having a mental disability and staff would explain things to them, as sometimes their thoughts would be all over the place. The other interviewed resident reported that they are fully able to understand the information and did or would not need assistance from staff.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.216 (b). As reported in the PAQ, the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. The Prison Rape Elimination Act (PREA) Policies and Procedures states that during the intake process staff shall:</p> <p>§ Refer each resident to signage posted in the facility stating this policy in both English and Spanish.</p>

Utilize language assistance services to obtain a translation of this notice, if necessary.

Will aid residents with disabilities or who are limited English proficient to ensure they understand this policy.

The program does not have a contract for language services, however provided a memo (Language Translation) indicating that PPI will use LingualLinx for translation services if needed. The following documents were reviewed to determine the agency response to providing interpretive services: Memo (Language Translation Services); Resident Handbook (Spanish/English); Perception Programs, Inc. Sexual Harassment, Sexual Misconduct and Sexual Assault Brochure (Spanish/English); PREA signage on walls (Spanish/English).

Interviews:

The two random residents interviewed, were also identified as having a disability. One resident stated having a mental disability and staff would explain things to them, as sometimes their thoughts would be all over the place. The other interviewed resident reported that they are fully able to understand the information and did or would not need assistance from staff.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.216 (c). As reported in the PAQ, the agency policies prohibit other use of resident interpreters, resident readers, or other type of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the residents' allegations. In the past 12 months, there were zero instances where resident interpreters or readers were used to report allegations of sexual abuse or sexual harassment.

The Prison Rape Elimination Act (PREA) Policies and Procedures states that "if the victim requires assistance in communication, the program will not use resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first response duties under 115.264, or the investigation of the resident's allegations".

The following documents were reviewed to determine the agency response to providing interpretive services: Memo (Language Translation Services); Resident Handbook (Spanish/English); Perception Programs, Inc. Sexual Harassment, Sexual Misconduct and Sexual Assault Brochure (Spanish/English); PREA signage on walls (Spanish/English).

Interviews:

The two random residents interviewed, were also identified as having a disability. One resident stated having a mental disability and staff would explain things to them, as sometimes their thoughts would be all over the place. The other interviewed resident reported that they are fully able to understand the information and did or would not need assistance from staff.

The random sample of staff interviewed reported that they have never seen a circumstance where the agency would allow the use of resident interpreters, resident readers, or other type of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. Overall the interviewed staff believed that such practice is not allowed.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: <ul style="list-style-type: none"> • Termination • Hiring/Promotions • Prison Rape Elimination Act (PREA) Policies and Procedures c. Background checks <ul style="list-style-type: none"> • Initial (5) • 5 year check (2) • Contracted Staff (2) 2. Interviews: <ol style="list-style-type: none"> a. Administrative (Human Resources) staff b. PREA compliance manager <p>Findings (By Provision):</p> <p>115.217 (a). As reported in the PAQ, the agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:</p> <ol style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2). <p>Policy Hiring/Promotions further confirms the above requirements.</p> <p>115.217 (b). As reported in the PAQ, the agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Policy Hiring/Promotions states that "PPI will consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any intern, contractor or volunteer".</p> <p>The auditor reviewed background checks for two contracted staff. The final analysis of the evidence indicates that the facility does 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 inmates. The policy provided aligns with the intent of the standard, as well as corroboration by the interviewee. Based on this analysis, the audit finds the facility meets the standard.</p> <p>Interviews:</p> <p>The interviewed human resources staff stated that the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Prior disclosure and substantiated misconduct is considered in decisions to hire or promote.</p> <p>115.217 (c). As reported in the PAQ, the agency policy requires that before it hires any new employees who may have contact with residents, criminal background record checks are conducted. In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks is 9.</p> <p>Policy Hiring/Promotions states that:</p> <p>Background Checks A criminal background check is completed on all employees prior to hire and at least every five (5)</p>

years. A motor vehicle background check is completed on all employees who transport or may transport clients and may be completed annually. A DCF background check is conducted on most employees. All hires are provisional until these reports are received. Employment may be terminated if a report shows that there are convictions or findings that conflict with contractual obligations. Applicants, who have a current legal obligation to the criminal justice system i.e., pending charge, outstanding warrant, probation, parole, etc. will be reviewed for potential employment based upon contractual obligations.

A review of nine criminal background checks demonstrated that the program is in compliance with this provision.

Interviews:

The interviewed administrative human resources staff reported that criminal background checks are conducted on all new employees and contracted staff.

115.217 (d). As reported in the PAQ, the agency policy requires that a criminal background record check will be completed before enlisting the services of any contractor who may have contact with residents. In the past 12 months, there were zero contracts for services where criminal background record checks were contacted on all staff covered in the contract who might have contact with residents.

Policy Hiring/Promotions further states that the background check process applies to employees, volunteers and contractors.

Interviews:

The interviewed administrative human resources staff reported that criminal background checks are conducted on all new employees and contracted staff.

115.217 (e). As reported in the PAQ, the agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents, or who may have contact with residents, or that a system is in place for otherwise capturing such information for current employees.

Policy Hiring/Promotions states that "background Checks A criminal background check is completed on all employees prior to hire and at least every five (5) years". A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Interviews:

The interviewed administrative human resources staff reported that criminal background checks are conducted at time of hire and every five years thereafter.

115.217 (f). The Prison Rape Elimination Act (PREA) Policies and Procedures states that "all employees shall have a criminal background check completed at the time of employment, prior to any promotion, and at least once every five years thereafter. All new employees will be appropriately screened by human resources staff before starting employment and are required to disclose any previous misconduct of a sexual nature, whether engaging in, or having attempted to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion; or if the employee has been civilly or administratively adjudicated to have engaged in any of this activity. Material omissions regarding misconduct, or providing false information shall be grounds for termination".

Interviews:

The interviewed administrative human resources staff reported that Per CT Public Act No. 16-83, the employer is not allowed to inquire about prior criminal background or allegations during the interview process. Background checks are conducted post-offer. Job offers are contingent upon satisfactory results of background checks. It was further reported that the program imposes upon employees a continuing affirmative duty to disclose any such previous misconduct. Employees consent at hire to allow the employer to investigate relevant history as required by program. Current employees also have a duty to report any sexual harassment, sexual misconduct, or other form harassment.

115.217 (g). As reported in the PAQ, the agency policy states that material omission regarding such misconduct, or the provision of materially false information, shall be grounds for termination. The Terminations policy states that "material application omissions or false information, shall be grounds for termination". Upon review of nine personnel files, it was found that staff are required to review and sign that they understand the consequences for inaccuracies and untruthfulness. The requirement for signage is located on the employee application.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.217 (h). The Prison Rape Elimination Act (PREA) Policies and Procedures states that "unless prohibited by law, the agency shall 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".

The interviewed administrative human resources staff reported that Standard practice is to confirm employment status, job title, duties, and dates of employment. Additional details are released pursuant to a release of information form signed by the applicant/ former employee.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Corrective Action:

No corrective action is recommended for this standard.

115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Memo-Facilities and Technology 2. Interviews: <ol style="list-style-type: none"> a. Agency Head b. Director <p>Findings (By Provision):</p> <p>115.218 (a). As reported in the PAQ, the agency has not acquired new facilities or has made substantial expansions since the last PREA audit. The agency provided a memo confirming that there have not been any modifications at Next Steps Cottage, except the closing of one of the buildings (10/2021).</p> <p>Interviews:</p> <p>The interviewed agency head reported that per agency policy, PPI will ensure any substantial modification of existing facility will consider the effect of the design or modification in protecting residents from sexual abuse. Any video equipment upgrade will also consider the Program's ability to protect residents from sexual abuse. The interviewed program director reported that the program has not made any significant changes or modifications.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.218 (b). As reported in the PAQ, the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>Interviews:</p> <p>The interviewed agency head reported that each PPI program uses video monitoring to ensure staff and resident safety and to protect residents against sexual abuse. During the onsite inspection that auditor was able to observe the video monitoring system.</p> <p>The interviewed program director reported that upon admission residents are informed that cameras are recording 24/7. There are posters that outlined this as well throughout the facility. Residents are aware that there is footage available to review if allegations of sexual abuse arise. Cameras are not in bedrooms and/or bathrooms; however, cameras are set in ways to view entrances of bedrooms and bathroom doors to see who enters and exits are time stamped.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Corrective Action:</p> <p>No corrective action is recommended for this standard.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. MOU Sexual Assault Crisis Center of Eastern Connecticut 2. Interviews: <ol style="list-style-type: none"> a. PREA Coordinator b. Random sample of staff (3) c. Residents who reported a sexual abuse d. SANE/SAFE <p>Findings (By Provision):</p> <p>115.221 (a). As reported in the PAQ, the agency facility is responsible for conducting administrative investigations. The Connecticut State Police is responsible for conducting criminal investigations. It was also reported that when conducting a sexual abuse investigation, the agency investigators will not follow a uniform evidence protocol. Upon further review it was identified that the agency PREA coordinator also conducts administrative investigations. As recommended by the auditor, agency PREA coordinator/administrative investigator completed the NIC Specialized Training for Investigators; to ensure the required protocols are being followed.</p> <p>Interviews:</p> <p>The interviewed random sample of staff reported that their understanding of the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse by separating the parties, contain area, make sure the parties do not shower or eat, and take the resident to the hospital as directed. The interviewed staff also reported that the Director, PREA Coordinator, local law enforcement and the CDOC could conduct the investigations.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.221 (b). NA-there are no youth housed at the placement.</p> <p>115.221 (c). As reported in the PAQ, the facility offers all residents who experience sexual abuse access to forensic medical examinations, and they are offered without financial cost to the victim. There have been no reported forensic medical exams conducted in the past 12 months. The exams would occur at the hospital.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.221 (d). As reported in the PAQ, the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. While the services have not been needed, it was reported they would contact the Connecticut Sexual Assault Crisis Services. The agency does not utilize agency staff, services would be coordinated with the Sexual Assault Crisis Center of Eastern Connecticut.</p> <p>The auditor reviewed an MOU with the Sexual Assault Center of Eastern Connecticut and Perceptions Programs, Inc., which indicated that the sexual assault center would provide the following services:</p> <ul style="list-style-type: none"> • Make a victim advocate from a rape crisis center, either in person or by other means, available to the victim of sexual abuse that occurred within CT community confinement facilities. • Provide residents of CT community confinement facilities with emotional support services related to sexual abuse. <p>Interviews:</p> <p>The interviewed PREA Coordinator reported that during the intake process, all new admissions are given written information about PREA and the Sexual Assault Crisis Center. Information is posted throughout the facility in both English and Spanish.</p>

In addition, upon receiving an alleged report the Program Lead/supervisory designee will contact Connecticut Sexual Assault Crisis Services, whom we have an MOU with, to arrange for a sexual assault advocate to go to the hospital where the resident is being transported. If the allegations of sexual abuse are reported to staff after the alleged victim has been transported to a medical facility, staff will notify the receiving facility of the allegation of sexual abuse and the victim's potential need for medical or social services unless the victim has requested otherwise.

It was further reported that the program will utilize the Eastern CT Sexual Assault Crisis Center, which is a private, non-profit agency offering free and confidential, comprehensive services to victims of sexual assault and abuse. SACCEC is a member of the Connecticut Alliance to End Sexual Violence, the statewide coalition of sexual assault crisis agencies.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

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

The auditor reviewed an MOU with the Sexual Assault Center of Eastern Connecticut and Perceptions Programs, Inc., which indicated that the sexual assault center would provide the following services:

- Make a victim advocate from a rape crisis center, either in person or by other means, available to the victim of sexual abuse that occurred within CT community confinement facilities.
- Provide residents of CT community confinement facilities with emotional support services related to sexual abuse.

Interviews:

The interviewed PREA Coordinator reported that the Sexual Assault Crisis Center of Eastern Connecticut is available to residents in this situation. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.221 (f). N/A-the agency is responsible for administrative investigations. Any criminal investigations are completed through the State police.

115.221 (g). N/A the auditor is not required to audit this provision.

115.221 (h). N/A the auditor is not required to audit this provision.

Corrective Action:

A corrective action plan was put in place to ensure that the agency administrative investigator received proper training to conduct PREA related investigations. The agency administrative investigator completed the NIC specialized training for investigators and provided the certification of completion.

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 987 300">The following evidence was analyzed in making compliance determination:</p> <ol data-bbox="240 331 927 779" style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedures c. Website 2. Interviews: <ol style="list-style-type: none"> a. Agency Head b. Investigative Staff <p data-bbox="240 810 483 837">Findings (By Provision):</p> <p data-bbox="240 869 1485 994">115.222 (a). As reported in the PAQ, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. During the past 12 months, there were three allegations of sexual abuse and sexual harassment that was received. In the past 12 months there were zero allegations referred for criminal investigations.</p> <p data-bbox="240 1025 352 1052">Interviews:</p> <p data-bbox="240 1084 1493 1240">The interviewed agency head reported that all allegations of sexual abuse and sexual harassment or investigated. It was also reported that per agency policy, all incidents of sexual abuse or sexual harassment will be investigated. Any incident involving potential criminal behavior will be immediately reported to local law enforcement for criminal investigation. The PREA Coordinator shall ensure any report of sexual abuse or sexual harassment determined to be a non-criminal matter by law enforcement will be investigated at the facility level.</p> <p data-bbox="240 1272 1469 1330">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="240 1361 1485 1590">115.222 (b). As reported in the PAQ, the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The Prison Rape Elimination Act (PREA) Policies and Procedures states that "Perception Programs will report all allegations of sexual abuse, including third party and anonymous reports, to the local authorities for further investigation". The agency has some policy language related to PREA on the agency website. The language provides content on the PREA standard and how to make a report.</p> <p data-bbox="240 1621 1477 1778">During the previous 12-month period there were zero allegations of sexual abuse and/or sexual harassment that was received. However, the auditor reviewed the agency process of conducting investigations; by reviewing an investigation that occurred at a different agency site. The investigation was completed in all cases. Upon further review, the auditor found that the investigations were thorough and well documented and followed the agency PREA protocols. The one allegation of sexual abuse was referred to local law enforcement and investigated.</p> <p data-bbox="240 1809 352 1836">Interviews:</p> <p data-bbox="240 1868 1477 1926">The interviewed investigator reported that PPI conducts administrative investigations. If an allegation is found to be criminal, the investigation is referred to the CT state police.</p> <p data-bbox="240 1957 1469 2016">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="240 2047 1418 2105">115.222 (c). Criminal investigations are conducted by local law enforcement. The Prison Rape Elimination Act (PREA) Policies and Procedures provides the following guidance:</p>

All incidents of sexual abuse or sexual harassment will be investigated. Any incident involving potential criminal behavior will be immediately reported to local law enforcement for criminal investigation. The PREA Coordinator shall ensure any report of sexual abuse or sexual harassment determined to be a non-criminal matter by law enforcement will be investigated at the facility level.

The PREA coordinator will also ensure the CT Department of Correction (Parole), Court Supported Services (CSSD), and/or the Department of Mental Health and Addiction Services is notified of any incidents of sexual abuse or sexual harassment. This information shall be made available on the CT DOC website.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.222 (d). N/A-The auditor is not required to audit this provision.

115.222 (e). N/A-The audit is not required to audit this provision.

Corrective Action:

No corrective action is recommended for this standard.

115.231	Employee training
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedures c. Relias PREA Training Curriculum d. Additional LGBTQI Training/Respectful Communication of LGBTI Offenders (8) e. Relias PREA Training <ul style="list-style-type: none"> • Initial (5) • 12 Month Refresher (3) • Clinician (1) • Physician (1) • APN (1) 2. Interviews: <ol style="list-style-type: none"> a. Random Sample of Staff (3) <p>Findings (By Provision):</p> <p>115.231 (a). As reported in the PAQ, the agency trains all employees who may have contact with residents on the following matters:</p> <ul style="list-style-type: none"> • Agency's zero-tolerance policy for sexual abuse and sexual harassment; • How to fulfill their responsibility under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; • The right of residents to be free from sexual abuse and sexual harassment; • The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; • The dynamics of sexual abuse and sexual harassment in confinement; • The common reactions of sexual abuse and sexual harassment victims; • How to detect and respond to signs of threatened and actual sexual abuse; • How to avoid inappropriate relationships with residents; • How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents; and • How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p>The Prison Rape Elimination Act (PREA) Policies and Procedures further confirms the above training requirements; except for effective and professional communication with residents, including lesbian, gay, bisexual, transgender, intersex, or gender non conforming residents. The auditor recommended that they create a training to add to the existing training.</p> <p>The auditor reviewed the training records. The training records provided information on five staff who received initial PREA training and three staff who have received PREA refresher training. In addition to a clinician, APRN and physician who have received the general PREA Training.</p> <p>Interviews:</p> <p>The random staff interviewed confirmed that they received PREA education when employed during new employee training and annual in-service training. Interviews with staff indicated they are all aware of the Zero Tolerance Policy, employee and inmate rights, signs and symptoms of sexual abuse, reporting and responding. One hundred percent of the random staff reported being knowledgeable of the topics they had been trained in. The staff also reported that they received PREA training within the first week of employment and they also receive annual training.</p>	

Corrective Action: During the post audit phase, the agency created and delivered a Respectful Communication with LGBTI offenders. As of the date of the final report eight Perceptions staff received and signed acknowledgement of receipt of the training. The agency has met the requirements of the training. There is no further action needed.

115.231 (b). As reported in the PAQ, the training is tailored to the gender of the residents at the facility. It was also reported that employees who are reassigned from facilities housing the opposite gender are given additional training. It was further reported that the facility only serves female residents and highlights trauma informed, gender specific approaches.

Corrective Action: During the post audit phase the organization created and delivered a Respectful Communication with LGBTI offenders. As of the date of the final report eight Perceptions staff received and signed acknowledgement of receipt of the training. The auditor reviewed a copy of the training curriculum. There is no further action needed.

115.231 (c). As reported in the PAQ, there are 6 staff employed by the facility, how may have contact with residents, who were trained or retrained on the PREA requirements. It was also reported that that between trainings the agency provides employees who may have contact with residents with information about current policies regarding sexual abuse and sexual harassment. The trainings occur annually. The auditor reviewed the training records. The training records provided information on five staff who received initial PREA training and three staff who have received PREA refresher training. In addition to a clinician, APRN and physician who have received the general PREA Training.

Corrective Action: During the post audit phase the organization created and delivered a Respectful Communication with LGBTI offenders. As of the date of the final report eight Perceptions staff received and signed acknowledgement of receipt of the training. The auditor reviewed a copy of the training curriculum. There is no further action needed.

115.231 (d). As reported in the PAQ, the agency documents that employee who may have contact with residents understand the training they have received through employee signature or electronic verification. The auditor reviewed the training records. The training records provided information on five staff who received initial PREA training and three staff who have received PREA refresher training. In addition to a clinician, APRN and physician who have received the general PREA Training

Corrective Action: During the post audit phase the organization created and delivered a Respectful Communication with LGBTI offenders. As of the date of the final report eight Perceptions staff received and signed acknowledgement of receipt of the training. The auditor reviewed a copy of the training curriculum. There is no further action needed.

Corrective Action:

During the onsite portion of the audit along with file review, it was determined that the agency did not provide staff with training on how to effectively and professionally communicate with residents, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents. Corrective Action: During the post audit phase the organization created and delivered a Respectful Communication with LGBTI offenders. As of the date of the final report eight Perceptions staff received and signed acknowledgement of receipt of the training. The auditor reviewed a copy of the training curriculum. There is no further action needed.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedures c. Relias PREA Training Curriculum d. Training Records <ul style="list-style-type: none"> • Contractors (2) 2. Interviews: <ol style="list-style-type: none"> a. Volunteers/Contractors (1) b. PREA compliance manager <p>Findings (By Provision):</p> <p>115.232 (a). As reported in the PAQ, all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. There was one volunteers and individual contractors who have contact with residents, who have been trained in agency policies and procedure regarding sexual abuse/harassment prevention, detection, and response. Upon further review the auditor identified two contractors who have received training on the Zero Tolerance Policy against sexual abuse and sexual harassment.</p> <p>The following documents were reviewed, showing the agency response to volunteer and contractor training requirements: Relias PREA Training Curriculum; Prison Rape Elimination Act (PREA) Policies and Procedures.</p> <p>Inteerviews:</p> <p>The interviewed contracted staff reported that they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.232 (b). As reported in the PAQ, the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents.</p> <p>The following documents were reviewed, showing the agency response to volunteer and contractor training requirements: Relias PREA Training Curriculum; Prison Rape Elimination Act (PREA) Policies and Procedures.</p> <p>Interviews:</p> <p>The interviewed contracted staff reported that the training was completed online and reading relevant polices. The staff also reported being notified of the agency's zero tolerance policy on sexual abuse and sexual harassment and how to report such incidents.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.232 (c). As reported in the PAQ, the agency maintains documentation confirming that volunteers/contractors understand the training they have received. The auditor reviewed the training records of two contracted staff who received training on the Zero Tolerance Policy against sexual abuse and sexual harassment.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in</p>

compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

115.233	Resident education
	<p>Auditor Overall Determination: Exceeds Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedures c. Intake Documents: <ul style="list-style-type: none"> • Sexual Harassment, Sexual Misconduct and Sexual Assault Brochure (Spanish and English) • Resident Handbook (Spanish/English) • Acknowledgement of PREA Information (7) 2. Interviews: <ol style="list-style-type: none"> a. Intake Staff b. Random Sample of Residents (2) <p>Findings (By Provision):</p> <p>115.233 (a). As reported in the PAQ, residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicion of sexual abuse or harassment. There were seven residents admitted to the facility during the past 12 months who were given information at intake.</p> <p>The Prison Rape Elimination Act (PREA) Policies and Procedures states that During the intake process, staff will:</p> <p>Notify all residents that Perception Programs:</p> <ul style="list-style-type: none"> • Has zero tolerance for all forms of sexual abuse and sexual harassment, • That residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents by written notes, written grievances, or verbal communication to clinical staff, the Program Lead, a Parole Officer or the PREA coordinator. Residents also have access to a telephone and may contact the Sexual Assault Crisis Center or the police. • Has a way to report sexual abuse or sexual harassment to authorities, allowing the reporting resident to remain anonymous. • Give the resident written information about PREA and the Sexual Assault Crisis Center and will complete a form for each resident which indicates that the resident has received this required notice. This form must be retained in the resident's file. • Refer each resident to signage posted in the facility stating this policy in both English and Spanish. • Utilize language assistance services to obtain a translation of this notice, if necessary. • Will aid residents with disabilities or who are limited English proficient to ensure they understand this policy. <p>The auditor reviewed all seven residents Acknowledgment of PREA Information forms. The forms are signed and dated by staff and residents.</p> <p>Interviews:</p> <p>The interviewed intake staff reported that residents are provided with a packet upon admission during the intake process. Administrative staff review the PREA policy during the intake process with the residents, and posters are hung up in English and Spanish around the house. In addition, the residents sign a form indicating that they have received the information.</p> <p>Two random residents were interviewed. Both residents were able to clearly articulate receiving information on the program's rules against sexual abuse and sexual harassment. Both residents stated that they received the information on the same day that they arrived at the program.</p>

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted. The facility exceeded the requirements in that resident education occurs immediately upon a residents arrival at the facility.

115.233 (b). There were seven residents admitted to the facility during the past 12 months who were given information at intake. There were zero residents transferred from a different community confinement facility during the past 12 months; however, the residents were transferred from a DOC prison. Upon review of the Resident Handbook, residents are provided information on the following:

- The zero tolerance rules against sexual abuse and sexual harassment
- How to make a report
- Who they can make a report too
- How to fill out a PREA related grievance
- 3rd party ability to make a report
- No consequences for making a report

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.233 (c). As reported in the PAQ, resident PREA education is available in formats accessible to all residents, including those that are:

- Limited English proficient
- Deaf
- Visually impaired
- Otherwise disabled
- Limited in their reading skills

As previously stated, at intake, the residents shall provide residents with:

- Give the resident written information about PREA and the Sexual Assault Crisis Center and will complete a form for each resident which indicates that the resident has received this required notice. This form must be retained in the resident's file.
- Refer each resident to signage posted in the facility stating this policy in both English and Spanish.
- Utilize language assistance services to obtain a translation of this notice, if necessary.
- Will aid residents with disabilities or who are limited English proficient to ensure they understand this policy.

The auditor reviewed the Resident Handbook along with signage in the facility that provided information in Spanish and English.

Interviews:

The interviewed intake staff reported that administrative staff review the PREA policy during the intake process with the residents, and posters are hung up in English and Spanish around the house. It was also reported that residents are made aware of their rights as it relates to the PREA policy immediately during admission/intake process.

The Grace House is a transitional program contracted with the Connecticut Department of Corrections. The two residents housed at the program during the onsite inspection reported that they transferred from a prison. The residents transferred within the last three months of the onsite inspection.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.233 (d). As reported in the PAQ, the agency maintains documentation of resident participation in PREA education sessions. As previously stated, of the seven cases reviewed, all had signed acknowledgement forms.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.233 (e). As reported in the PAQ, the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. During the onsite inspection the auditor reviewed the following documents to show compliance with the provision: Resident Handbook (Spanish/English), PREA Brochures (Spanish/English), PREA Signage.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in

compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

115.234	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Specialized Training Investigators (1) 2. Interviews: <ol style="list-style-type: none"> a. Investigative Staff <p>Findings (By Provision):</p> <p>115.234 (a). As reported in the PAQ, the agency policy does not require that investigators are trained in conducting sexual abuse investigations in confinement settings. During the onsite audit phase, it was identified that no one in the organization had completed any specialized training; however the agency PREA Coordinator assumed the role of completing administrative investigations. A corrective action plan was put into place requiring the delegated staff to complete the required training. The specialized training was completed on 10/13/2021. The staff member completed the NIC Investigating Sexual Abuse in Confinement Settings online training.</p> <p>Interviews:</p> <p>The interviewed investigator reported that they received training specific to conducting sexual abuse investigations in confinement settings. The interviewed staff reportedly completed the NIC Investigating Sexual Abuse in Confinement Settings. It should be noted that assigning an investigator and completing training occurred in post onsite corrective action.</p> <p>115.234 (b). As previously stated, during the onsite audit phase, it was identified that no one in the organization had completed any specialized training; however the agency PREA Coordinator assumed the role of completing administrative investigations. A corrective action plan was put into place requiring the delegated staff to complete the required training. The specialized training was completed on 10/13/2021. The staff member completed the NIC Investigating Sexual Abuse in Confinement Settings online training.</p> <p>Interviews:</p> <p>The interviewed investigator reported that the training consisted of:</p> <ul style="list-style-type: none"> • 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 or prosecution referral. <p>115.234 (c). As reported in the PAQ, the agency does not maintain documentation showing that investigators have completed the required training. The agency has zero investigators who is currently employed who have completed the required training. During the onsite audit phase it was determined that the agency PREA coordinator also conducts administrative investigations; therefore the agency has one staff member that will serve as an administrative investigator.</p> <p>115.234 (d). N/A the auditor is not required to audit this provision.</p> <p>Corrective Action:</p> <p>During the onsite audit phase, it was determined that the agency PREA coordinator also conducts administrative investigations; therefore, the agency has one staff member that will serve as an administrative investigator.</p>

115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Specialized Training for Medical and Mental Health (3) 2. Interviews: <ol style="list-style-type: none"> a. Medical and Mental Health Staff (2) b. PREA compliance manager <p>Findings (By Provision):</p> <p>115.235 (a). As reported in the PAQ, the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. There are two medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy. It has been reported that 100% of the medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy.</p> <p>Interviews:</p> <p>The interviewed medical and mental health staff reported that they have received specialized PREA training related to:</p> <ul style="list-style-type: none"> • How to detect and assess signs of sexual abuse and sexual harassment • How to present physical evidence if sexual abuse • How to respond effectively and professionally to victims of sexual abuse and sexual harassment • How and to who to report allegations or suspicions of sexual abuse and sexual harassment. <p>It was identified during the onsite audit phase that the contracted medical and mental health staff had not completed any specialized training. The staff completed the NIC Specialized Training for medical and mental health during the post onsite audit phase. Copies of certification of completion were provided.</p> <p>115.235 (b). As reported in the PAQ the agency does not have medical staff at the facility that conducts forensic medical exams. As previously stated, it was identified during the onsite audit phase that the contracted medical and mental health staff had not completed any specialized training. The staff completed the NIC Specialized Training for medical and mental health during the post onsite audit phase. Copies of certification of completion were provided</p> <p>Interviews:</p> <p>The interviewed medical and mental health staff reported that they do not conduct forensic examinations.</p> <p>115.235 (c). As reported in the PAQ, the agency maintains documentation showing that medical and mental health practitioners have completed the required training. The auditor reviewed documentation of three medical and mental health staff completion of specialized training.</p> <p>115.235 (d). It was identified during the onsite audit phase that the contracted medical and mental health staff had not completed any specialized training. The staff completed the NIC Specialized Training for medical and mental health during the post onsite audit phase. Copies of certification of completion were provided.</p> <p>Corrective Action:</p> <p>It was identified during the onsite audit phase that the contracted medical and mental health staff had not completed any specialized training. The staff completed the NIC Specialized Training for medical and mental health during the post onsite audit phase. Copies of certification of completion were provided.</p>

115.241 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

The following evidence was analyzed in making compliance determination:

- 1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy:
 - Basic Data Requirements
 - Prison Rape Elimination Act (PREA) Policies and Procedures
 - Confidentiality
 - c. Offender Intake
 - Screening for Potential Sexual Victimization or Sexual Abuse (7)
 - Reassessments (6)
- 2. Interviews:
 - a. Staff Responsible for Risk Screening
 - b. Random Sample of Residents (2)
 - c. PREA Coordinator

Findings (By Provision):

115.241 (a). As reported in the PAQ, the agency has a policy that requires screening (upon admission to a facility or transferred to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. Policy Basic Data Requirements provides guidance on what questions shall be asked for the intake assessment.

There were no new intakes to observe during the onsite audit.

Interviews:

The interviewed staff responsible for performing risk screenings stated that upon intake they would complete the PREA assessments as a part of the treatment plan. Intake typically occurs on the first date of the resident placement at the facility.

Two random residents were interviewed. The residents reported being asked questions like whether or not they had been in jail or prison before, whether they have ever been sexually abused, whether they identify as gay, lesbian, bisexual, and whether they think they may be in danger of sexual abuse at the program. One resident reported that the staff was very thorough with asking questions during their intake process.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.241 (b). According to the PAQ, the policy requires that residents be screened for risk of sexual victimization or risk of sexual abusing other residents within 72 hours of their intake. The Prison Rape Elimination Act (PREA) Policies and Procedures states that "all residents will be screened by their primary clinician/Program Lead within 72 hours of admission to assess their risk of being sexually abused or being sexually abusive toward other residents, as part of their behavioral health evaluation. Results of this screening will be sent to the Program Lead and become part of the residents' Electronic Health Record".

There were seven residents who entered the facility within the past 12 months who were screened. The auditor reviewed the initial screening for the seven residents. The screenings were typically done the same day but no more than 72 hours of placement at the program.

Interviews:

The interviewed staff responsible for performing risk screenings stated that they screen residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of intake.

As previously stated, two random residents were interviewed. The residents reported being asked questions like whether or not they had been in jail or prison before, whether they have ever been sexually abused, whether they identify as gay, lesbian, bisexual, and whether they think they may be in danger of sexual abuse at the program. One resident reported that the staff was very thorough with asking questions during their intake process.

115.241 (c). As reported in the PAQ, the facility uses an objective risk assessment (Screening for Potential Sexual Victimization or Sexual Abuse). The auditor reviewed seven PREA Risk Assessments that were completed. The tool asks open and closed ended questions, there is a scoring system, along with a variety of questions that addresses victimization and abusiveness.

115.241 (d). The screening tool used by the program looks at:

- Age
- MHFS
- Hx of PTSD
- Physical or Developmental disability
- Stature
- LGBTQI identification
- Hx of sexual trauma
- Clients perception of vulnerability
- Mental health diagnosis'
- Hx of incarceration
- Past violent offenses
- Sexual offenses (criminal)

Upon review of seven client records, it appears the form was appropriately completed each time.

Interviews:

The interviewed staff responsible for performing risk screenings stated that the risk screening looks for the clients age, MHFS II score, mental health diagnosis, PTSD, Physical or mental disorder, looks at the clients build. it looks at the clients' views on feeling vulnerable. It also looks at a client's crimes and if they were violent or sexual in nature. The process for conducting the initial screening include completing the PREA screening using a format of yes or no questions built into the treatment plan. Residential also use the WRNA evaluation which also asks questions that help frame an understanding if a client is at risk for being abused, as the WRNA asked about previous abuse and looks at mental health and criminal history.

115.241 (e). The screening tool considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence of sexual abuse, when assessing the inmates risk of being sexually abusive.

Interviews:

The interviewed staff responsible for performing risk screenings stated that the risk screening looks for the clients age, MHFS II score, mental health diagnosis, PTSD, Physical or mental disorder, looks at the clients build. it looks at the clients' views on feeling vulnerable. It also looks at a client's crimes and if they were violent or sexual in nature. The process for conducting the initial screening include completing the PREA screening using a format of yes or no questions built into the treatment plan. Residential also use the WRNA evaluation which also asks questions that help frame an understanding if a client is at risk for being abused, as the WRNA asked about previous abuse and looks at mental health and criminal history.

115.241 (f). As reported in the PAQ, the policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. There were six reported residents who entered the facility who were reassessed. The auditor reviewed the initial and reassessment to show compliance with the provision.

The Prison Rape Elimination Act (PREA) Policies and Procedures states that "residents will be re-assessed every 30 days to continue to monitor their risk of being sexually abusive or being abused, and results will be documents in resident's Electronic Health Record. Resident's risk level may also be reassessed when warranted due to a referral, request, incident of

sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness".

Interviews:

The interviewed staff responsible for performing risk screenings stated that clients are reassessed every thirty days during their treatment plan review.

Two random residents were interviewed. One resident stated that they have been asked questions similar to a reassessment as the conversation comes up in therapy. One resident reported that the discussion of being LGBTQI is discussed periodically.

The program exceeds the requirements of this provision as reassessments are conducted every 30 days for the duration of the stay at the program. Clients are reassessed for abusiveness and vulnerabilities throughout the stay of the program.

115.241 (g). As reported in the PAQ, the policy requires that residents risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

The Prison Rape Elimination Act (PREA) Policies and Procedures states that "residents will be re-assessed every 30 days to continue to monitor their risk of being sexually abusive or being abused, and results will be documents in resident's Electronic Health Record. Resident's risk level may also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness".

The auditor reviewed the seven initial seven and six reassessment to show compliance with the provision.

The program exceeds the requirements of this provision as reassessments are conducted every 30 days for the duration of the stay at the program. Clients are reassessed for abusiveness and vulnerabilities throughout the stay of the program.

Interviews:

The interviewed staff responsible for performing risk screenings stated that all clients are reassessed during their treatment plan update every 30 days this is a standard part of the treatment plan review.

115.241 (h). As reported in the PAQ, the policy prohibits disciplining residents for refusing to answer the questions regarding:

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

The Prison Rape Elimination Act (PREA) Policies and Procedures states that "Residents will not be disciplined for refusing to answer (or for not disclosing complete information related to) the questions regarding:

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

Interviews:

The interviewed staff responsible for performing risk screenings stated that clients are not disciplined for refusing to respond to questions or disclosing personal information.

115.241 (i). The PPI Confidentiality policy states that "paper files are kept in locked cabinets that are accessible only to the Program Director and designated staff. No client files shall leave the building unless 1). They are needed in court and are accompanied by appropriate documents, i.e. release of information, or 2). For storage purposes for closed charts".

Interviews:

The interviewed PREA Coordinator reported that PPI maintains written policies/procedures that address, at a minimum: the confidentiality of individual case records; client access; staff access; release of information; storage; and a schedule for retiring or destroying inactive records. Entries into the case records are dated and signed by the staff member making the entry. Agency practice demonstrates compliance with these policies/procedures.

The interviewed staff responsible for performing risk screenings stated that the agency has a process in place for who can access information. In order to have access to a client's electronic medical record you have to have access to that program and the client's chart.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

115.242	Use of screening information
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 987 300">The following evidence was analyzed in making compliance determination:</p> <ol data-bbox="240 331 935 837" style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedures c. Screening for Potential Sexual Victimization or Sexual Abuse (7) 2. Interviews: <ol style="list-style-type: none"> a. PREA Coordinator b. Staff Responsible for Risk Screening c. LGBTI Residents (2) <p data-bbox="240 869 483 896">Findings (By Provision):</p> <p data-bbox="240 927 1461 1016">115.242 (a). As reported in the PAQ, the agency/facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p data-bbox="240 1048 352 1075">Interviews:</p> <p data-bbox="240 1106 1485 1267">The interviewed PREA Coordinator reported that all residents will be screened by their primary clinician/case manager to assess their risk of being sexually abused or being sexually abusive toward other residents, as part of their behavioral health evaluation. Results of this screening will be sent to the Program Lead and become part of the residents' Electronic Health Record. If risk factors indicate that a resident is either at risk of being abused or being an abuser, staff must utilize steps to mitigate any danger to resident(s), which may include:</p> <ul data-bbox="280 1321 655 1411" style="list-style-type: none"> • Consultation with Referral Source • Direct sight and sound supervision • Single room housing <p data-bbox="240 1442 1302 1469">Any resident found to be at risk will be segregated during transportation in a Perception Programs' vehicle.</p> <p data-bbox="240 1500 1493 1693">The interviewed staff responsible for performing risk screenings stated that if a client is at risk for being abused that client may have goals related to their risk such as identifying positive relationship treatment may focus on helping a client feel empowered. If a client is a risk, they may be given a single room depending on the severity of the clients need related to risk. Their risk score may also cause staff to base their discharge recommendations to be focused on their risk for example if they have a higher level of being at risk, they may be referred to a women's only sober house instead of a co-gender sober house.'</p> <p data-bbox="240 1724 1474 1783">115.242 (b). As reported in the PAQ, the agency/facility makes individualized determination about how to ensure the safety of residents.</p> <p data-bbox="240 1814 352 1841">Interviews:</p> <p data-bbox="240 1872 1493 2065">The interviewed staff responsible for performing risk screenings stated that if a client is at risk for being abused that client may have goals related to their risk such as identifying positive relationship treatment may focus on helping a client feel empowered. If a client is a risk, they may be given a single room depending on the severity of the clients need related to risk. Their risk score may also cause staff to base their discharge recommendations to be focused on their risk for example if they have a higher level of being at risk, they may be referred to a women's only sober house instead of a co-gender sober house.'</p> <p data-bbox="240 2096 1474 2154">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p>

115.242 (c). As reported in the PAQ, the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. The Prison Rape Elimination Act (PREA) Policies and Procedures states that “the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis”.

Interviews:

The interviewed PREA Coordinator reported that the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. In an instance where a person’s sex assigned at birth does not match their outward presentation we assign them a single room. We admit individuals into our residential programs based on their gender expression. For example, an individual with male genitalia who identifies as female would be admitted into any of our programs and assigned a single room. These individuals are provided programming-based on their preferred gender/sex/identity.

It was also reported that the agency does consider whether the placement will ensure the resident’s health and safety. Such considerations are made at the time of referral. It was further reported that the program routinely admits individuals who present a challenge. The program employs skilled clinicians and staff able to manage all or most situations.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.242 (d). The Prison Rape Elimination Act (PREA) Policies and Procedures states that “transgender and intersex residents’ own views with respect to his or her safety shall be given serious consideration in housing assignments.

Interviews:

The interviewed PREA Coordinator reported that a transgender or intersex resident’s own views with respect to his or her own safety is given serious consideration in placement and programming assignments.

The interviewed staff responsible for performing risk screenings stated that transgender or intersex resident’s own views of his or her own safety given serious consideration in placement and programming assignments. The clients comfort level and their views may determine bed room assignments, bathroom assignments, and any urine substance testing that may occur.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.242 (e). The Prison Rape Elimination Act (PREA) Policies and Procedures states that “transgender and intersex residents shall be given the opportunity to shower separately from other residents, and shall not be placed in a dedicated unit solely based on their identification status”.

Interviews:

The interviewed PREA Coordinator reported that all individuals shower individually. The program does not offer communal bathrooms.

The interviewed staff responsible for risk screening reported that transgender and intersex residents given the opportunity to shower separately from other residents. All clients are given the same right to shower separately the bathrooms are only shared in the aspect that rooms are assigned to a certain bathroom. Clients are never in the bathroom at the same time as another resident to shower or to complete their hygiene.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.242 (f). The Prison Rape Elimination Act (PREA) Policies and Procedures states that “transgender and intersex residents shall be given the opportunity to shower separately from other residents, and shall not be placed in a dedicated unit solely based on their identification status”.

Interviews:

The interviewed PREA Coordinator reported that the agency or program is not subject to consent decree, legal settlement, or legal judgement requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender or intersex residents. It was further reported that all three of PPI’s residential programs are designed for women. We welcome lesbian, gay, bisexual, transgender, or intersex residents into all three programs. We utilize a standard set of admission criteria for program which is largely set by our funder. There are very few exclusionary criteria for admission.

The two interviewed random residents also reported that they identified as lesbian or binary. Both residents reported that

there was no special housing for residents who were gay, lesbian, bisexual, transgender, or intersex.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedures c. Resident Handbook d. Employee Handbook 2. Interviews: <ol style="list-style-type: none"> a. PREA Coordinator b. Random Sample of Staff (3) c. Random Sample of Residents (2) <p>Findings (By Provision):</p> <p>115.251 (a). As reported in the PAQ, the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:</p> <ul style="list-style-type: none"> • Sexual abuse or sexual harassment. • Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and • Staff neglect or violation of responsibilities that may have contributed to such incidents. <p>The Prison Rape Elimination Act (PREA) Policies and Procedures states that:</p> <ul style="list-style-type: none"> • That residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents by written notes, written grievances, or verbal communication to clinical staff, the Program Lead, a Parole Officer or the PREA coordinator. • Residents also have access to a telephone and may contact the Sexual Assault Crisis Center or the police. • Has a way to report sexual abuse or sexual harassment to authorities, allowing the reporting resident to remain anonymous. <p>Interviews:</p> <p>Two random residents were interviewed. Both residents were able to articulate multiple ways that they would report sexual abuse or sexual harassment that happened to them or to someone else. The various methods mentioned included: reporting to staff, write a grievance, call the hotline, or all a number to an organization in the community.</p> <p>The interviewed random sample of staff reported that residents could privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violations of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by telling staff, tell clinician, or write a grievance. The program has a grievance box that goes does directly to agency leadership and a separate box for Connecticut Department of Corrections.</p> <p>115.251 (b). As reported in the PAQ, the agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. As previously stated, the Prison Rape Elimination Act (PREA) Policies and Procedures provides guidance on the multiple ways to report. In addition, the resident handbook provides residents with multiple ways to make a report.</p> <p>Interviews:</p>

The interviewed PREA Coordinator reported that At the time of admission residents are provided the following outside agency information upon admission to make a formal report, and staff should allow them to make the report in the most confidential manner possible:

- Department of Correction PREA Investigation Unit Hotline – 770-743-7783
- Connecticut Alliance to End Sexual Violence
- 24-Hour Toll-Free Hotline 888-999-5545 (English) and 888-568-8332 (Spanish)

This information is also posted throughout the facility. It was further reported that, Perception Programs investigates all reports of sexual abuse and sexual harassment. In addition, any report of sexual abuse, including anonymous reports, will be reported to the authorities for further investigation. Should a resident wish to remain anonymous their identifying information would be removed from their report and the PREA Coordinator, or their designee, would act on their behalf with agency officials.

The two interviewed residents reported multiple ways in which they could make a report of sexual abuse or sexual harassment that happened to them or to someone else. The various methods mentioned included: reporting to staff, write a grievance, call the hotline, or all a number to an organization in the community. The residents also felt that they could make a report without giving their name.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.251 (c). As reported in the PAQ, the agency has a policy mandating that staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. The Prison Rape Elimination Act (PREA) Policies and Procedures policy states that “all reports of sexual abuse and sexual harassment that are received from third parties will be received and responded to according to policy by all staff. If a resident declines third-party assistance in filing a grievance alleging sexual abuse, Grace House will document the decision to decline. Staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions”.

Interviews:

The two random residents interviewed reported that they could make a report of sexual abuse or sexual harassment either in person or in writing. The residents stated that they could tell family or friends, who could then make a report on their behalf.

The interviewed random sample of staff reported that when a resident alleges sexual abuse they could do so verbally, in writing, anonymously, and from a third party. Verbal reports are documented immediately. One of the interviewed staff further elaborated that they would also document in a legal logbook.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.251 (d). As reported in the PAQ, the agency does not have an established procedures for staff to privately report sexual abuse and sexual harassment of residents. The Employee Handbook provides guidance employees ability to privately report sexual abuse and sexual harassment of residents.

Interviews:

The interviewed random sample of staff reported that staff can privately report sexual abuse or sexual harassment of a resident by notifying their direct supervisor, the PREA coordinator or calling the hotline.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

115.252	Exhaustion of administrative remedies
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 987 300">The following evidence was analyzed in making compliance determination:</p> <ol data-bbox="240 331 932 752" style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: <ul data-bbox="280 524 932 586" style="list-style-type: none"> • Grievance Procedure • Prison Rape Elimination Act (PREA) Policies and Procedures c. Grievances (1) 2. Interviews: <ol style="list-style-type: none"> a. Residents who Reported a Sexual Abuse <p data-bbox="240 784 483 810">Findings (By Provision):</p> <p data-bbox="240 842 1497 1003">115.252 (a). As reported in the PAQ, the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. Policy Grievance Procedure states that “residents of Perception House have the right to protest what they believe are unfair actions taken against them while in treatment. “Unfair Actions” may include mistreatment by staff or other residents, sexual harassment or sexual abuse, language or actions that the client finds inappropriate, or unwarranted dismissal from the program”.</p> <p data-bbox="240 1034 1445 1128">The agency provided a copy of one grievance that was filled in the last 12 months. The grievance was not PREA related. However the grievance showed the process for which a grievance can be filled and is reviewed. During the onsite inspection, the auditor observed two grievance boxes; one for the CDOC and one for the PPI.</p> <p data-bbox="240 1160 1471 1223">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="240 1254 1484 1415">115.252 (b). As reported in the PAQ, agency policies or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Policy Grievance Procedure states that “residents of Perception House have the right to protest what they believe are unfair actions taken against them while in treatment. “Unfair Actions” may include mistreatment by staff or other residents, sexual harassment or sexual abuse, language or actions that the client finds inappropriate, or unwarranted dismissal from the program”.</p> <p data-bbox="240 1447 1452 1541">The auditor reviewed the resident handbook which provided further guidance of the resident’s ability to file a grievance. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="240 1572 1490 1796">115.252 (c). As reported in the PAQ, the agency policy and procedure does not allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is subject to the complaint however they will not refer it to the staff member who is the subject of the complaint. The Prison Rape Elimination Act (PREA) Policies and Procedures states that “residents can submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. They can report it to any other staff member, verbally or in writing. They are also provided the following numbers upon admission to make a formal report, and staff should allow them to make the report in the most confidential manner possible:</p> <p data-bbox="240 1827 663 1854">PREA Coordinator – 860-450-7122 x2015</p> <p data-bbox="240 1886 986 1912">Department of Correction PREA Investigation Unit Hotline – 770-743-7783</p> <p data-bbox="240 1944 689 1971">Connecticut Alliance to End Sexual Violence</p> <p data-bbox="240 2002 1046 2029">24-Hour Toll-Free Hotline 888-999-5545 (English) and 888-568-8332 (Spanish)”.</p> <p data-bbox="240 2060 1452 2154">The auditor reviewed the resident handbook which provided further guidance of the residents ability to file a grievance. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p>

115.252 (d). As reported in the PAQ, the agency policy and procedure require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. There have been zero reported grievances filed that alleges sexual abuse. The Grievance Procedure policy states that “the Client Rights Officer will send a written acknowledgement of receiving the grievance no later than 7 days after it was received, indicating the 21 day mark by which a meeting/interview will occur and a response to the resident will be given”.

115.252 (e). As reported in the PAQ, the agency policy and procedure does not permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing a request for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. There were zero grievances of alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the residents decision to decline. The Prison Rape Elimination Act (PREA) Policies and Procedures states that “all reports of sexual abuse and sexual harassment that are received from third parties will be received and responded to according to policy by all staff. If a resident declines third-party assistance in filing a grievance alleging sexual abuse, Next Step Cottage will document the decision to decline”.

The Resident Handbook states that “third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents”.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.252 (f). As reported in the PAQ, the agency has a policy and established procedures for filing an emergency grievance alleging that an resident is subject to a substantial risk of imminent sexual abuse. There were zero emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.252 (g). As reported in the PAQ, the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. There were zero resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.

The Prison Rape Elimination Act (PREA) Policies and Procedures states that a resident is subject to disciplinary actions “for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation”.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedure c. Resident Handbook d. MOU: Sexual Assault Center of Eastern Connecticut 2. Interviews: <ol style="list-style-type: none"> a. Random Sample of Residents (2) b. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p> <p>115.253 (a). As reported in the PAQ, the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The Prison Rape Elimination Act (PREA) Policies and Procedures policy states that "The Program Lead/supervisory designee will contact Connecticut Sexual Assault Crisis Services to arrange for a sexual assault advocate to go to the hospital where the resident is being transported".</p> <p>The auditor reviewed an MOU with the Sexual Assault Center of Eastern Connecticut and Perceptions Programs, Inc., which indicated that the sexual assault center would provide the following services:</p> <ul style="list-style-type: none"> • Make a victim advocate from a rape crisis center, either in person or by other means, available to the victim of sexual abuse that occurred within CT community confinement facilities. • Provide residents of CT community confinement facilities with emotional support services related to sexual abuse. <p>Interviews:</p> <p>Two random residents were interviewed. Both residents reported being aware of services outside of the program that deal with sexual abuse if needed. The various services that they were aware of included: sexual abuse hotline, domestic violence shelter, and some outreach organizations. One of the two residents reported getting information on outside services; and when probed one resident stated that an organization used to come to the program to provide sexual abuse related services. It should be noted that upon review of the resident handbook there was outside numbers for sexual abuse related services. The numbers were provided but what type of services rendered was not detailed.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.253 (b). As reported in the PAQ, the facility does not inform residents, prior to giving them access to outside support services, the extent to which such communications will be monitored.</p> <p>Interviews:</p> <p>Two random residents were interviewed. The residents reported that they have their own cell phones and could have private conversations with outside services at any time.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.253 (c). As reported in the PAQ, the agency or facility does not maintain memorandum of understanding (MOUs) or other agreements with community service to providers that can provide residents with emotional support services related to sexual abuse. However upon further clarification, it was determined that the program has an MOU with the Sexual Assault Center of Eastern Connecticut. The auditor reviewed an MOU with the Sexual Assault Center of Eastern Connecticut and</p>

Perceptions Programs, Inc., which indicated that the sexual assault center would provide the following services:

- Make a victim advocate from a rape crisis center, either in person or by other means, available to the victim of sexual abuse that occurred within CT community confinement facilities.
- Provide residents of CT community confinement facilities with emotional support services related to sexual abuse.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Website <p>Findings (By Provision):</p> <p>115.254 (a). As reported in the PAQ, the agency or facility provides a method to receive third-party reports on resident sexual abuse or sexual harassment. Said information is publicly distributed. Said information is publicly distributed. The agency website (PREA Information and Audit Report - Perception Programs, Inc) provides contact information to report allegations of sexual abuse and sexual harassment.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Corrective Action:</p> <p>No corrective action is recommended for this standard.</p>

115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedure c. Employee Handbook d. Investigations 2. Interviews: <ol style="list-style-type: none"> a. Random Sample of Staff (3) b. Director c. PREA Coordinator d. Medical and Mental Health Staff (2) <p>Findings (By Provision):</p> <p>115.261 (a). As reported in the PAQ, 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, whether it is part of the agency.</p> <p>The Prison Rape Elimination Act (PREA) Policies and Procedures policy states that "Perception Programs 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, whether or not it is part of the agency".</p> <p>The employee handbook also provides guidance on the employee's responsibility to report allegations of sexual abuse and/or sexual harassment.</p> <p>Interviews:</p> <p>All of the interviewed random staff reported that all staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The staff reported that they would immediately notify the program lead or the agency PREA coordinator.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.261 (b). As reported in the PAQ, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>The Prison Rape Elimination Act (PREA) Policies and Procedures states that "apart from reporting to designated supervisors or officials and designated state or local services agencies, staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions".</p> <p>Interviews:</p> <p>All of the interviewed random staff reported that all staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The staff reported that they would immediately notify the program lead or the agency PREA coordinator.</p>

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.261 (c). The Prison Rape Elimination Act (PREA) Policies and Procedures states that "all staff are required to report any instance of alleged or actual sexual abuse or sexual harassment, retaliation, or staff neglect to their Program Director, next level supervisor or the PREA Coordinator immediately. Staff members shall not reveal any information related to the report to anyone other than the extent necessary".

Interviews:

The interviewed medical and mental health staff reported that at the initiation of services a resident is provided a disclosure of limitations related to confidentiality and the duty to report. It was also reported that the staff are aware of their responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. The interviewed staff reported being unaware of any incident of sexual abuse at the sites.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.261 (d). The facility does not hold individuals under the age of 18. The Prison Rape Elimination Act (PREA) Policies and Procedures states "if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the PREA coordinator shall ensure a report is made to the Connecticut Department of Children and Families Hotline".

Interviews:

The interviewed PREA Coordinator and program director reported that they do not accept referrals for individuals who are under 18 years of age. In the event an allegation was made by a person under the age of 18 the agency would file a 136 with Department of Children and Families.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.261 (e). The Prison Rape Elimination Act (PREA) Policies and Procedures states:

- All allegations of sexual abuse must be reported for investigation to the PREA Coordinator.
- Allegations of sexual harassment of residents by staff will be reported for investigation by the PREA Coordinator.
- Allegations of sexual harassment between residents will be reported for investigation by the Program Lead.

The interviewed program director reported that all allegations of sexual abuse and sexual harassment, including those from a third party are reported directly to the program investigators.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedures 2. Interviews: <ol style="list-style-type: none"> a. Agency Head b. Director c. Random Sample of Staff (3) <p>Findings (By Provision):</p> <p>115.262 (a). As reported in the PAQ, when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, there were zero times that the facility determined that a resident was subject to a substantial risk of imminent sexual abuse.</p> <p>The Prison Rape Elimination Act (PREA) Policies and Procedures states that "when the program learns by any means of notice listed in this policy or by any other means that a resident is subject to a substantial risk of imminent sexual abuse, staff will take immediate action to protect the resident".</p> <p>Interviews:</p> <p>The interviewed agency head reported that when they learn that resident is subject to a substantiated risk of imminent sexual abuse the individual would be separated from accused abuser pending investigation. If needed, additional staffing would be brought in. Referral source (e.g. DOC, CSSD, DMHAS) would be contact regarding the possibility of moving the accused abuser pending investigation results. Police would be contacted.</p> <p>The interviewed program director reported that when learning that a resident is subject to a substantial risk, immediate actions are taken to protect other residents. This includes discussion with DOC, the agency founder, enhance supervision (visual checks), and provide single room/housing for them. The program lead/PREA Coordinator makes the determination and is in charge of ensuring the safety of residents. Residents have the right to file a grievance, that is outlined in their resident handbook, to include an emergency grievance, requiring an initial response time of 48 hours and final agency decision within five days.</p> <p>The interviewed random sample of staff reported that if they learn that resident is at risk of imminent sexual abuse, the actions taken to protect a resident include reporting immediately to the program lead, monitor cameras, keep the resident in close proximity and to change rooms if needed.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Corrective Action:</p> <p>No corrective action is recommended for this standard.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedures 2. Interviews: <ol style="list-style-type: none"> a. Agency Head b. Director <p>Findings (By Provision):</p> <p>115.263 (a). As reported in the PAQ, the agency has a policy requiring that, upon receiving an allegation that an resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, there were zero reported allegations of sexual abuse that the facility received from other facilities.</p> <p>The Prison Rape Elimination Act (PREA) Policies and Procedures states that “within 72 hours of receiving an allegation that a resident was sexually abused while confined at another facility, the PREA Coordinator will notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Notification will be documented. Reports from other agencies regarding allegations of sexual abuse within a Perception Programs facility will be handled as a third-party report and investigated. Allegations received from other facilities and agencies will be investigated in accordance with the PREA standards”.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.263 (b). As reported in the PAQ, the agency policy does not require the facility head provide such notification as soon as possible, but no more than 72 hours after receiving the allegation. However, upon further review, it has been identified that the agency has a procedure in policy for said notification.</p> <p>As previously stated, the Prison Rape Elimination Act (PREA) Policies and Procedures states that “within 72 hours of receiving an allegation that a resident was sexually abused while confined at another facility, the PREA Coordinator will notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Notification will be documented. Reports from other agencies regarding allegations of sexual abuse within a Perception Programs facility will be handled as a third-party report and investigated. Allegations received from other facilities and agencies will be investigated in accordance with the PREA standards”.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.263 (c). The facility did not respond to this section of the PAQ. As previously stated, the Prison Rape Elimination Act (PREA) Policies and Procedures states that “within 72 hours of receiving an allegation that a resident was sexually abused while confined at another facility, the PREA Coordinator will notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Notification will be documented. Reports from other agencies regarding allegations of sexual abuse within a Perception Programs facility will be handled as a third-party report and investigated. Allegations received from other facilities and agencies will be investigated in accordance with the PREA standards”.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.263 (d). The facility did not respond to this section of the PAQ. As previously stated, the Prison Rape Elimination Act (PREA) Policies and Procedures states that “within 72 hours of receiving an allegation that a resident was sexually abused</p>

while confined at another facility, the PREA Coordinator will notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Notification will be documented. Reports from other agencies regarding allegations of sexual abuse within a Perception Programs facility will be handled as a third-party report and investigated. Allegations received from other facilities and agencies will be investigated in accordance with the PREA standards”.

Interviews:

The interviewed agency head reported that upon receiving information or allegation that a resident was sexually abused while confined at another facility, the Program Director shall notify the CTDOC Parole, the FBOP (if applicable) and the facility head of the facility from which the inmate arrived and, if a Community Confinement facility, the head of that facility will be notified immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting such notification. The agency has not had any examples of allegations being reported from another facility or agency.

The interviewed program director stated that when a facility receives an allegation from another facility that an incident of sexual abuse or sexual harassment occurred in the facility, those allegations will be investigated in accordance with the PREA standards. The program director reported that there have not been any examples of another facility or agency reporting such allegations.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

115.264	Staff first responder duties
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedures 2. Interviews: <ol style="list-style-type: none"> a. Random Sample of Staff (4) <p>Findings (By Provision):</p> <p>115.264 (a). As reported in the PAQ, the agency has a first responder policy for allegations of sexual abuse. Upon learning of an allegation that an resident was sexually abused, the first security staff member to respond to the report shall be required to:</p> <ul style="list-style-type: none"> • 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 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, washing, brushing teethe, changing clothes, urinating, defecating, smoking, drinking or eating; and/or; • If the abuse occurred within a time period 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. <p>The Prison Rape Elimination Act (PREA) Policies and Procedures provides the above-mentioned guidance. In the past 12 months, there was one allegation of resident sexual abuse. There were zero allegations where staff were notified within a time period that still allowed for the collection of physical evidence.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.264 (b). As reported in the PAQ, the policy does not require that if the first staff responder is not a security staff member, that responder shall be required to:</p> <ul style="list-style-type: none"> • Request that the alleged victim not take any actions that could destroy physical evidence; and/or • Notify security staff. <p>However, it was further reported that all staff are required to follow policies, all staff would be considered "security staff members". There were zero allegations that a resident was sexually abused made in the past 12 months, where a non-security staff member responded.</p> <p>Interviews:</p> <p>The interviewed random sample of staff reported that if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, their responsibility would be to stay with the resident, call and make a report, isolate the evidence, make sure the person does not eat or shower, and explain to the resident next steps. When probed the staff reported that they would not share the information with other residents or involved staff.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Corrective Action:</p> <p>No corrective action is recommended for this standard.</p>	

115.265	<p>Coordinated response</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedures 2. Interviews: <ol style="list-style-type: none"> a. Director <p>Findings (By Provision):</p> <p>115.265 (a). As reported in the PAQ, the facility has not developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The written institutional plan is embodied in the agency policy. The Prison Rape Elimination Act (PREA) Policies and Procedures covers a detailed coordinated plan to respond to allegations of sexual abuse and sexual harassment. The plan includes what actions should be taken, involved parties, documentation, and response.</p> <p>Interviews:</p> <p>The interviewed Director reported that the program has a written policy that outlines how it will coordinate first responder activities related to sexual abuse allegations.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Corrective Action:</p> <p>No corrective action is recommended for this standard.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Memo -no collective bargaining 2. Interviews: <ol style="list-style-type: none"> a. Agency Head <p>Findings (By Provision):</p> <p>115.266 (a). As reported in the PAQ, the agency, facility, or any other government entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. The agency provided copies of five collective bargaining agreements. The agency provided a memo confirming there is no collective bargaining.</p> <p>115.266 (b). The provision is not required to be audited.</p> <p>Corrective Action:</p> <p>No corrective action is recommended for this standard.</p>

115.267 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making compliance determination:

1. Documents:
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Policy
 - Prison Rape Elimination Act (PREA) Policies and Procedures
 - 30 Day Review Report
 - c. Monitoring for retaliation (blank form)
2. Interviews:
 - a. Agency Head
 - b. Director
 - c. Designated Staff Charged with Monitoring Retaliation

Findings (By Provision):

115.267 (a). As reported in the PAQ, the facility has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency has designated staff charged with monitoring for retaliation. The facility documents monitoring for retaliation on the 30 day Review Report.

The Prison Rape Elimination Act (PREA) Policies and Procedures states that:

Perception Programs will employ all available measures to protect vulnerable residents from abuse or prevent abusers from having the opportunity to abuse by:

- Consultation with Referral Source
- Removing alleged resident abusers from contact with victims
- Removing alleged staff abusers from contact with victims
- Monitoring resident rooms, including by direct observation, if necessary
- Transferring potential victims/abusers to other facilities, if operationally possible
- Segregation during transportation in transport vehicles
- Actively monitoring the conduct and treatment of residents or staff who have reported abuse and of residents who have reported to have suffered abuse for signs of retaliation. The program will remedy any signs of retaliation detected.
- Protecting individuals who cooperate in investigations who express fear of retaliation.

Perception Programs' obligation to protect against retaliation ends if any allegation is unfounded.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.267 (b). As previously stated, the Prison Rape Elimination Act (PREA) Policies and Procedures states that the following measures will be taken into consideration:

- Consultation with Referral Source
- Removing alleged resident abusers from contact with victims
- Removing alleged staff abusers from contact with victims
- Monitoring resident rooms, including by direct observation, if necessary
- Transferring potential victims/abusers to other facilities, if operationally possible
- Segregation during transportation in transport vehicles
- Actively monitoring the conduct and treatment of residents or staff who have reported abuse and of residents who

have reported to have suffered abuse for signs of retaliation. The program will remedy any signs of retaliation detected.

- Protecting individuals who cooperate in investigations who express fear of retaliation.

Interviews:

The interviewed agency head reported that the agency has a process in place to protect residents and staff from retaliation for sexual abuse or sexual harassment allegations. It was reported that it is PPI's policy that all residents or staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation will be protected from retaliation by other residents or staff. The PREA Coordinator shall monitor the conduct and treatment of any resident or staff member who reported the abuse to see if there are changes that may suggest possible retaliation. Monitoring shall be conducted for at least 90 days but shall be extended beyond 90 days if there is a continuing need.

The interviewed director reported that the Perceptions Programs at all cost will attempt to protect all residents, but especially the most vulnerable residents from abuse as well as prevent alleged abusers from having the opportunity to abuse by communicating with contractual funding source (DOC), removing alleged residents and/or staff abusers from contact with victims, monitoring resident rooms/movement, which may include by direct observation, if necessary, transferring potential victims/abusers to other facilities, if operationally possible, segregation during transportation in transport vehicles, actively monitoring the conduct and treatment of residents or staff who have reported abuse and or residents who have reported to have suffered abuse for signs of retaliation. The program will observe and address any signs of retaliation as well as protect individuals who engage in investigations that express fear of retaliation.

The interviewed designated staff member charged with monitoring for retaliation reported that it is agency practice to remove staff from programs or employment if retaliation were to occur. For the safety of residents or staff, we can move staff between residential programs or other programs temporarily as needed. We work with our funders to transfer residents out of the facility if needed. The different measures taken to protect residents and staff from retaliation include supervision is provided to all staff from Program Lead, EAP information is available to all staff, clinical services are provided and offered to all residents. If retaliation was reported, witnessed, etc, the agency would take disciplinary actions as needed. The staff reported that they would interview and follow up as appropriate with the residents who have reported sexual abuse.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.267 (c). As reported in the PAQ, the facility monitors for retaliation for 90 days, and will continue monitoring past 90 days if needed. There were zero reported incidents of retaliation reported in the last 12 months.

Interviews:

The interviewed director reported that measures will be taken for any suspected retaliation. It will be immediately reported to the agency PREA Coordinator and to Human Resources.

The interviewed designated staff member charged with monitoring for retaliation reported that monitoring for retaliation is ongoing.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.267 (d). The Sexual Harassment or Sexual Abuse of a Resident policy Prison Rape Elimination Act (PREA) Policies and Procedures provides additional guidance on conducting status checks.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.267 (e). The Prison Rape Elimination Act (PREA) Policies and Procedures states "it is PPI's policy that all residents to include those who have cooperated as part of an investigation or staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation will be protected from retaliation by other residents or staff".

Interviews:

The interviewed agency head reported that if an individual who cooperates with an investigation expresses a fear of retaliation, the agency will develop a plan on a case-by-case basis to protect that individual against retaliation.

As previously stated the interviewed director reported that measures will be taken for any suspected retaliation. It will be immediately reported to the agency PREA Coordinator and to Human Resources. The interviewed director reported that the Perceptions Programs at all cost will attempt to protect all residents, but especially the most vulnerable residents from abuse as well as prevent alleged abusers from having the opportunity to abuse by communicating with contractual funding source

(DOC), removing alleged residents and/or staff abusers from contact with victims, monitoring resident rooms/movement, which may include by direct observation, if necessary, transferring potential victims/abusers to other facilities, if operationally possible, segregation during transportation in transport vehicles, actively monitoring the conduct and treatment of residents or staff who have reported abuse and or residents who have reported to have suffered abuse for signs of retaliation. The program will observe and address any signs of retaliation as well as protect individuals who engage in investigations that express fear of retaliation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.267 (f). NA-However the Prison Rape Elimination Act (PREA) Policies and Procedures policy states that "Perception Programs' obligation to protect against retaliation ends if any allegation is unfounded".

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

115.271	Criminal and administrative agency investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 987 300">The following evidence was analyzed in making compliance determination:</p> <ol data-bbox="240 331 919 1160" style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedures c. Specialized Investigation Training (1) d. Investigation Report: <ul style="list-style-type: none"> • Incident Report • Findings • Statement • Notification • State Law Enforcement Report 2. Interviews: <ol style="list-style-type: none"> a. Investigative Staff b. Resident who Reported a Sexual Abuse c. Director d. PREA Coordinator <p data-bbox="240 1196 483 1223">Findings (By Provision):</p> <p data-bbox="240 1254 1436 1379">115.271 (a). As reported in the PAQ, the agency/facility has a policy related to criminal and administrative agency investigations. The Prison Rape Elimination Act (PREA) Policies and Procedures states that "Perception Programs will report all allegations of sexual abuse, including third party and anonymous reports, to the local authorities for further investigation".</p> <p data-bbox="240 1411 1481 1603">While the program did not have any PREA related allegations in the last 12 months. The auditor reviewed two allegations that occurred at another agency site and it was apparent that multiple evidence gathering techniques to thoroughly investigate each allegation of sexual abuse and/or sexual harassment. Each investigation was completed timely. The results of the investigation were also judged by the auditor to have been objective, as the determinations of substantiated, unsubstantiated, and unfounded were made on a case-by-case basis, as independently determined based upon evidence gathered.</p> <p data-bbox="240 1635 352 1662">Interviews:</p> <p data-bbox="240 1693 1474 1787">The interviewed investigator reported that following an allegation of sexual abuse or sexual harassment, the PREA investigation initiates immediately. Anonymous and third part reports of sexual abuse or sexual harassment are handled the same way as above.</p> <p data-bbox="240 1818 1461 1944">115.271 (b). During the onsite inspection, it was determined that the Perceptions Programs, Inc. conducts administrative investigations; however there were no staff properly trained. The agency PREA coordinator will also conduct the PREA administrative investigations. A corrective action was put into place to ensure the administrative investigator completed the specialized training. The training was completed and a copy of the certificate was provided.</p> <p data-bbox="240 1975 352 2002">Interviews:</p> <p data-bbox="240 2033 1487 2128">The interviewed investigator reported that they have received specific training on how to conduct sexual abuse investigations in confinement settings. The staff completed the NIC Investigating Sexual Abuse in Confinement Settings training. It should be noted that completion of training occurred as a result of a corrective action in the post onsite phase.</p>

115.271 (c). The Prison Rape Elimination Act (PREA) Policies and Procedures states that "Upon notification, the PREA Coordinator or designee will contact the appropriate law enforcement agency who will conduct and coordinate the investigation. The scene shall remain secure so that that police can gather available physical and DNA evidence. The PREA Coordinator or designee shall, in conjunction with law enforcement staff make transportation arrangements for the alleged victim to receive appropriate medical care at a local hospital where SAFE/ SANE staff are available".

Interviews:

The interviewed investigator reported that staff or client reports of abuse or harassment are reported to the Program Lead or Directly to PREA coordinator. The PREA coordinator immediately begins to gather reports and information via in person or by phone, reports to the program to interview all witnesses, victims, and perpetrators. In person interviews are conducted within 24 hours of receiving the report. Notice if given to DOC or CSSD, respectively, of the PREA allegations.

The interviewed investigator reported the following investigative process:

Staff or client reports of abuse or harassment are reported to the program lead or directly to PREA coordinator. The PREA coordinator immediately begins to gather reports and information via in person or by phone, reports to the program to interview all witnesses, victims, and perpetrators. In person interviews are conducted within 24 hours of receiving the report. Once information is gathered and all interviews are completed, the allegation is determined to be substantiated, unsubstantiated, or unfounded. Reports are typically concluded within a week of beginning investigation at the administrative level. If there is any report of criminal behavior the report is immediately referred to CT State Police. At the conclusion of the administrative investigation, a letter of findings is given to the victim. The Incident Review Team will meet within 30 days to review this investigation. All investigations are reported to CSSD or DOC, respectively.

It was further reported that direct or circumstantial evidence is gathered by looking at prior complaints, and interviews of any staff and residents involved/witness, video footage.

115.271 (d). The PPI only does not conduct criminal investigations. The Prison Rape Elimination Act (PREA) Policies and Procedures states that "A criminal investigation shall be conducted by law enforcement officials. Facility staff shall cooperate with and assist with any request made by law enforcement. The PREA Coordinator shall endeavor to remain informed about the progress of the investigation". There were no allegations of sexual abuse that involved circumstantial evidence to review.

Interviews:

The interviewed investigators stated that prosecutable crimes would be consulted with prosecutors before conducting compelling interviews; if evidence is discovered that a prosecutable crime may have taken place, the case is immediately referred to CT State Police who will arrive to the program.

115.271 (e).

Interviews:

The interviewed investigators stated that the credibility of the alleged victim, suspect or witness is judged on an individual level, nonbiased. It is not based on whether they are a staff member or resident. It was further reported that under no circumstance would a resident who alleges sexual abuse be required to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

115.271 (f). The Prison Rape Elimination Act (PREA) Policies and Procedures states that "an administrative investigation shall be documented listing all findings including a determination whether staff actions or failures to act contributed to the incident".

Interviews:

efforts are made during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse. Such efforts are addressed during the investigation process. If it is determined that staff could have contributed to sexual abuse, the agency will address this accordingly. This begins during the incident report that the staff completes, meetings with the Program lead and staff following.

The interviewed investigator further reported that administrative investigations are documented. The documented information includes is: type of alleged incident, victim, alleged abuser, and any witnesses, or who reported the incident, description of the incident, including interviews and any evidence, who was notified and when, and injuries, outcome of investigation,

115.271 (g). The Prison Rape Elimination Act (PREA) Policies and Procedures states that "a criminal investigation shall be conducted by law enforcement officials. Facility staff shall cooperate with and assist with any request made by law enforcement. The PREA Coordinator shall endeavor to remain informed about the progress of the investigation".

Interviews:

The interviewed investigators stated that criminal investigations are documented on police reports and summarized in the agency PREA incident report. Any police reports would be attached to the agency PREA incident report

115.271 (h). As reported in the PAQ, substantiated allegations of conduct that appear to be criminal are referred for prosecution. There were zero number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit.

Interviews:

The interviewed investigators stated that referrals are made to Connecticut state police are made when there are allegations that are substantiated and maybe criminal.

115.271 (i). As reported in the PAQ, the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The Prison Rape Elimination Act (PREA) Policies and Procedures states that "if the alleged abuser is incarcerated, all written reports of the investigation will be retained while the abuser is incarcerated plus an additional five years. If the alleged abuser is a staff member, all written reports of the investigation will be retained while the staff member remains employed, plus an additional five years".

115.271 (j). The Prison Rape Elimination Act (PREA) Policies and Procedures states that "all investigations are carried through to completion, regardless of whether the alleged abuser or victim remains at the facility or under supervision".

Interviews:

The interviewed investigators stated that if a staff member who alleges sexual abuse or sexual harassment or an alleged abuser leaves the program prior to a completed investigation that case would be referred to Connecticut State Policy, unless it is clearly not criminal, and to all licensing bodies. If a victim leaves the program the investigation would continue as much as possible, if contact was able to be made with the party who left the program. If sexual abuse was reported, it may be referred to law enforcement.

115.271 (k). NA

115.271 (l). The Prison Rape Elimination Act (PREA) Policies and Procedures states that "staff will cooperate fully with the local authorities and any administrative investigators in all facets of any criminal and/or administrative investigations".

Interviews:

The interviewed PREA Coordinator reported that they would identify themselves as the point of contact to be provided regular updates. In the absence of updates, the PREA Coordinator would contact the outside agency for updates.

The interviewed investigators stated that when an outside agency investigates an incident of sexual abuse, we will closely with them, , providing any documentation and reports and are available for video footage as requested by CT State Police. Communication between the CT State Police and the agency is weekly, at a minimum.

The interviewed program director reported that follow up with the outside agency is completed until the case is closed. This can be completed by the program lead or the PREA coordinator.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedures c. Investigation Report: <ul style="list-style-type: none"> • Incident Report • Findings • Statement • Notification • State Law Enforcement Report 2. Interviews: <ol style="list-style-type: none"> a. Investigative Staff <p>Findings (By Provision):</p> <p>115.272 (a). As reported in the PAQ, the agency imposes a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse of sexual harassment are substantiated. The Prison Rape Elimination Act (PREA) Policies and Procedures states that "The facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual assault are substantiated".</p> <p>While the program did not have any PREA related allegations in the last 12 months. The auditor reviewed two allegations that occurred at another agency site and it was apparent that multiple evidence gathering techniques to thoroughly investigate each allegation of sexual abuse and/or sexual harassment. Each investigation was completed timely. The results of the investigation were also judged by the auditor to have been objective, as the determinations of substantiated, unsubstantiated, and unfounded were made on a case-by-case basis, as independently determined based upon evidence gathered.</p> <p>Interviews:</p> <p>The interviewed investigative staff reported that the standard of evidence required to substantiate allegations of sexual abuse or sexual harassment include: proof by information that, compared with information opposing it, leads to the conclusion that the fact at issue is more properly true than not.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Corrective Action:</p> <p>No corrective action is recommended for this standard.</p>

115.273	Reporting to residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 987 300">The following evidence was analyzed in making compliance determination:</p> <ol data-bbox="240 331 919 855" style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy <ul data-bbox="284 524 919 551" style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedures c. Investigations <ul data-bbox="284 658 419 685" style="list-style-type: none"> • Notification 2. Interviews: <ol style="list-style-type: none"> a. Director b. Investigative Staff <p data-bbox="240 891 483 918">Findings (By Provision):</p> <p data-bbox="240 945 1485 1205">115.273 (a). As reported in the PAQ, the agency has a policy requiring that any resident who alleges that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the PAQ, there were three reported criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the facility in the past 12 months. After further review, it was determined that the allegations of sexual abuse and/or sexual harassment that was reported in the PAQ, was reported in error, and did not occur at the Grace House however a different agency program. However, the auditor was able to review the practice of notification based on an investigation that occurred at another agency program.</p> <p data-bbox="240 1240 1458 1330">The Prison Rape Elimination Act (PREA) Policies and Procedures policy states that “at the conclusion of the investigation, the agency notifies in writing the individual who reported the abuse and the defendant/resident named in the report of the outcome of the investigation”.</p> <p data-bbox="240 1366 352 1393">Interviews:</p> <p data-bbox="240 1420 1458 1545">The interviewed investigative staff reported that the agency procedures require that a resident who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The resident would receive a letter with the information at the conclusion of the investigation.</p> <p data-bbox="240 1581 1469 1635">The interviewed program director reported that the program notifies the residents whether the allegation was substantiated, unsubstantiated, or unfounded following an investigation.</p> <p data-bbox="240 1671 1466 1760">115.273 (b). As reported in the PAQ if an outside entity conducts the investigation, the agency will request the relevant information from the investigation entity in order to inform the resident of the outcome of the investigation. There were zero reported allegations of sexual abuse in which an outside entity investigated.</p> <p data-bbox="240 1796 1426 1850">115.273 (c). As reported in the PAQ, following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless unfounded) whenever:</p> <ul data-bbox="284 1908 1477 2029" style="list-style-type: none"> • The staff member is no longer posted within the residents unit; • The staff member is no longer employed at the facility; • The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="240 2065 1474 2154">115.273 (d). As reported in the PAQ, the following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whomever the agency learns that the alleged abuser has been indicated on a charge related to sexual abuse within the facility; or the agency learns that the</p>

alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.273 (e). As reported in the PAQ, the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months there were zero documented notifications to residents. The Prison Rape Elimination Act (PREA) Policies and Procedures states that "It is the policy of PPI that residents shall be informed of the outcome of an investigation whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. Furthermore, any action taken against a staff member or any knowledge about convictions or criminal charges against a resident abuser shall be reported to the resident victim. All victim notifications will be documented in an incident report". There were zero allegations of sexual abuse, therefore zero notifications made in the past 12 months.

115.273 (f). The auditor is not required to audit this provision of the standard.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

115.276	Disciplinary sanctions for staff
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 987 300">The following evidence was analyzed in making compliance determination:</p> <ol data-bbox="240 331 919 779" style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedures 2. Interviews: <ol style="list-style-type: none"> a. Agency Head b. PREA Coordinator c. Director <p data-bbox="240 810 483 837">Findings (By Provision):</p> <p data-bbox="240 869 1497 1025">115.276 (a). As reported in the PAQ, staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The Prison Rape Elimination Act (PREA) Policies and Procedures states that “staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies, with termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse:</p> <ul data-bbox="280 1079 1497 1272" style="list-style-type: none"> • Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. • All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies”. <p data-bbox="240 1303 1473 1361">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="240 1393 1497 1585">115.276 (b). As reported in the PAQ, there were zero staff in the last 12 months who violated the agency policy on sexual abuse or sexual harassment. Upon review of the investigation files, there were no allegations that involved a staff member being substantiated for allegations of sexual abuse or sexual harassment. As previously stated, the Prison Rape Elimination Act (PREA) Policies and Procedures states that “staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies, with termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse”.</p> <p data-bbox="240 1617 1473 1675">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="240 1706 1497 1863">115.276 (c). As reported in the PAQ, disciplinary sanctions for violations of the agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff members disciplinary history, and the sanctions imposed are comparable offenses by other staff with similar histories. There were zero staff in the last 12 months who have been disciplined short of termination, for violations of the agency sexual abuse or sexual harassment policies.</p> <p data-bbox="240 1895 1481 2020">As previously stated, the Prison Rape Elimination Act (PREA) Policies and Procedures states that “disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories”.</p> <p data-bbox="240 2051 1473 2110">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p>

115.276 (d). As reported in the PAQ, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignations, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

There were zero staff in the last 12 months who have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies. As previously stated, the Prison Rape Elimination Act (PREA) Policies and Procedures states that "All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies".

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

115.277	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 987 300">The following evidence was analyzed in making compliance determination:</p> <ol data-bbox="242 329 919 663" style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedures 2. Interviews: <ol style="list-style-type: none"> a. Director <p data-bbox="242 692 483 721">Findings (By Provision):</p> <p data-bbox="242 750 1477 945">115.277 (a). As reported in the PAQ, the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies. There have been zero contractors or volunteers who have been reported to law enforcement for engaging in sexual abuse of residents. The Prison Rape Elimination Act (PREA) Policies and Procedures states that "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies".</p> <p data-bbox="242 974 1485 1070">There have been zero contractors or volunteers who have been reported to law enforcement for engaging in sexual abuse of residents. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="242 1099 1477 1261">115.277 (b). As reported in the PAQ, the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The Prison Rape Elimination Act (PREA) Policies and Procedures states that "the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer".</p> <p data-bbox="242 1290 352 1319">Interviews:</p> <p data-bbox="242 1348 1477 1509">The interviewed director reported that if a contractor or volunteer engaged in sexual abuse, that person shall be prohibited from having contact with residents and will be reported to law enforcement, unless the activity can be viewed as not criminal and to relevant licensing bodies. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="242 1538 1469 1601">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="242 1630 424 1659">Corrective Action:</p> <p data-bbox="242 1688 790 1718">No corrective action is recommended for this standard.</p>

115.278	Disciplinary sanctions for residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 987 300">The following evidence was analyzed in making compliance determination:</p> <ol data-bbox="240 331 919 721" style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedures 2. Interviews: <ol style="list-style-type: none"> a. Director b. Medical and Mental Health Staff (2) <p data-bbox="240 752 483 779">Findings (By Provision):</p> <p data-bbox="240 810 1457 904">115.278 (a). As reported in the PAQ, residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. There were zero reported administrative findings on resident-on-resident sexual abuse that occurred at the facility.</p> <p data-bbox="240 936 1473 1025">The Prison Rape Elimination Act (PREA) Policies and Procedures states that “residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <ul data-bbox="280 1079 1489 1576" style="list-style-type: none"> • Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process will consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. • The facility will provide therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The program will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. • This program prohibits all sexual activity between residents and will discipline residents for such activity. It does not, however, deem such activity to constitute sexual abuse if it is determined that the activity is not coerced. • A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted. <p data-bbox="240 1608 1489 1697">115.278 (b). As previously stated, the Prison Rape Elimination Act (PREA) Policies and Procedures states that “Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.</p> <p data-bbox="240 1729 352 1756">Interviews:</p> <p data-bbox="240 1787 1445 1881">The interviewed director reported that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. This could be as minor as a room change or as severe as removal from the program.</p> <p data-bbox="240 1912 1473 1971">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="240 2002 1469 2096">115.278 (c). As previously stated, the Prison Rape Elimination Act (PREA) Policies and Procedures states that “The disciplinary process will consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed”.</p> <p data-bbox="240 2128 352 2154">Interviews:</p>

The interviewed director reported that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. This could be as minor as a room change or as severe as removal from the program.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.278 (d). As reported in the PAQ, the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. As previously stated, the Prison Rape Elimination Act (PREA) Policies and Procedures states that "the facility will provide therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse".

Interviews:

The interviewed medical and mental health staff reported that they do not offer treatment or intervention specific to sexual abuse; however, the mental health treatment can include any needs based on the individual client. When services are provided participation is not a condition to access programming or other benefits.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.278 (e). As reported in the PAQ, the agency discipline residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. As previously stated, the Prison Rape Elimination Act (PREA) Policies and Procedures states that "the program will discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact".

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.278 (f). As reported in the PAQ, the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. As previously stated, the Prison Rape Elimination Act (PREA) Policies and Procedures states that "For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation".

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.278 (g). As reported in the PAQ, the agency prohibits all sexual activity between residents. As previously stated, the Prison Rape Elimination Act (PREA) Policies and Procedures states that "this program prohibits all sexual activity between residents and will discipline residents for such activity. It does not, however, deem such activity to constitute sexual abuse if it is determined that the activity is not coerced".

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedures 2. Interviews: <ol style="list-style-type: none"> a. Medical and Mental Health Staff (2) b. Security Staff and Non-Security Staff First Responders <p>Findings (By Provision):</p> <p>115.282 (a). As reported in the PAQ, resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment crisis intervention services. The Prison Rape Elimination Act (PREA) Policies and Procedures states, “if the allegations of sexual abuse are reported to staff after the alleged victim has been transported to a medical facility, staff will:</p> <ul style="list-style-type: none"> • Notify the receiving facility of the allegation of sexual abuse and the victim’s potential need for medical or social services unless the victim has requested • Otherwise complete an Incident Report in accordance with Perception Programs procedures”. <p>Interviews:</p> <p>The interviewed medical and mental health staff reported that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The services typically occur within minutes of staff learning of the abuse. The nature and scope of the services are driven by policy and clients’ rights to services. However, judgement of services is determined immediately upon learning of an incident.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.282 (b). The Prison Rape Elimination Act (PREA) Policies and Procedures states that “staff will request that the alleged victim not take any action that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, unless medically indicated. If toileting needs to take place, the resident should be instructed to not wipe”.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.282 (c). As reported in the PAQ, resident victims of sexual abuse while incarcerated are not offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. It was reported because the residents are not incarcerated. During the pre-audit process, the agency policy (Prison Rape Elimination Act (PREA) Policies and Procedures) was updated to say “Victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services at no cost to the resident regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident”.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.282 (d). As reported in the PAQ, treatment services are not provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. It was further reported that mental health treatment services are provided within the program as part of the treatment plan. Medical services are accessed through the local hospital. The Prison Rape Elimination Act (PREA) Policies and Procedures states</p>

that "PPI does not employ medical or mental health staff. Any victim of sexual assault or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/SANE qualified staff".

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 987 297">The following evidence was analyzed in making compliance determination:</p> <ol data-bbox="240 331 919 719" style="list-style-type: none"> <li data-bbox="240 331 408 358">1. Documents: <ol data-bbox="240 387 919 551" style="list-style-type: none"> <li data-bbox="240 387 596 414">a. Pre-Audit Questionnaire (PAQ) <li data-bbox="240 443 919 551">b. Policy: <ul data-bbox="280 521 919 551" style="list-style-type: none"> <li data-bbox="280 521 919 551">• Prison Rape Elimination Act (PREA) Policies and Procedures <li data-bbox="240 580 395 607">2. Interviews: <ol data-bbox="240 636 699 719" style="list-style-type: none"> <li data-bbox="240 636 608 663">a. Medical and Mental Health Staff <li data-bbox="240 692 699 719">b. Residents who Reported a Sexual Abuse <p data-bbox="240 752 483 779">Findings (By Provision):</p> <p data-bbox="240 808 1485 972">115.283 (a). As reported in the PAQ, the facility does not offer medical and mental health evaluations, and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The Prison Rape Elimination Act (PREA) Policies and Procedures states that “PPI does not employ medical or mental health staff. Any victim of sexual assault or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/SANE qualified staff”.</p> <p data-bbox="240 1001 1469 1061">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="240 1090 1477 1218">115.283 (b).The interviewed medical and mental health staff reported that evaluation and treatment of residents who have been victimized entails; treatment needs are tied into the treatment plan goals and objectives referrals to providers that have a focus on sexual abuse may be arranged. The aftercare placement could be dependent on disclosure and even bedroom assignments in the program could be taken into consideration.</p> <p data-bbox="240 1247 1469 1308">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="240 1337 1477 1464">115.283 (c). The Prison Rape Elimination Act (PREA) Policies and Procedures states that “PPI does not employ medical or mental health staff. Any victim of sexual assault or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/SANE qualified staff”.</p> <p data-bbox="240 1494 1477 1554">The interviewed medical and mental health staff reported that medical and mental health services are offered consistent with community level of care.</p> <p data-bbox="240 1583 1469 1644">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="240 1673 1477 1836">115.283 (d). The Prison Rape Elimination Act (PREA) Policies and Procedures states that “PPI does not employ medical or mental health staff. Any victim of sexual assault or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/SANE qualified staff”. As reported in the PAQ, female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.</p> <p data-bbox="240 1865 1469 1926">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="240 1955 1477 2157">115.283 (e). As reported in the PAQ, if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy related medical services. The Prison Rape Elimination Act (PREA) Policies and Procedures states that “PPI does not employ medical or mental health staff. Any victim of sexual assault or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/SANE qualified staff”. As reported in the PAQ, female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy</p>

tests.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Interviews:

The interviewed medical and mental health staff reported that if pregnancy results from sexual abuse while incarcerated the victims are given timely information and access to all lawful pregnancy related services. Such services are provided immediately upon learning of pregnancy as a result of a sexual abuse.

115.283 (f). As reported in the PAQ, resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The Prison Rape Elimination Act (PREA) Policies and Procedures states that "PPI does not employ medical or mental health staff. Any victim of sexual assault or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/SANE qualified staff".

115.283 (g). The Prison Rape Elimination Act (PREA) Policies and Procedures states that "continued medical and mental health treatment for victims and abusers will be provided by CTDOC or local medical facilities as deemed appropriate at no cost to the resident(s)".

115.283 (h). As reported in the PAQ, the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The Prison Rape Elimination Act (PREA) Policies and Procedures states that "CTDOC policy states it will conduct a mental health evaluation within 60 days on all known resident--on--resident abusers".

One of the interviewed medical and mental health staff reported that they do not conduct a specific mental health evaluation however the offer mental health treatment to every resident and it is tailored to the client's specific mental health needs and goals. The other interviewed mental health staff reported that mental health evaluations are done at intake for all clients. History of abuse can be included in the treatment plan which is done at intake and then can be added to the treatment plan later on. All residents get the same assessments and evaluations upon their intake.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 987 297">The following evidence was analyzed in making compliance determination:</p> <ol data-bbox="240 331 927 779" style="list-style-type: none"> <li data-bbox="240 331 408 358">1. Documents: <ol data-bbox="240 387 927 551" style="list-style-type: none"> <li data-bbox="240 387 596 414">a. Pre-Audit Questionnaire (PAQ) <li data-bbox="240 443 349 470">b. Policy <ul data-bbox="280 521 927 548" style="list-style-type: none"> <li data-bbox="280 521 927 548">• Prison Rape Elimination Act (PREA) Policies and Procedures <li data-bbox="240 580 397 607">2. Interviews: <ol data-bbox="240 636 517 779" style="list-style-type: none"> <li data-bbox="240 636 474 663">a. PREA Coordinator <li data-bbox="240 692 368 719">b. Director <li data-bbox="240 748 517 775">c. Incident Review Team <p data-bbox="240 808 483 835">Findings (By Provision):</p> <p data-bbox="240 864 1477 992">115.286 (a). As reported in the PAQ, the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there were zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding unfounded incidents.</p> <p data-bbox="240 1021 1485 1117">The Prison Rape Elimination Act (PREA) Policies and Procedures states that "a sexual abuse incident review is conducted within 30 days of the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded".</p> <p data-bbox="240 1146 1469 1209">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="240 1238 1355 1301">115.286 (b). As reported in the PAQ, the facility ordinarily conducts criminal and/or administrative sexual abuse investigations within 30 days.</p> <p data-bbox="240 1330 1474 1458">115.286 (c). As reported in the PAQ, the sexual abuse incident review team included upper-level management officials and allows for input from line supervisors, investigators, and medical and mental health practitioners. The Prison Rape Elimination Act (PREA) Policies and Procedures states that "the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners".</p> <p data-bbox="240 1487 352 1514">Interviews:</p> <p data-bbox="240 1543 1453 1606">The interviewed director reported that the facility has a sexual abuse incident review team and the team consists of upper level management.</p> <p data-bbox="240 1635 1469 1697">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="240 1727 1490 1888">115.286 (d). As reported in the PAQ, the facility prepares a report of its findings from sexual abuse incident reviews including but not limited to determination made and any recommendations for improvement and submits such report to the facility head and PREA compliance manager. The Prison Rape Elimination Act (PREA) Policies and Procedures states that "a report of the review is prepared highlighting findings, areas of improvement noted and recommendations and is submitted to the CEO and PREA Coordinator".</p> <p data-bbox="240 1917 352 1944">Interviews:</p> <p data-bbox="240 1973 1490 2134">The interviewed staff on the incident review team reported that the team considers whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The areas where the incident happened would be assessed. The staffing levels along with viewing video footage would be taken into consideration for the incident review.</p>

The interviewed agency PREA coordinator and the director reported that the facility conducts sexual abuse incident reviews. The incident reviews are conducted to include the PREA investigator, senior director of residential services, and the program lead. Additional staff are invited as applicable. Reports are forwarded to the PREA coordinator. Largely, reports are generated from the Perception House program. No trends have been noted, as there have been very few annual reports. Action is taken only if the report indicates a need for improvements to the PREA process.

Upon review of the incident report form, it was found that the program is in compliance with the requirements of the provision.

115.286 (e). As reported in the PAQ, the facility implements the recommendations for improvement or documents reasons for not doing so. The Prison Rape Elimination Act (PREA) Policies and Procedures states that "a plan to implement recommendations is developed and reasons documented when reasons are not followed".

Upon review of the incident report form, it was found that the program is in compliance with the requirements of the provision.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedures c. Annual PREA Report (December 31, 2021) 2. Interviews: <p>Findings (By Provision):</p> <p>115.287 (a/c). As reported in the PAQ, the agency collects, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The Prison Rape Elimination Act (PREA) Policies and Procedures states that “the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions”.</p> <p>The auditor reviewed the annual aggregate data report (3 years) and the Perceptions Programs Annual PREA Report. Based on review of the documentation, the facility meets the requirements of the provision. No corrective action is needed.</p> <p>115.287 (b). As reported in the PAQ, the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p>The program has not been required to complete an SSV report.</p> <p>115.287 (d). As reported in the PAQ, the agency aggregates the incident-based sexual abuse data at least annually. The Prison Rape Elimination Act (PREA) Policies and Procedures states that “the agency aggregates the incident-based sexual abuse data at least annually”. The program has not been required to complete an SSV report.</p> <p>115.287 (e). N/A. As reported in the PAQ, the agency does not provide the Department of Justice (DOJ) with data from the previous calendar year upon request.</p> <p>115.287 (f). N/A. As reported in the PAQ, the agency does not provide the Department of Justice (DOJ) with data from the previous calendar year upon request.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Corrective Action:</p> <p>No corrective action is recommended for this standard.</p>

115.288	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedures c. Agency PREA website d. Annual Data Report e. Perception Programs Annual PREA Report (December 31, 2021) 2. Interviews: <ol style="list-style-type: none"> a. PREA Coordinator b. Agency Head <p>Findings (By Provision):</p> <p>115.288 (a). As reported in the PAQ, the agency reviews data collected and aggregate in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:</p> <ul style="list-style-type: none"> • Identifying problem areas; • Taking corrective action on an ongoing basis; and • Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole <p>The Prison Rape Elimination Act (PREA) Policies and Procedures policy provides guidance on the above agency requirements.</p> <p>Interviews:</p> <p>The interviewed agency head reported that incident based sexual abuse data is assessed and improved collecting aggregate data and presented in an annual report and its findings and corrective actions are reviewed to inform areas of improvement.</p> <p>The interviewed PREA Coordinator reported that data is collected at the end of every calendar year and reviewed together by the PREA Coordinator, Senior Director of Residential Services and Quality Manager. An annual report is generated and posted on our agency website. The agency has a secure server on which all data is securely retained. If corrective action is needed, it is conducted on an ongoing basis. The PREA Coordinator further confirmed that agency prepares an annual report of findings from its data reviewed and any corrective actions for each facility as well as the agency as a whole.</p> <p>The auditor reviewed the annual aggregate data report (3 years) and the Perceptions Programs Annual PREA Report. Based on review of the documentation, the facility meets the requirements of the provision. No corrective action is needed.</p> <p>115.288 (b). As reported in the PAQ, the annual report includes a comparison of the current year's data and corrective actions with those from prior years. In addition, the annual report does not provide an assessment of the agency's progress in addressing sexual abuse. The Prison Rape Elimination Act (PREA) Policies and Procedures states that "the annual report, which is made publicly available via the agency website and approved by the CEO includes:</p> <ul style="list-style-type: none"> • A comparison of the current year's data and corrective actions with those from prior years. • An assessment of the agency's progress in addressing sexual abuse". <p>The auditor reviewed the annual aggregate data report (3 years) and the Perceptions Programs Annual PREA Report. Based on review of the documentation, the facility meets the requirements of the provision. No corrective action is needed.</p> <p>115.288(c). As reported in the PAQ, the agency makes its annual report readily available to the public at least annually</p>

through its website. The annual reports are approved by the agency head. The annual reports are approved by the agency head. The annual report is provided on the following link: [2020-PPI-Annual-PREA-Report.pdf](#) ([perceptionprograms.org](#)).

Interviews:

The interviewed agency head reported that the agency conducts annual reports and they are approved by the agency head.

115.288. (d). As reported in the PAQ, when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The Prison Rape Elimination Act (PREA) Policies and Procedures states that “when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted”.

Interviews:

The interviewed agency head reported that all identifying information to include PHI is not included in the annual report.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action:

No corrective action is recommended for this standard.

115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Policy: <ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Policies and Procedures 2. Interviews: <ol style="list-style-type: none"> a. PREA Coordinator <p>Findings (By Provision):</p> <p>115.289 (a). As reported in the PAQ, the agency ensures that incident-based and aggregate data are securely retained. The Prison Rape Elimination Act (PREA) Policies and Procedures states that "PPI shall collect data and securely retain records of all incidents related to sexual abuse and sexual harassment whether alleged or actual. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice".</p> <p>Interviews:</p> <p>The interviewed PREA Coordinator reported that data is collected at the end of every calendar year and reviewed together by the PREA Coordinator, Senior Director of Residential Services and Quality Manager. An annual report is generated and posted on our agency website. The PPI has a secure server on which all data is securely retained. The data is reviewed and if necessary the agency will take action on an ongoing basis.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.289 (b). As reported in the PAQ, the agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. The Prison Rape Elimination Act (PREA) Policies and Procedures states that "the annual report shall be approved by the CEO and shall be made readily available to the public through its website or other means upon request". The agency website contains the agency PREA reports: 2020-PPI-Annual-PREA-Report.pdf (perceptionprograms.org)</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.289 (c). As reported in the PAQ, before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Additionally, the agency maintains sexual abuse data collected for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. The Prison Rape Elimination Act policy states that "the PREA Coordinator will report yearly aggregated data to the CEO for comparison against prior years' data". The agency website contains the agency PREA reports: 2020-PPI-Annual-PREA-Report.pdf (perceptionprograms.org)</p> <p>115.289 (d). The Prison Rape Elimination Act (PREA) Policies and Procedures states that "Records will be maintained for at least 10 years after the date of initial collection".</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Corrective Action:</p> <p>No corrective action is warranted.</p>

115.401	Frequency and scope of audits
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 987 300">The following evidence was analyzed in making compliance determination:</p> <ol data-bbox="242 329 410 528" style="list-style-type: none"> <li data-bbox="242 329 410 358">1. Documents: <ol data-bbox="242 387 370 416" style="list-style-type: none"> <li data-bbox="242 387 370 416">a. Website <li data-bbox="242 445 410 474">2. Interviews: <ol data-bbox="242 504 474 533" style="list-style-type: none"> <li data-bbox="242 504 474 533">a. PREA Coordinator <p data-bbox="242 562 483 591">Findings (By Provision):</p> <p data-bbox="242 620 1118 649">115.401 (a). The agency website contains the results of all the PREA audits conducted.</p> <p data-bbox="242 678 743 707">115.401 (b). The facility is in Cycle 3 Audit Year 3.</p> <p data-bbox="242 736 1469 860">115.401 (h). During the inspection of the physical plant the auditor and was escorted throughout the facility by the program lead and a resident. The auditor was provided unfettered access throughout the institution. Specifically, the auditor was not barred or deterred entry to any areas. The auditor had the ability to freely observe, with entry provided to all areas without prohibition. Based on review of documentation the facility is compliant with the intent of the provision.</p> <p data-bbox="242 889 1469 990">115.401 (i). During the on-site visit, the auditor was provided access to all documents requested. All documents requested were received to include, but not limited to employee and resident files, sensitive documents, and investigation reports. Based on review of documentation the facility is compliant with the intent of the provision.</p> <p data-bbox="242 1019 1481 1178">115.401 (m). The auditor was provided private rooms throughout the facility to conduct interviews. The staff staged the inmates in a fashion that the auditor did not have to wait between interviews. The rooms provided for inmate interviews were soundproof and somewhat visually confidential from other inmates which was judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related content during interview. It should also be noted that additional precautionary measures were taken to ensure proper social distancing due to the COVID-19.</p> <p data-bbox="242 1207 1398 1267">A review of the appropriate documentation and interviews with staff indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="242 1296 1481 1397">115.401 (n). Inmates were able to submit confidential information via written letters to the auditing agency PO Box or during the interviews with the auditor. The auditor did not receive any correspondence from the residents of the Grace House Program.</p> <p data-bbox="242 1426 424 1456">Corrective Action:</p> <p data-bbox="242 1485 791 1514">No corrective action is recommended for this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Website <p>Findings (By Provision):</p> <p>115.403 (a). The Perceptions Program, posts its PREA Audit reports on the Agency website. The reports are available for review at PREA Information and Audit Reports - Perception Programs, Inc. There is a link to the Final PREA reports. The facility is compliant with the intent of the standard.</p> <p>Corrective Action:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

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

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

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

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

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

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

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

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

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

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

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