

# PREA Facility Audit Report: Final

**Name of Facility:** SIERRA Center Pretrial Program

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 11/17/2021

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"/>
<b>Auditor Full Name as Signed:</b> Adam T. Barnett, Sr.	<b>Date of Signature:</b> 11/17/2021

AUDITOR INFORMATION	
<b>Auditor name:</b>	Barnett, Adam
<b>Email:</b>	adam30906@gmail.com
<b>Start Date of On-Site Audit:</b>	09/29/2021
<b>End Date of On-Site Audit:</b>	09/30/2021

FACILITY INFORMATION	
<b>Facility name:</b>	SIERRA Center Pretrial Program
<b>Facility physical address:</b>	48 Howe Street, New Haven, Connecticut - 06511
<b>Facility Phone:</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Melissa Herrera
<b>Email Address:</b>	mherrera@theconnectioninc.org
<b>Telephone Number:</b>	203-589-0684

Facility Director	
<b>Name:</b>	Rachel Doody
<b>Email Address:</b>	rdoody@theconnectioninc.org
<b>Telephone Number:</b>	203-584-1272

Facility PREA Compliance Manager	
<b>Name:</b>	Melissa Herrera
<b>Email Address:</b>	mherrera@theconnectioninc.org
<b>Telephone Number:</b>	O: (203) 589-0864

Facility Characteristics	
<b>Designed facility capacity:</b>	23
<b>Current population of facility:</b>	16
<b>Average daily population for the past 12 months:</b>	13
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	21-56
<b>Facility security levels/resident custody levels:</b>	Low - Mental Health
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	7
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	1
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

AGENCY INFORMATION	
<b>Name of agency:</b>	The Connection, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	100 Roscommon Drive, Suite 203, Middletown, Connecticut - 06547
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
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<b>Name:</b>	Elissa Viglione	<b>Email Address:</b>	elviglione@theconnectioninc.org
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## 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.

### Methodology:

The site review for this audit took place at Sierra Center Pretrial Program located at 48 Howe Street, New Haven, CT 06511 on September 29-30, 2021. The Sierra Center Pretrial Program is operated by The Connection, Inc, for the State of Connecticut. The Sierra Center Pretrial Program hereinafter may be referred to as facility.

The auditor uses a triangular approach, by connecting the PREA audit documentations, on-site observation, tour, facility practice, interviewed staff and residents, local and national advocates, etc. to make determinations for each standard. Each standard and/or provision are designed with documentation reviewed, PREA Audit: Pre-Audit Questionnaire, overall findings and interview results.

### Site Review Location:

The site review for this audit took place at Sierra Center Pretrial, 48 Howe Street, Basement, New Haven, CT 06511. The auditor conducted pre-audit work prior to arrival at the facility.

### Pre-Audit Phase:

#### Agency/Facility House Clients For:

- Court Supportive Services (Judicial District)
- Department of Mental Health and Addiction Services (DMHAS)

#### The Connection, Inc.:

The Connection, Inc. promote wellbeing; provide innovative housing solutions while building life skills; reduce recidivism in communities; and break generational cycles of abuse.

The agency was formed by social advocates in 1972 as a community response to the devastation being wrought on families by the problems of abuse, neglect, addition, and crime. The Connection has since been a leader in creating effective, community-based treatment programs. Many of the programs have been the first of their kind in the state. The agency has a strong history of working in true partnership with primary funding sources.

### Audit Notice Posting:

The auditor provided the audit notice to the agency PREA coordinator, with instructions to post the required PREA Audit Notice of the upcoming audit prior to the audit for confidential communications. The facility posted the notices in English and Spanish on 8/13/2021. The facility provided the pictures to the agency PREA coordinator. The agency PREA coordinator provided an email with pictures to the auditor. The auditor observed the posted notices throughout the facility during the site-visit.

As of 9/26/2021, there were no communications from residents or staff.

### Online Pre-Audit Questionnaire (PAQ):

In order to prepare for the audit process, email correspondences and telephone conversations occurred with the agency's PREA coordinator. As the auditor reviewed the materials provided by the agency PREA coordinator and the facility, she collated documents that were entered into the online system.

The online Pre-Audit Questionnaire was sent to the auditor as required. As a part of the on-site visit the auditor requested that the agency PREA coordinator review and provide additional information for the online Pre-Audit Questionnaire to reflect updated information, however, the agency/facility cannot make any changes in the initial online Pre-Audit Questionnaire.

The auditor completed a documentation review using the online Pre-Audit Questionnaire, internet search, policies and procedures review, and additional documentation provided. The agency PREA coordinator provided additional information for the online PREA Audit: Pre-Audit Questionnaire to reflect accuracy of the report.

### Documentation Requested:

The results of the documentation review were shared with the agency PREA coordinator and facility prior to and at the site visit. Phone conversations were conducted, and email exchanges occurred with the agency/facility.

The following documentation was requested:

- Resident roster
- 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
- Staff personnel files
- Resident files
- Contractors who have contact with residents
- Volunteers who have contact with residents
- Grievances made in the 12 months preceding the audit
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit
- General incident log

Additional pre-audit information requested prior to the visit was obtained.

#### Website Review:

Prior to the onsite portion of the audit, the auditor conducted a website review of the agency/facility and Connecticut State Department of Correction. The reviewed content included but was not limited to:

- TCI - Community Justice Programs
- TCI - Family Support Services
- TCI - Behavioral Health Services
- DOC – PREA Unit (Community PREA Reports Listed)
- DOC – Operations & Rehabilitative Services Division
- DOC – Parole & Community Services
- DOC – Residential Services
- DOC – Connecticut Alliance to End Sexual Violence (CAESV)
- DOC – Directory of Contracted Community Programs
- DOC – Residential Provider Manual

#### The Connection Inc. Agency Policies

- PREA – Prison Rape Elimination Act Policy and Procedures (6/3/2021)
- Searches of Community Justice Clients and Client Property Policy and Procedure (8/11/2021)
- American with Disabilities Policy and Procedures (3/3/2017)
- Background Check Policy and Procedure (7/18/2018)
- Hiring Contracted Services Policy and Procedure (2/10/2012)
- PREA – First Responders to a PREA Incident Policy and Procedure (9/4/2019)
- PREA Review Policy and Procedure (3/12/2017)
- PREA – Training and Education Policy and Procedure (6/3/2021)
- PREA – Avenues of Reporting PREA Allegations Policy and Procedures (6/3/2021)
- Client Compliant/Grievance Policy and Procedure
- PREA – Protection and Retaliation Policy and Procedures (6/3/2021)
- PREA – Reporting to Victims Policy and Procedure (6/3/2021)
- PREA – Client Sexual Relations Policy and Procedure (6/3/2021)
- PREA Data Policy and Procedure (6/3/2021)
- Client Pat-Down Search Policy and Procedure (8/24/2021)
- Client Movement and Accountability Policy (5/24/2021)
- Client Movement and Accountability Procedure (7/25/2018)

#### Connecticut Department of Correction Policies:

- Administrative Directive 6.12- Sexual Assault Prevention Policy
- Administrative Directive 11.2 – Transitional Placement
- Administrative Directive 1.10 – Investigations
- Administrative Directive 11.4 – Searches Conducted in the Community
- Administrative Directive 11.1 – Parole and Community Services
- Administrative Directive 3.13 – Contracts Administration
- Administrative Directive 9.6 – Inmate Administrative Remedies

On-Site Audit Phase

Entrance Conference:

On 9/29/2021, the on-site audit started with meeting the Program Manager/facility PREA compliance manager. The entrance conference was held and attended by:

- Adam Barnett, USDOJ Certified PREA Auditor
- Elissa Viglione, Agency PREA Coordinator
- Melissa Herrera, Program Manager/Facility PREA Compliance Manager

Welcome was given by the Program Manager/Facility PREA Compliance Manager. The auditor introduced himself and provided a brief description of his experiences, qualifications, correctional and auditing background.

The auditor provided an overview of the expectations during the onsite audit and transparency to discuss any identified issues or concerns. The auditor established a process to make corrections on site and if necessary, post onsite follow ups.

The audit agenda was reviewed and discussed, to include resident's population based on 1st day of the on-site audit; and the 2nd day planned activities was discussed.

The auditor requested an updated list of all staff work scheduled, sorted by shift. The facility operates on 3 shifts 1st shift 7am – 3pm; 2nd shift 3pm – 11pm and 3rd shift 11pm – 7am. The auditor provided the facility with a list of random and specialized staff along with a list of random and target residents (no targets) for interviews.

Site Review/Tour:

The auditor conducted a comprehensive site review of the facility. The facility is shared by 4 other programs. The Sierra Center Pretrial Program is in the basement.

On the first day of the audit, after the entrance conference, the auditor toured the physical plant. When the auditor paused to speak to a resident or staff, it was requested that the staff on the tour to step away so the conversation may remain private.

During the tour, the auditor observed the locations of video monitoring cameras around the facility, including those outside. None of the camera's field of view included the toilet and shower areas, each unit has PREA shower curtains to block the viewing of cameras and staff viewing. The outside cameras cover the surrounding areas, exits, and entrances to the facility.

The following areas and basement were visited during the facility tour:

- Staff Office – Main
- Kitchen
- Staff Bathroom
- Storages
- Day Room #1 – Camera
- Group Room – Camera
- Bathroom and Showers #1
- Laundry Room
- Bathroom and Showers #2
- Program Office
- Visitation
- Day Room

The auditor was provided unimpeded access to all parts of the facility and all secure rooms and storage areas in the facility.

The auditor had sufficient opportunity to view resident – staff interaction. There was also ample time to observe the nature and quality of resident supervision throughout the on-site audit process, and in all instances the auditor observed appropriate respect on the part of both residents and staff.

The following staff accompanied the auditor on the tour and responded to the auditor's questions along with facility staff concerning the facility operations.

- Adam Barnett, USDOJ Certified PREA Auditor
- Elissa Viglione, Agency PREA Coordinator
- Melissa Herrera, Program Manager/Facility PREA Compliance Manager

Advocacy Organizations:

The PREA Auditor's manual pages 37 and 38 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.

• Just Detention International (JDI) – is a health and human rights organization that seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the only organization in the U.S. – and the world – dedicated exclusively to ending sexual abuse behind bars. We (they) hold government officials accountable for prisoner rape; challenge the attitudes and misperception that all sexual abuse to flourish; and make sure that survivors get the help they need.

A requested for information regarding Sierra Center Pretrial Program located in New Haven, CT was sent on 9/1/2021 at 2:55pm. On 9/1/2021 at 5:19pm email received from JDI indicated that a review of their database indicates that they have not received any information regarding this facility in the past 12 months.

• National Sexual Violence Resource Center (NSVR) – is the leading nonprofit in providing information and tools to prevent and respond to sexual violence. NSVRC translates research and trends into best practices that help individuals, communities and service providers achieve real and lasting change. NSVRC also work with the media to promote informed reporting.

A requested for information regarding Sierra Center Pretrial Program located in New Haven, CT was sent on 9/1/2021 at 2:55pm. On 10/20/2021 NSVR respond to the Auditor's request.

• The Connecticut Alliance to End Sexual Violence – is a coalition of Connecticut's nine community based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training programs.

A requested for information regarding Sierra Center Pretrial Program located in New Haven, CT was sent on 9/8/2021 at 2:32pm email received from CAESV indicated that a review of their database indicates that they have not received any information regarding this facility in the past 12 months.

The auditor seeks the following information from the local and/or national advocacy organizations, but not limited to:

- Does your organization provide emotional support services to residents?
- Does the facility use your organization for resident reporting PREA issues?
- How many SAFEs or SANE referrals did the organization received in the past 12 months?
- Can the residents remain anonymous, upon request, when making a report?
- Whom do the organization notify at the facility regarding reports?
- How many reports have the organization received in the past 12 months?
- How many residents reported sexual abuse and/or sexual harassment?
- Who is your contract at the facility?
- Is there any additional information you would like to share regrading this facility?

Staff Interviewed:

The auditor conducted interviews with the following agency leadership staff, and they are counted in the totals. Below are the staff interviewed previously, either written, by the lead auditor, associate, on-site and by telephone:

Agency Central Office Staff (3)

- Agency Head/Designee
- Agency PREA Coordinator
- Investigator (Agency)

On the first day of the audit the facility reported 7 full time staff and 4 parttime staff, for total 11. The facility does not have medical contractors or volunteers.

The audit process conducted the following staff interviews on-site or via telephone.

Specialized Staff: (4)

- Program Manager/Facility PREA Compliance Manager – 1
- Incident Review Team Member – 1 not included in count
- Intermediate or Higher-Level Staff Unannounced Rounds - 1
- Medical Staff – 0
- Mental Health Staff – 1

- Staff Conducting Victim/Aggressor Assessments 1
- Retaliation Monitor – 1 not included in count
- Intake Staff – 1 not included in count
- First Responder Non-Security – 1

Random Staff: (4)

The auditor requested and was provided a direct care staff roster with all staff and shifts.

Interviews with random and specialized staff confirmed that the facility's staff understood the agency's position regarding the Prison Rape Elimination Act (PREA). Random and specialized staff were all knowledgeable about their roles in the prevention, reporting, and detection of sexual abuse and sexual harassment, and their responsibilities in the event of a PREA related incident, particularly as a first responder.

Residents Interviewed:

On the first day of the audit, the facility's designated capacity was 23. The number of residents housed during the first day of the audit was 17. The audit process conducted the following resident interviews during the on-site phase of the audit.

Random Residents: (9)

The auditor requested and was provided a roster of residents listed by rooms.

Targeted Residents: (1)

- Resident who are LEP – 1

Resident Informally Interviewed doing the Tour: (1)

All residents that were formally interviewed were asked the random interview questions provided by the National PREA Resource Center.

Resident were respectful and cooperative with auditor. All residents wore masks and maintained social distancing practices during the formal interview. The residents were clean, and their hygiene satisfactory.

Interviews with residents revealed that they understood PREA safeguards and the facility's zero-tolerance policy. PREA education is provided in written form during resident orientation/intake, through posters and written information on the walls.

Incident Reporting:

The facility maintains a comprehensive incident reporting system that is monitored on an ongoing basis for immediate corrective action as well as trended on an annual basis for the purpose of quality improvement to minimize risk and staff training needs.

Informational Consolidation:

The auditor contacted the agency PREA coordinator and the PREA compliance manager frequently throughout the audit process to consolidate information and ensure that the interviews, documentation log reviews, and facility observations supported compliance determination for the required PREA standards. There was work done onsite and offsite to discuss findings. When additional information was requested to established compliance, the agency PREA coordinator was responsive and made every effort to deliver documentation or explanation. The agency PREA coordinator was receptive to identified areas of concern during the facility site inspection along with noted concerns.

Exit Conference

he auditor conducted an exit meeting on 9/30/2021 at which time preliminary findings of the review were discussed with the facility and agency leadership team. The attendees, and additional state agency staff participated in the exit briefing. During the exit meeting, the auditor provided a verbal list of identified non-compliant items and described how these related to the standards and or provisions. For resolution of issues following the exit, the auditor indicated that outstanding issues should be provided with proof of compliance.

The following staff attended the exit conference at the facility.

- Adam Barnett, USDOJ Certified PREA Auditor
- Elissa Viglione, Agency PREA Coordinator
- Melissa Herrera, Program Manager/Facility PREA Compliance Manager

The facility and agency officials were very open and receptive to an honest discussion of areas where PREA compliance needed to be strengthened.

Post Audit Phase

After the onsite phase of the audit, the auditor, Program Manager/Facility PREA Compliance Manager and agency PREA coordinator agreed to communication 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. The facility administrator indicated they would provide the auditor with proof of practice on an ongoing basis, as related to the correction of identified deficiencies.



Audit Section of the Compliance Tool:

The auditor used the required Prison Rape Elimination Act (PREA) Community Confinement Standards. Detailed information from the audit interviews was integrated into relevant sections of the standards. In order to ensure all standards were analyzed, the auditor proceeded standard by standard, to determine compliance or non-compliance.

The standards are rated as exceeded, met, or not met. Most standards have between 1 – 20 plus provisions. To achieve compliance on any given standard, the facility must achieve 100% compliance with each provision within the standard.

Interim Audit Report:

The auditor did not submit an interim/corrective action report.

Final Audit Report:

The final report was completed and submitted to the facility on 10/28/2021

**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:

- Location: 48 Howe Street, New Haven, CT 06511
- Rated Capacity: 23
- Actual Population on First Day: 17
- Average Daily Population for the last 12 months: 13
- Age Range of Population: 21 - 56
- Security/Custody Level: Low Mental Health
- Gender: Male
- Number of Staff Hired in the Past 12 Months: 2
- Number of Positions: 15

New Haven Parole District

The average length of stay is 120 days.

## 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.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	41
<b>Number of standards not met:</b>	0

Number of Standards Exceeded: 0

Number of Standards Met: 41

#### Prevention Planning

- 115.211- Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.212 – Contracting with other entities for the confinement of clients
- 115.213 – Supervision and monitoring
- 115.215 – Limits to cross gender viewing and searches
- 115.216 – Clients with disabilities and clients who are limited English proficient
- 115.217 – Hiring and promotion decisions
- 115.218 - Upgrades to facilities and technologies

#### Responsive Planning

- 115.221 – Evidence protocol and forensic medical examinations
- 115.222 – Policies to ensure referrals of allegations for investigations

#### Training and Education

- 115.231 – Employee training
- 115.232 – Volunteer and contractor training
- 115.233 – Client education
- 115.234 – Specialized training: Investigations
- 115.235 – Specialized training: Medical and mental health care

#### Screening for Risk of Sexual Victimization and Abusiveness

- 115.241 – Screening for risk of victimization and abusiveness
- 115.242 – Use of screening information

#### Reporting

- 115.251 – Client Reporting
- 115.252 – Exhaustion of administrative remedies
- 115.253 – Client access to outside confidential support services
- 115.254 – Third-party reporting

#### Official Response Following a Client Report

- 115.261 – Staff and agency reporting duties
- 115.262 - Agency protection duties
- 115.263 – Reporting to other confinement facilities
- 115.264 – Staff first responder duties
- 115.265 – Coordinated response
- 115.266 – Preservation of ability to protect client from contact with abusers
- 115.267 – Agency protection against retaliation

#### Investigations

- 115.271 – Criminal and administrative agency investigations
- 115.272 – Evidentiary standard for administrative investigations
- 115.273 – Reporting to client

Discipline

- 115.276 Disciplinary sanctions for staff
- 115.277 Corrective action for contractors and volunteers
- 115.278 Disciplinary sanctions for clients

Medical and Mental Care

- 115.282 – Access to emergency medical and mental health services
- 115.283 – Ongoing medical and mental health care for sexual abuse victims and abusers

Data Collection and Review

- 115.286 – Sexual abuse incident reviews
- 115.287 – Data collection
- 115.288 – Data review for corrective action
- 115.289 – Data storage, publication, and destruction

Audits and Corrective Action

- 115.401 Frequency and Scope of Audits
- 115.403 Audit content and findings

List of Standards Not Met: 0

Summary of Corrective Actions:

None

## 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.

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies, Materials, Observations, and Interviews:

- The Connection Quality Improvement Chart
- Agency Mission Statement
- Facility Organization Chart
- PREA – Prison Rape Elimination Act Policy and Procedures (6/3/2021)
- Searches of Community Justice Clients and Client Property Policy and Procedure (8/11/2021)
- American with Disabilities Policy and Procedures (3/3/2017)
- Background Check Policy and Procedure (7/18/2018)
- Hiring Contracted Services Policy and Procedure (2/10/2012)
- PREA – First Responders to a PREA Incident Policy and Procedure (9/4/2019)
- PREA Review Policy and Procedure (3/12/2017)
- PREA – Training and Education Policy and Procedure (6/3/2021)
- PREA – Avenues of Reporting PREA Allegations Policy and Procedures (6/3/2021)
- Client Compliant/Grievance Policy and Procedure
- PREA – Protection and Retaliation Policy and Procedures (6/3/2021)
- PREA – Reporting to Victims Policy and Procedure (6/3/2021)
- PREA – Client Sexual Relations Policy and Procedure (6/3/2021)
- PREA Data Policy and Procedure (6/3/2021)
- Client Pat-Down Search Policy and Procedure (8/24/2021)
- Client Movement and Accountability Policy (5/24/2021)
- Client Movement and Accountability Procedure (7/25/2018)
- DOC - Administrative Directive 6.12- Sexual Assault Prevention Policy
- DOC – Administrative Directive 9.6 Inmate Administrative Remedies (Spanish and English)
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

115.211 (a)

An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

The agency/facility published the above agency policies. The policies mandate a zero tolerance toward all forms of sexual abuse and sexual harassment. The policies outlined the company's approach to prevent, detect, and response to sexual abuse and sexual harassment.

TCI Policy section 4.0, PREA- Prison Rape Elimination Act Policy and Procedure states, The Connection, Inc., in cooperation with the State of Connecticut Department of Corrections (DOC) and Court Support Services Division (CSSD) will support a zero-tolerance policy towards sexual abuse and sexual harassment.

TCI Policy section 5.0, PREA- Prison Rape Elimination Act Policy and Procedures list the PREA definitions. The agency policy clearly defines general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassments.

115.211 (b)

An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

TCI Policy section 6.0, PREA-Prison Rape Elimination Act Policy and Procedures indicated that The Connection's CEO and CPO are responsible for ensuring that there is a designated PREA Coordination. The PREA coordinator is responsible for implementing this policy.

TCI Policy section 7.0, PREA-Prison Rape Elimination Act Policy and Procedures stated that the PREA coordinator is responsible for the development, implementation, and oversight of agency efforts to comply with PREA standards.

TCI Policy section 7.0, PREA – Prison Rape Elimination Act Policy and Procedures requires a program manager in each facility. They are responsible, according to policy, for ensuring that preventative measures include 1) Discussing PREA with clients during intake and orientation; 2) Administering a sexual risk victimization survey during intake and again within thirty days; 3) Displaying PREA related material at program sites to encourage the vocalization of PREA incidents; 4) Routine monitoring of clients while in the program; and 5) Ensuring all visitors and contractors have received PREA language and

agree that they understand their role in upholding PREA standards of reporting and behavior.

Central Office: Agency PREA coordinator question, do you feel that you have enough time to manage all of your PREA related responsibilities? Yes.

Central Office: Agency PREA coordinator question, discuss how you coordinate your agency's efforts to comply with the PREA standards. All staff complete the PREA training at orientation in-person and online. During the current pandemic, staff are only completing the training online. The PREA coordinator complete a refresher training with all current staff annually. The agency has a PREA on-call phone number that staff or clients can call to report an allegation. The majority of the time, the agency PREA coordinator on call, however, when not, the PREA supervisor, Director of Quality Assurance (Certified investigator) handle the on-calls.

The agency PREA coordinator indicated that the agency has policy and procedures completed detailing the agency PREA protocols to ensure compliance with the standards and providing residents with the safest environment during their stay in the program. The agency PREA coordinator has close contact with all Program Managers, Program Directors, and Service area Director to ensure that the agency is preventing sexual abuse and harassment and responding to it in a timely fashion if it needed.

Facility Staff: Facility PREA compliance manager response to, do you feel that you have enough time to manage of your PREA related responsibilities? Yes, and as the facility PREA compliance manager/facility Program Manager.

115.212	<b>Contracting with other entities for the confinement of residents</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 735 300">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="240 331 1461 591" style="list-style-type: none"> <li>• State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc.</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• CDOC Administrative Directive Number 11.4, Parole and Community Services</li> <li>• CDOC Administrative Directive Number 3.13, Contracts Administration</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p data-bbox="240 622 360 649">115.212 (a)</p> <p data-bbox="240 680 1469 770">A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.</p> <p data-bbox="240 801 1485 1025">DOC Administrative Directive 6.12, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention section 5 – Community Confinement states, any contract entered into by the Department of Correction with a private entity that provides for the housing of residents in the community must include a requirement that the private entity adopt and comply with PREA standards and shall provide for monitoring by the Department to ensure the private entity's compliance with PREA standards. Only in emergency circumstances in which all reasonable attempts to find a private entity in compliance with PREA that failed may the Department contract with a private entity unsuccessful attempt to find a private entity in compliance with PREA standards must be documented.</p> <p data-bbox="240 1057 1493 1218">State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract #18DOC0121AA page Section 13. Prison Rape Elimination Act page 10 states, as an agency, TCI has six (6) PREA compliant residential programs. The agency continues to ensure compliance through contracting with an auditing "auditor", our programs implement the PREA standards into daily practice through education of clients, assessments, and providing resources. As an agency, they have a solid foundation and understanding of the PREA standards and practice.</p> <p data-bbox="240 1249 1209 1276">The Sierra Center Pretrial Program does not contract for the confinement of inmates or residents.</p> <p data-bbox="240 1308 360 1335">115.212 (b)</p> <p data-bbox="240 1366 1477 1424">Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p data-bbox="240 1456 400 1482">See section (a).</p> <p data-bbox="240 1514 360 1541">115.212 (c)</p> <p data-bbox="240 1572 1493 1662">Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed, may the agency enter into a contract with an entity that fails to comply with these standards. In such a case, the public agency shall document its unsuccessful attempts to find an entity in compliance with the standards.</p> <p data-bbox="240 1693 400 1720">See section (a).</p>

115.213	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• 2020 Staffing Matrix</li> <li>• Addendum to Staffing Matrix</li> <li>• Facility Employee Roster</li> <li>• Facility Camera /Video System</li> <li>• PREA Data Report (REP 449) /Facility Population (Census Report)</li> <li>• Facility Layout (Diagram)</li> <li>• Annual Community Program Staffing Schedule <ul style="list-style-type: none"> <li>o First Shift</li> <li>o Second Shift</li> </ul> </li> <li>• Facility Tour/Observations</li> <li>• State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc.</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Parole and Community Services 2018 Residential Audit 8/23/18</li> <li>• Staff Directory</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.213 (a)</p> <p>For each facility, the agency shall develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, agencies shall take into consideration:</p> <ol style="list-style-type: none"> <li>(1) The physical layout of each facility;</li> <li>(2) The composition of the resident population;</li> <li>(3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and</li> <li>(4) Any other relevant factors;</li> </ol> <p>The facility's staffing plan is predicated upon a rated capacity of 23 residents and is based upon the contract with the Connecticut Department of Correction. The contract specifies each of the positions the facility is authorized and the staffing has been determined by the funding source to be adequate for the mission of this program.</p> <p>State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract #18DOC0121AA page Section 15. Staffing Requirements page 11 states, the contractor (TIC) will provide 24/7 on-site supervision of residents. The staff matrix submitted with The Connection Inc.'s Proposal (hereinafter Proposal) to the Department's RFP #DOC-RES-17-LB, which is on file with the Department, provides the staffing, patterns, and schedule to be maintained for the duration of this State fiscal year unless otherwise authorized by the Department.</p> <p>The Staffing Matrices are established by the funding source however the funding source is open to suggestions based on the agency's on-going assessments of their needs. The Program Director related the staffing matrix is submitted every year and again, if the agency has changes to recommend that agency does give careful consideration to the justifications for the requests.</p> <p>The facility has cameras to supplement supervision of residents. These are located in halls and in the gym and may be viewed in the main staff office. To help eliminate blind spots to assist in monitoring during security and PREA Rounds, the facility has removed the door to the kitchen storage room to enable easy viewing, a laundry room has a window in the door and large windows, again to aid in supervision.</p> <p>Central Office: Agency PREA coordinator question, when assessing adequate staffing levels and the need for video monitoring, please explain if and how the facility staffing plan considers: The staffing plan minimum requirements are determined by the funder. The number of clients in the program will determine the minimum number of staff that should remain on the floor at all times. The minimum staff requirements can never be deviated from so the Program Manager will always ensure that the minimum staff are present on the program floor. The facility has video monitoring in blind spots throughout the program and continue to add cameras as money becomes available. Staff complete hourly headcounts/rounds as an additional means of supervision.</p>



115.213 (b)

In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.

The facility staffing plan is based on the contract with the funder. In circumstances where the staffing plan is not complied with, the facility document and notifies the funder of deviations.

115.213 (C)

Whenever necessary, but no less frequently that once each year, for each facility shall assess, determine, and document whether adjustments are needed to:

- The staffing plan established pursuant to paragraph (a) of this section;
- Prevailing staffing patterns;
- The facility's deployment of video monitoring systems and other monitoring technologies; and
- The resources the facility has available to commit to ensure adherence to the staffing plan.

Central Office: Agency PREA coordinator question, if the staffing plan for the facility is reviewed at least once every year, are you consulted regarding any necessary adjustments? Yes, the staffing plan is reviewed annually and if there was a question or adjustment regarding the PREA standards and staffing the agency PREA coordinator will be consulted.

115.215	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• Pat Down Training List</li> <li>• Client Movement and Accountability Procedure</li> <li>• Client Movement and Accountability Policy</li> <li>• Client Pat Down Search Policy and Procedures</li> <li>• Pat Searches Techniques for Contracted Residential Providers</li> <li>• Pat Down Search Training Power Point</li> <li>• The Connection: Searches of Community Justice Clients and Client Property Policy and Procedure</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.215 (a)</p> <p>The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>TCI – Policy Searches of Community Justice Clients and Client Property Policy and Procedure section 4.0, states Searches of Persons: If a client refuses to cooperate with a requested search, their supervising officer/entity will be notified. Pat downs, body cavity, and strip searches are prohibited regardless of the gender of the staff or client, even in exigent circumstance.</p> <p>The facility does not conduct strip searches or body cavity searches at all. Staff are also prohibited from conducting any form of search that involves “touching” by either gender staff. Residents are afforded the utmost privacy in restroom/shower areas where the restroom has stalls and doors and the showers have stalls and curtains and the doors to the restroom/shower areas may be closed as well. Staff are respectful of residents living areas and their privacy.</p> <p>There have been no strip search or body cavity searches and these are prohibited, nor have there been any searches involving “touch”. Residents have privacy while changing clothing because of doors on their rooms. The Connection Policy, Searches of Program Participants, 4.0, requires in all of The Connection Inc.'s community justice facilities, visitors, clients and staff are subject to hands-off searches that will be conducted in a manner that avoids force, embarrassment or indignity to the person being searched. It also requires that pat downs, body cavity and strip searches are prohibited regardless of the gender of the staff or inmate, even in exigent circumstances. Paragraph 6.0, Responsibilities, asserts in policy, that all staff, including client service aides, case managers, program manager (or his/her designee) and program director, may conduct hands-off searches of clients, visitors and staff and/or their property.</p> <p>115.215 (b)</p> <p>As of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 residents, the facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities shall not restrict female residents' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.</p> <p>The facility does not permit cross-gender pat-down searches.</p> <p>115.215 (c)</p> <p>The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female residents.</p> <p>The facility does not conduct cross-gender strip searches and cross-gender visual body cavity searches.</p> <p>115.215 (d)</p> <p>The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering,</p>

performing bodily functions, or changing clothing.

TCl Policy Searches of Community Justice Clients and Client Property Policy and Procedures section 4.0 states, all staff announce their presence prior to entering a client room. Staff of the opposite gender only enter a bathroom for exigent circumstances and announce their presence prior to entering a bathroom. Clients have the right to shower, perform bodily functions, and change clothing without staff viewing the client.

Observation: The auditor observes staff of the opposite gender announce their presence when entering resident rooms and bathrooms.

Facility Staff: Total of eight (8) staff were interviewed, four (4) specialized and four (4) random parttime. Staff were asked, are residents able to dress, shower, and toilet without being viewed by staff of the opposite gender? 100% of staff indicated yes.

Facility Staff: Total of eight (8) staff were interviewed, four (4) specialized and four (4) random parttime. Staff were asked, do you or other staff announce your presence when entering a housing unit that houses residents of the opposite gender (from yourself)? 100% said yes, they knock on the resident door most staff stated that they do not enter the resident rooms, they stand in the door.

Resident Interviews: Total of eleven (11) residents, nine (9) random and two (2) targets was interviewed. Resident were asked, are you and other residents ever naked in full view of male/female staff (not including medical staff such as doctors, nurses)? 100% said no.

Resident Interviews: Total of eleven (11) residents, nine (9) random and two (2) targets was interviewed. Resident were asked, does male/female staff announce their presence when entering your housing area? 100% answer yes. They indicated that staff knock on their room door.

#### 115.215 (e)

The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or inf necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Facility Staff: Total of eight (8) staff were interviewed, four (4) specialized and four (4) random parttime. Staff were asked, are you aware of the policy prohibiting staff from searching or physically examining a transgender or intersex resident for the purpose of determining that resident's genital status? 100% said yes.

#### 115.215 (f)

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

TCl Policy Searches of Community Justice Clients and Client Property Policy and Procedure section 6.0 states, all staff members at any Community Justice residential programs will be trained to perform hands off searches as described in policy. The program manager is responsible for:

- Ensuring that necessary searches are conducted and that the program is compliant with funder requirements.
- Ensuring that their programs search procedures are current and provided to staff.
- Ensuring all program staff are trained at the start of employment and at least annually thereafter on how to perform:
  - o "hands-off" searches of persons,
  - o Searches of client possessions,
  - o Room searches, and
  - o Searches of mail.

**115.216 Residents with disabilities and residents who are limited English proficient**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies, Materials, Observations, and Interviews:

- PREA Client Acknowledgement Intake English and Spanish
  - o Translators (Staff)
- PREA Client Acknowledgement Intake (All Residents)
- Residents with a Physical Disability (0)
- Residents who are Blind, Deaf, or Hard of Hearing (0)
- Residents who are LEP (0)
- Client Guide to PREA (English)
- Client Guide to PREA (Spanish)
- Connection: American with Disabilities Policy and Procedure
- Connection: Contract Interpreters and Translators
- DOC PREA Update Posters
- Parole and Community Services 2018 Residential Audit
- Policy: Prison Rape Elimination Act (PREA) Synopsis
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention.
- State of Connecticut Department of Correction Division of Parole and Community Services
- American with Disabilities Policy and Procedure
- Contract: Contract, Grant, Lease, and Loan Agreement Review Form
- PREA Poster: Break the Silence (Spanish and English)
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

115.216 (a)

The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skill, or who are blind or have low vision. An agency is not required to take actions that it can demonstrated would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.

The Connection, American with Disabilities Policy and Procedure, asserts and affirms the agency will comply with the Americans with Disability Act (ADA). 7.0, Responsibilities and Procedures requires that staff, to ensure effective communication with clients/residents who are deaf or hard of hearing, The Connection Inc. (TCI) will provide access to interpreters who can interpret both effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary. The agency is also required, as stated in paragraph 3., to ensure written materials are provided in formats or through methods that ensure effective communication with clients/residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

To ensure effective communication with clients or residents who are deaf or hard of hearing, the agency will provide access to interpreters who can interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary.

The agency also will provide written materials in formats or through methods that ensure effective communication with clients/residents, who have intellectual disabilities, limited reading skills or who are blind or have low vision.

The State of Connecticut Purchase of Service Contract Original Contract #18DOC0121AA page Section 15. Staffing Requirements provision (e) page 13 Multilingual and Multicultural Competency states, TCI recruits and retains culturally and linguistically competent and diverse staff that is reflective of the population we serve.

Central Office: Agency Head designee/Service Area Director for Behavioral Health question, has the agency established

procedures to provide residents with disabilities and residents who are English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment? Yes. The agency provides all documents in Spanish. Additionally, the agency would use a translating service if needed. If residents are unable to read, staff will read all information to them.

115.216 (b)

The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The Connection Inc., has taken another step to ensure clients/residents have access to professional interpretive services via a contract with "Interpreters and Translators, Inc. The agency has an Interpretive Services Agreement. The document states the agency has engaged the Interpreters and Translators, Inc., to provide interpreting services to the company. The company can provide an array of translation and interpretive services including American Sign Language. Services may be provided in person, via phone or video remote.

115.216 (c)

The agency shall not rely 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.

According to the Program Director, the agency has access to professional translations services and to bilingual staff. Prior to entry into the facility/program, she indicated, residents are screened out with regard to certain disabilities because of the nature of the program, however when a disabled resident is admitted the facility "meets them at the point of their needs". She also described how staff (case managers) complete a function literacy test and if a resident is limited in his reading skills and comprehension, the case manager in a one-on-one session would read everything to the resident to ensure he understood it and to give him the information necessary to participate fully in the facility's approach to prevention, response and reporting of sexual abuse and sexual harassment and the zero-tolerance program.

Facility Staff: Total of eight (8) staff were interviewed, four (4) specialized and four (4) random parttime. Staff were asked, does the agency ever allow the use of resident interpreters, resident readers, or other types of resident assistant to assist disabled residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment? 100% said no.

Target Resident: One limited English Proficient resident was interviewed. The auditor uses a facility Program Manager as the translator. The resident was asked, do the facility provide information about sexual abuse and sexual harassment that you are able to understand? The resident said yes.

The auditor interviewed the LEP residents using a Facility Program Manager as the interpreter.

115.217	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• Applicant Authorization and Consent for Release of Information (All Employees)</li> <li>• Applicant Authorization and Consent for Release of Information and PREA Disclosure (Three PREA required questions) All Employees</li> <li>• List of New Hired Employees for Past 12 Months</li> <li>• Background Checks for New Hired</li> <li>• Initial Background Checks for all Employees before the past 12 months</li> <li>• Five Years Background Checks for all Employees</li> <li>• Background Check Policy and Procedure</li> <li>• Hiring Contracted Services Policy and Procedures</li> <li>• PREA: Prison Rape Elimination Act Policy and Procedure</li> <li>• The Connection: Employee Handbook pages 23 and 24</li> <li>• Connection: Hiring Contractual Services Policy and Procedures</li> <li>• Connection: Employee Handbook</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Parole and Community Services 2018 Residential Audit</li> <li>• Staff Directory</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.217 (a)</p> <p>The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who:</p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• 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</li> <li>• Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph a-2 of this section.</li> </ul> <p>The Connection Policy, Criminal Records Check for Staff Policy and Procedure, affirms the Connection Inc. strives to provide the safest possible environment for clients, visitors, staff and physical resources. Policy requires a criminal background check on all employees, volunteers, and contracted professionals. It also requires that TCI will not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents and will not enlist the services of any contractor who may have contact with residents who:</p> <ol style="list-style-type: none"> <li>1. Has engaged in sexual abuse in a prison, jail, lockup or community confinement facility.</li> <li>2. Who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or coercion, if the victim did not consent or was unable to consent or refuse?</li> <li>3. Has been civilly or administratively adjudicated to have engaged in the activity described in 1 and/or 2. Policy provides for performing background checks appropriate to the position being filled.</li> </ol> <p>That includes a requirement for background checks at least every five years for current employees and contractors who have contact with clients. Paragraph 4 of the policy also requires that unless prohibited by law, the agency will provide information on substantiated allegations of sexual abuse and sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied to work.</p> <p>TCI Policy Hiring Contracted Services Policy and Procedure section 6.0 states, Human Resources (HR) Department will perform background and criminal background checks as per policy. The Vice President of Human Resources enforces this policy.</p> <p>115.217 (b)</p> <p>The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist</p>

the services of any contractor, who may have contact with residents.

TCI Policy Background Check Policy and Procedure section 4.0 states, as part of its screening process for prospective new employees, contracted professionals, volunteers, interns, students, The Connection conducts extensive background checks, in full compliance with all relevant employment laws and regulations. The Connection investigates such credentials as education, training, relevant experience, competence in required role recommendations of peers and former employers, state registration, and licensing and/or certification in the appropriate discipline (s).

115.217 (c)

Before hiring new employees, who may have contact with residents, the agency shall:

- Perform a criminal background records check; and
- Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

TCI Policy Background Check Policy and Procedure section 4.0 states, to determine the appropriateness of prospective employees and fitness of current employees who will be working with children and/or other vulnerable populations, The Connection's screening procedures shall include appropriate, legally permissible, and mandated reviews of the following:

- Federal and state criminal history records;
- Civil child abuse and neglect registries; and
- Confidential consumer reports.

These records will be reviewed for prospective employees prior to hire, and for current employees every five years or as deemed appropriate.

Applicants, on the Applicant Authorization and Consent for Release of Information, acknowledge the following background checks may be made:

- Consumer Report;
- Social Security Verification;
- Criminal and Civil History;
- Department of Motor Vehicle Records;
- Education Verification and any other checks or public records that might bear on the individual's employment.

The Connection Human Resources hiring process is as follows:

- Directors let HR know they have a vacancy
- HR Posts to vacancy for two weeks
- Applications may be obtained online, completed and faxed to HR.
- Managers decide who they want to interview
- Applicants are interviewed, complete the Applicant Authorization and Consent Release of Information
- Applicants may be verbally offered a position contingent upon a satisfactory background check

115.217 (d)

The agency shall also perform a criminal background record check before enlisting the services of any contractor who may have contact with residents.

See section (c).

115.217 (e)

The agency shall 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.

See section (c).

The applicant also acknowledges that background checks will be conducted every five (5) years.

115.217 (f)

The agency shall 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a

continuing affirmative duty to disclose any such misconduct.

The Connection Background Check Policy and Procedure, requires as a part of its screening process for prospective new staff members, employees, contracted professionals, volunteers and interns, the Connection extensive background checks, in full compliance with all relevant employment laws and regulations. The Connection will also verify credentials, as education training, relevant experience, competence in required role, recommendations of peers and former employers, and state registration, licensing, and/or certification in the appropriate discipline(s).

The agency, to determine the appropriateness of hiring individuals who will work with children and/or other persons determined by the Agency to be vulnerable or at risk, screening procedures sill include appropriate, legally permissible, and mandated reviews of state criminal history records and civil child abuse and neglect registries, as well as confidential consumer reports for employment purposes. Too, policy states all staff will be subject to an inspection of their Department of Motor Vehicles (DMV) records prior to hiring and may be retested/inspected on an annual basis.

115.217 (g)

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

The agency PREA investigator indicated that any material omissions regarding false information from staff will be grounds for termination.

115.217 (h)

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.

Staff indicated that information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request will be on a case-by-case bases.



115.218	<b>Upgrades to facilities and technology</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 735 300">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="240 331 1461 555" style="list-style-type: none"> <li>• Facility Tour/Observations</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Statement for Facility Director regarding facility Upgrades and Technologies</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p data-bbox="240 586 360 613">115.218 (a)</p> <p data-bbox="240 645 1481 734">When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p> <p data-bbox="240 766 1485 967">Central Office: Agency Head designee/Service Area Director for Behavioral Health question, question, when designing, acquiring, or planning substantial modifications to facilities, how does the agency consider the effects of such changes on its ability to protect residents from sexual abuse? All areas of the program are monitored by video/security cameras. All areas of the program are evaluated for ease of video monitoring before modifications are made. If an area of the program cannot be monitored by video, the agency develops a plan for those areas are monitored by staff and maintains written documentation of the monitoring of those spaces.</p> <p data-bbox="240 999 1441 1057">There have been no upgrades or modifications to the physical plant nor have there been any upgrades to the monitoring technology.</p> <p data-bbox="240 1088 360 1115">115.218 (b)</p> <p data-bbox="240 1146 1457 1205">When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p data-bbox="240 1236 1481 1361">Central Office: Agency Head designee/Service Area Director for Behavioral Health question, how does the agency use monitoring technology to enhance the protection of residents from incidents of sexual abuse? All areas accessed by residents are monitored by video. These videos are reviewed on a consistent basis to maintain safety and to identify ways in which we can enhance video monitoring for the protection of the residents.</p> <p data-bbox="240 1393 1441 1451">There have been no upgrades or modifications to the physical plant nor have there been any upgrades to the monitoring technology.</p>

115.221	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• List of Inhouse Staff Advocates for Residents Reporting Sexual Abuse</li> <li>• Resident Who Reported Sexual Abuse at this Facility (0)</li> <li>• Facility Investigations for the Past 12 Months</li> <li>• Facility Investigations for the Past 12 Months Packages: <ul style="list-style-type: none"> <li>o PREA Administrative Review Report (1 Investigation)</li> <li>o Section B: Sexual Abuse Incident Review</li> <li>o Medical Referrals (0)</li> <li>o Mental Health Referrals (0)</li> </ul> </li> <li>• State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract #18DOC0121AA</li> <li>• PREA First Responders to A PREA Incident</li> <li>• PREA Letter to State Police</li> <li>• The Alliance MOU (Connecticut Alliance to End Sexual Violence)</li> <li>• Connecticut Alliance To End Sexual Violence</li> <li>• National Sexual Violence Resource Center (NSVRC)</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• CDOC Directive Number 1.10 Investigations</li> <li>• MOU: PREA Investigations conducted by the State Police Guidelines</li> <li>• Connecticut Alliance To End Sexual Violence – Support, Advocate, Prevention (24-Hour, Toll-Free Hotline and Addresses)</li> <li>• Connecticut Alliance to End Sexual Violence (formerly CONNSACS)</li> <li>• PREA Poster: Break the Silence (Spanish and English)</li> <li>• Outside Hospitals Who Conduct Forensic Sexual Assault Exams</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.221 (a)</p> <p>To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>TCI Policy PREA Review Policy and Procedure section 4.0 states, The PREA coordinator will conduct an administrative review of any and all allegations of sexual abuse and sexual harassment, regardless of the origin of the allegation, at all designated PREA programs. This information will be forwarded to pertinent parties, including but not limited to, Court Support Services Division (CSSD), Probation, and/or Department of Mental Health and Addiction Services (DMHAS) for review and potential sanctions for alleged perpetrators.</p> <p>Policy also states, The Connection, Inc. will not conduct PREA criminal investigations. All PREA allegations within CSSD funded programs will be referred to the Connecticut State Police for investigation.</p> <p>The Connection Policy, PREA First Responders to a PREA Incident, addresses first responding to an incident of sexual abuse/assault and affirms when a physical assault has occurred on the premises clients will be transferred to the Yale Hospital York Street Campus for forensic examination. Policy requires first responders to immediately separate the alleged victim from the alleged abuser; determine the safety of the client and if need be contact emergency services, call 911, preserve and protect the crime scene until appropriate steps can be taken to collect evidence, if the abuse occurred within a time frame that allows for the collection of physical evidence, staff will request that the alleged victim and abuser not take any actions that could destroy the evidence and this includes washing, brushing teeth, changing clothes, defecating, urinating, smoking, drinking and/or eating and immediately begin the notification to appropriate parties.</p> <p>PREA Administrative Review Report (1 Investigation/Unsubstantiated):</p> <ul style="list-style-type: none"> <li>• Section B: Sexual Abuse Incident Review</li> <li>• Findings</li> <li>• Recommendations/Summary of Resolution</li> <li>• Evidence – Interviews, No camera footage available</li> </ul>

- Medical Referrals – 0
- Mental Health Referrals – 0
- Documentation of Residents Receiving Access to Emergency Medical Services (PREA Only) - 0

Facility Staff: Total of eight (8) staff were interviewed, four (4) specialized and four (4) random parttime. Staff were asked, do you know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse? 100% said yes. All staff discussed the first responders process of separating the victim from the abuser, blocking off the crime scene, protecting the DNA evidence by not letting the victim and abuser brush their teeth, drink water, use the bathroom.

115.221 (b)

The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office 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.

The protocol is required to be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent editions of the US Department of Justice's Office on Violence for Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents", or similarly comprehensive and authoritative protocols developed after 2011.

115.221 (c)

The agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. The agency shall document its efforts to provided SAFEs or SANEs.

The letter acknowledges the agency will offer all victims of sexual abuse access to forensic medical examination, without financial cost, where evidentiary or medically appropriate. Exams are required to be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANES) where possible and if not, by a qualified medical practitioner. The agency will document its efforts to provide SAFEs or SANES.

The State of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual Assault. In accordance with Connecticut General Statutes Section 19a-112a Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations 2013 updated copies of the Guidelines are available online.

It is the goal of the Connecticut General Assembly and the Commission that sexual assault examinations be standardized, to the extent possible, throughout the state, and that health care personnel who encounter or treat sexual assault victims have knowledge of proper and sensitive response, medical treatment, evidence collection and follow-up services. The Technical Guidelines establish a standardized model for health care response to victims of sexual assault and the collection of sexual assault evidence.

115.221 (d)

The agency shall attempt to make available to the victim advocate from a rape crisis center. If a rape crisis center is not available to provided victim advocates services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 1400043, to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

Victims are offered a victim advocate to accompany them during the forensic exam if requested.

The agency has a Memorandum of Agreement with the Connecticut Alliance to End Sexual Violence agreed to make available information about The Alliance member programs and availability of sexual assault crisis counselors and community based services, provide a sexual assault crisis counselor to accompany and support a victim throughout the forensic medical exam process and investigatory interviews and provide emotional support, crisis intervention, information and referrals, as requested by the victim throughout the client's placement in the facility.

Both parties agree to develop a site-specific protocol. and procedure for PREA standards and to identify and assign a staff member to establish a cohesive and seamless delivery of services to clients in the TCI facilities. Communication regarding client and services provided can occur if the client grants permission to The Alliance to waive the privilege of confidential

communication.

The MOU agreement between The Connection, Inc. and The Connecticut Alliance to End Sexual Violence

The Connecticut Alliance to End Sexual Violence – The is a coalition of Connecticut's nine community based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training programs.

Central Office: Agency PREA coordinator question, in what ways does the agency or facility attempt to make available a victim advocate from a rape crisis center? The agency provides The Alliance information to clients at intake, in the client handbook, and have the hotline number posted throughout the program. When an allegation occurs, the agency notifies the client of the services available and if they need assistance calling, the agency will assist. If the client is taken to a hospital, then the hospital has the same requirements to provide The Alliance victim advocates.

115.221 (e)

As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

Central Office: Agency PREA coordinator question, if a rape crisis center provides victim advocate services, how do you ensure that it meets the qualifications described in standard 115.221? The agency has a Memorandum of Understanding with The Alliance outlining the requirements of The Connection and The Alliance. If the agency has an issue with Th Alliance, the agency has a conversation with them directly and if the agency cannot come to a resolution, then the agency notifies the funding agency.

115.221 (f)

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

Facility Staff: Total of eight (8) staff were interviewed, four (4) specialized and four (4) random parttime. Staff were asked, do you know who is responsible for conducting sexual abuse investigations? 100% said yes, the Facility Program Manager/Facility PREA Compliance Manager or Agency PREA Coordinator.

115.221 (g)

The requirements of paragraphs (a) through (f) of this section shall also apply to:

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

See Section (a) response.

115.221 (h)

For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The agency has a Memorandum of Agreement with the Connecticut Alliance to End Sexual Violence agreed to make available information about The Alliance member programs and availability of sexual assault crisis counselors and community based services, provide a sexual assault crisis counselor to accompany and support a victim throughout the forensic medical exam process and investigatory interviews and provide emotional support, crisis intervention, information and referrals, as requested by the victim throughout the client's placement in the facility.

Both parties agree to develop a site-specific protocol. and procedure for PREA standards and to identify and assign a staff member to establish a cohesive and seamless delivery of services to clients in the TCI facilities. Communication regarding client and services provided can occur if the client grants permission to CONNSACS to waive the privilege of confidential communication.

Central Office: Agency PREA coordinator question, if requested by the victim, does a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and provided emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews? Yes, if requested by the client, staff will accompany the client to the hospital and information and phone number for The Alliance to End Sexual Violence will be discussed with the client to determine the next steps. The State of Connecticut provides

guidelines for the health care response to victims of sexual assault based on State Statutes and Senate Bills.

Facility Staff: Facility PREA compliance manager response to, if requested by the victim, does a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and provided emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews?  
Yes, we offer services through The Alliance.

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• Facility Investigations for the Past 12 Months Packages: <ul style="list-style-type: none"> <li>o PREA Administrative Review Report (1 Investigation)</li> <li>o Section B: Sexual Abuse Incident Review</li> <li>o Medical Referrals (0)</li> <li>o Mental Health Referrals (0)</li> </ul> </li> <li>• State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract #18DOC0121AA</li> <li>• PREA First Responder to A PREA Incident</li> <li>• PREA Review Policy and Procedure</li> <li>• TCI PREA Website Screenshot</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Connecticut Alliance To End Sexual Violence – Support, Advocate, Prevention (24-Hour, Toll-Free Hotline and Addresses)</li> <li>• Connecticut Alliance to End Sexual Violence (formerly CONNSACS)</li> <li>• PREA Poster: Break the Silence (Spanish and English)</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.222 (a)</p> <p>The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>The Connection Policy, PREA Review, Policy and Procedure, 1.0, states that the purpose of this policy is to establish a protocol for a timely, thorough, and objective review of alleged PREA incidents. 4.0 of that policy require that The Connection, in cooperation with the State of Connecticut Department of Corrections (DOC) and Court Support Service Division (CSSD), will follow a specific protocol when allegations of Prison Rape Elimination Act (PREA) incidents within The Connection Incorporated facilities. Those protocols are to ensure that all necessary parties are made aware of the allegation, in an attempt to minimize risk, emphasize client safety and secure all potential evidence.</p> <p>Policy requires the PREA Coordinator to conduct an administrative review of any and all allegations of sexual abuse and sexual harassment, regardless of the origin of the allegation, at all designated PREA programs. This information is forwarded to pertinent parties, including but not limited to Court Support Services Division (CSSD), Probation, and/or Department of Mental Health and Addiction Services (DMHAS) for review and potential sanctions for alleged perpetrators.</p> <p>The policy requires The Connection, Inc., will not conduct PREA Criminal Investigations. All PREA allegations within CSSD funded programs will be referred to the Connecticut State Policy for investigation. Facility policy ensures that an administrative/criminal investigation is completed as required. Allegations that are criminal in nature are reported to the Connecticut State Police.</p> <p>State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract #18DOC0121AA page Section 13 states, TCI has a PREA coordinator that is point of contact for staff a liaison with our funders to ensure that PREA allegations are handled in a timely and compliant manner. In cases in which a sexual assault just occurred, staff is trained to call the emergency department and secure the scene to preserve evidence as much as possible until the State Police arrive. Additionally, staff contacts their supervisors, including the Program Manager, Program Director, and Director of Community Justice, and the PREA coordinator when a PREA allegation is brought to staff's attention. The PREA coordinator will contact the funders within 24 hours to notify the of the allegation. After an allegation has been made, clients are informed of the agency's zero tolerance policy on retaliation and offered services through the Connecticut Alliance to End Sexual Violence. The staff will complete an Incident Review that is submitted to their supervisors and the PREA coordinator. The PREA coordinator will document the process through an Administrative Review which is then provided to the funders and staff.</p> <p>The funder will then conduct an investigation to determine whether the alleged perpetrator needs to be removed from the program. When the investigation is complete the client, if still within program, will be made aware of whether it was substantiated or unsubstantiated, whether there was a charge made, and whether the individual has a similar charge.</p>

Central Office: Agency Head designee/Service Area Director for Behavioral Health question, does the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment? The agency has a designated PREA coordinator who monitors all administrative and criminal investigations into sexual abuse. Once the investigation is complete, the PREA coordinator submits a detailed report of the entire incident including the results of the investigation.

PREA Administrative Review Report (1 Investigation/Unsubstantiated):

- Section B: Sexual Abuse Incident Review
- Findings
- Recommendations/Summary of Resolution
- Evidence – Interviews, No camera footage available
- Medical Referrals – 0
- Mental Health Referrals - 0

115.222 (b)

The agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

Central Office: Agency Head designee/Service Area Director for Behavioral Health, describe how an administrative or criminal investigation is completed for allegations of sexual abuse or harassment? Administrative investigations are completed internally, with collaboration from all relevant parties, which include but are not limited to: Human Resources, Agency Leadership, Quality Improvement, and the PREA Coordinator. Criminal investigations are handled by the CT State Police.

Central Office: Agency PREA investigator question, does agency policy require that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations? Yes, what agency? CT State Police Department, unless the allegation does not involve potentially criminal behavior; then it is referred to the Court Support Services Division (Probation Clients).

See Section (a) response.

115.222 (c)

If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

The facility indicated that the CT State Police conducted criminal investigations and follow the guidelines of the State of CT.

115.222 (d)

Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

See Section (a and c) response.

115.222 (e)

Any department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

The facility reported that the Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment.

115.231	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• Staff Roster for PREA Refresher Training/Staff Training 2020</li> <li>• TCI Staff PREA Training (Certify Staff Signatures – 2020) – All Staff</li> <li>• TCI Staff Training Logs</li> <li>• PREA Final Exam</li> <li>• PREA Staff Training Revised – Power Point</li> <li>• PREA Training and Education Policy and Procedure</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 –</li> <li>• Parole and Community Services 2018 Residential Audit 8/23/18</li> <li>• Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Policy Statement: Employee, Volunteer and Contractor Training</li> <li>• Staff Directory</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.231 (a)</p> <p>The agency shall train all employees who may have contact with residents on:</p> <ul style="list-style-type: none"> <li>• Its zero-tolerance policy for sexual abuse and sexual harassment;</li> <li>• How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</li> <li>• Residents' right to be free from sexual abuse and sexual harassment;</li> <li>• The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;</li> <li>• The dynamics of sexual abuse and sexual harassment in confinement;</li> <li>• The common reactions of sexual abuse and sexual harassment victims;</li> <li>• How to detect and respond to signs threatened and actual sexual abuse;</li> <li>• How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and</li> <li>• How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</li> </ul> <p>The Connection Policy, PREA: Training and Education, states that The Connection, Inc. will support a zero-tolerance policy towards sexual abuse and sexual harassment. The PREA coordinator is required, by policy, to ensure that staff, contractors, volunteers, visitors and clients receive PREA training and education. The level and type of training provided to them is based on the services they provide and the level of contact they have with clients.</p> <p>Policy requires that the PREA coordinator is responsible for enforcing the policy by ensuring that staff, contractors, volunteers, visitors and clients receive PREA training and education.</p> <p>Program Managers, in compliance with policy, are responsible for ensuring that program staff, contractors, volunteers, and visitors receive PREA training and education necessary to the level of interaction with clients.</p> <p>TCI Policy PREA: Training and Education Policy and Procedure section 7.0 pages 2-3, requires the PREA coordinator to be responsible for ensuring that all staff, contractors, volunteers, visitors and clients receive PREA training and education.</p> <p>The PREA coordinator is required to:</p> <ol style="list-style-type: none"> <li>1. Ensure all staff complete the online PREA training upon hire into a PREA program.</li> <li>2. Training all staff who work in PREA programs on the following matters at least once a year: <ul style="list-style-type: none"> <li>• The agency's zero-tolerance policy for sexual abuse and sexual harassment;</li> <li>• How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention;</li> <li>• Detection, reporting, and response policies and procedures;</li> <li>• The right of residents to be free from sexual abuse and sexual harassment;</li> <li>• The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment in confinement;</li> </ul> </li> </ol>



- The dynamics of sexual abuse and sexual harassment victims;
- 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, including lesbian, gay, bisexual, transgender, intersex, or gender-non-conforming residents; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

3. Ensure that all staff understand the PREA training they have received.

4. Ensure training is tailored to the gender of the residents at the PREA program.

5. Ensure that contractors, volunteers, and clients are receiving PREA training and education from program staff.

6. Ensure that all program staff understand their role according to the PREA training and maintain all signature confirmation of understanding.

This policy requires program managers and program staff to be responsible for ensuring that training and education occurs at the designated PREA program for contractors, volunteers, visitors and clients. These measures include, but are not limited to:

1. Upon hire staff complete the online training titled PREA: Staff Roles and Responsibilities under the Prison Rape Elimination Act and complete the required test.

2. Attend yearly PREA trainings and confirm personal understanding of the training through signature verification.

3. Ensure contractor, volunteer and visitor education and training upon initial entry into the PREA program by:

- Notifying individuals of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment;
- Inform individuals how to report such incidents; and
- Document and maintain signature confirmation that the individual understands the training and education he or she received.

Facility Staff: Total of eight (8) staff were interviewed, four (4) specialized and four (4) random parttime. Staff were asked, have you received PREA training? 100% said yes, and discussed basic topics that were cover in the training.

115.231 (b)

Such training shall be tailored to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that house only male residents to a facility that houses only female residents, or vice versa.

See section (a) response.

115.231 (C)

All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

See Section (a) response.

115.231 (d)

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

The PREA coordinator provided multiple pages of training rosters with staff signatures documenting that they received and understood the PREA training they received.

115.232	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• Facility Volunteers who have contact with Residents (0)</li> <li>• Facility Contractor who has contact with Residents (0)</li> <li>• Visitors/Vendors Sign-In Log</li> <li>• PREA Training and Education Policy and Procedures</li> <li>• Visitors Guide to PREA (Spanish and English)</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.232 (a)</p> <p>The agency shall ensure 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.</p> <p>The Connection Policy, PREA: Training and Education, states that The Connection, Inc. will support a zero-tolerance policy towards sexual abuse and sexual harassment. The PREA coordinator is required, by policy, to ensure that staff, contractors, volunteers, visitors and clients receive PREA training and education. The level and type of training provided to them is based on the services they provide and the level of contact they have with clients.</p> <p>Policy requires that the PREA coordinator is responsible for enforcing the policy by ensuring that staff, contractors, volunteers, visitors and clients receive PREA training and education.</p> <p>Program Managers, in compliance with policy, are responsible for ensuring that program staff, contractors, volunteers, and visitors receive PREA training and education necessary to the level of interaction with clients.</p> <p>TCI Policy PREA: Training and Education Policy and Procedure section 7.0 pages 2-3, requires the PREA coordinator to be responsible for ensuring that all staff, contractors, volunteers, visitors and clients receive PREA training and education.</p> <p>The PREA coordinator is required to:</p> <ol style="list-style-type: none"> <li>1. Ensure all staff complete the online PREA training upon hire into a PREA program.</li> <li>2. Training all staff who work in PREA programs on the following matters at least once a year: <ul style="list-style-type: none"> <li>• The agency’s zero-tolerance policy for sexual abuse and sexual harassment;</li> <li>• How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention;</li> <li>• Detection, reporting, and response policies and procedures;</li> <li>• The right of residents to be free from sexual abuse and sexual harassment;</li> <li>• The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment in confinement;</li> <li>• The dynamics of sexual abuse and sexual harassment victims;</li> <li>• The common reactions of sexual abuse and sexual harassment victims;</li> <li>• How to detect and respond to signs of threatened and actual sexual abuse;</li> <li>• How to avoid inappropriate relationships with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-non-conforming residents; and</li> <li>• How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</li> </ul> </li> <li>4. Ensure that all staff understand the PREA training they have received.</li> <li>5. Ensure training is tailored to the gender of the residents at the PREA program.</li> <li>6. Ensure that contractors, volunteers, and clients are receiving PREA training and education from program staff.</li> <li>7. Ensure that all program staff understand their role according to the PREA training and maintain all signature confirmation of understanding.</li> </ol> <p>This policy requires program managers and program staff to be responsible for ensuring that training and education occurs at</p>

the designated PREA program for contractors, volunteers, visitors and clients. These measures include, but are not limited to:

8. Upon hire staff complete the online training titled PREA: Staff Roles and Responsibilities under the Prison Rape Elimination Act and complete the required test.

9. Attend yearly PREA trainings and confirm personal understanding of the training through signature verification.

10. Ensure contractor, volunteer and visitor education and training upon initial entry into the PREA program by:

- Notifying individuals of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment;
- Inform individuals how to report such incidents; and
- Document and maintain signature confirmation that the individual understands the training and education he or she received.

The facility does not have any contractors or volunteers however visitors are required to sign an acknowledgment when they sign in to the facility that they have received the PREA Visitors Guide and understand their responsibilities under PREA. The Visitors Guide to PREA explains what PREA is; asserts that clients have the right to a safe environment, free from sexual abuse and harassment; defines sexual abuse and sexual harassment; tells the visitor what to do if a client has disclosed sexual abuse or harassment to the visitor; how to and to whom to report (with contact information provided for the PREA Coordinator and the State Department of Correction Investigation Unit.)

115.232 (b)

The level and type of training provided to volunteers and contractors shall be based on the services they provided and level of contact they have with residents, but all volunteer and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

See Section (a) response.

115.232 (c)

The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

See Section (a) response.

115.233	<b>Resident education</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 735 300">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="240 331 1461 824" style="list-style-type: none"> <li>• Resident Handbook Acknowledgement (All Residents)</li> <li>• PREA Client Acknowledgement Intake English and Spanish</li> <li>• Client Handbook</li> <li>• PREA Policy and Procedure</li> <li>• American with Disabilities Policy and Procedure</li> <li>• Client Guide to PREA (Spanish)</li> <li>• Client Guide to PREA (English)</li> <li>• PREA Training and Education Policy and Procedure</li> <li>• PREA: Community Client Files/Records</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Post PREA Audit Notices in English and Spanish</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p data-bbox="240 855 360 882">115.233 (a)</p> <p data-bbox="240 913 1485 1039">During the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.</p> <p data-bbox="240 1070 1485 1196">The Connection Policy, PREA: Training and Education, requires the PREA coordinator is responsible for enforcing the policy related to training and to ensure that staff, contractors, volunteers, visitors and clients receive PREA training and education. It also requires that Program Staff are responsible for ensuring that clients, contractors, volunteers, and visitors receive PREA Training and education.</p> <p data-bbox="240 1227 959 1254">The agency PREA coordinator is required to ensure client education by:</p> <ul data-bbox="240 1285 1445 1438" style="list-style-type: none"> <li>• At the time of intake provide clients information about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.</li> <li>• Document and maintain signature confirmation that each client understands the training and education received.</li> </ul> <p data-bbox="240 1469 1485 1630">Residents receive the pamphlet "The Client Guide to PREA" affirms that residents have the right to a safe environment, free from sexual abuse and harassment; what PREA is; What sexual abuse and sexual harassment is; what to do if the resident has been sexually abused or harassed; and contact information for the Agency's PREA Coordinator, the State of Connecticut Department of Correction PREA Investigation Unit and the Connecticut Alliance to End Sexual Violence (formerly CONNSACS).</p> <p data-bbox="240 1662 1485 1854">Page 3 of the policy requires program managers and program staff are responsible for ensuring that clients receive PREA training and education. They are required to ensure clients receive education by providing information at intake related to the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents and to maintain signature confirmation that each client understands the training and education.</p> <p data-bbox="240 1886 1485 1989">The PREA: Prison Rape Elimination Act Policy and Procedure, requires in paragraph 7.0, that the Program Manager is responsible for discussing PREA with clients during intake and orientation; administering the sexual risk victimization survey during intake and again within 30 days.</p> <p data-bbox="240 2020 1437 2123">Resident Interviews: Total of eleven (11) residents, nine (9) random and two (2) targets was interviewed. Resident were asked, when you first came here, did you get information about the facility's rules against sexual abuse and sexual harassment? 100% said yes.</p>

Resident Interviews: Total of eleven (11) residents, nine (9) random and two (2) targets was interviewed. Resident were asked, when you came here, were you told about:

- Your right to not be sexually abused or sexually harassed? 100% said yes.
- How to report sexual abuse or sexual harassment? 100% said yes.
- Your right not to be punished for reporting sexual abuse or sexual harassment? 100% said yes.

115.233 (b)

The agency shall provide refresher information whenever a resident is transferred to a different facility.

The facility indicated that refresher information is whenever residents are transferred to the facility and through PREA posters, sessions with case mangers.

115.233 (c)

The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

They are also provided a handbook containing some information on PREA. The handbook explains to clients that the program takes their safety and security very seriously. They are told, in the handbook, they may report it any time through any of the methods described, including contacting the agency PREA Coordinator and that there will be no repercussions for reporting.

115.233 (d)

The agency shall maintain documentation of resident participation in these education sessions.

Residents sign an acknowledgment affirming they understand the agency has a zero-tolerance policy toward all forms of sexual abuse and sexual harassment and policies and procedures in place to protect clients from victimization. Clients are encouraged to report it in person, writing or by telephone.

Additionally, they are told clients or third parties may report sexual harassment or sexual abuse to TCI staff, Program Director, Program Managers, or the designated PREA Coordinator, to the Department of Correction PREA Investigation Unit or the Connecticut Alliance to End Sexual Violence. They are told all allegations are taken seriously and investigated by proper authorities and that no negative consequences are will occur for reporting. The PREA Coordinator's contact information is provided and the Department of Correction Investigative Unit Hotline is also provided. Contact information for the Connecticut Alliance to End Sexual Violence is provided, including the toll-free hotline number. The resident/client signs acknowledging receipt of that information and to confirm they have received the PREA Client Guide.

115.233 (e)

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through poster, resident handbooks, or other written formats.

PREA related posters are also placed throughout the house enabling residents to access PREA information on an ongoing basis.

See Section (c) response.

115.234	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• PREA: Investigating Sexual Abuse in Confinement Setting Certificates (2) NIC</li> <li>• Facility Investigations for the Past 12 Months Packages: <ul style="list-style-type: none"> <li>o PREA Administrative Review Report (1 Investigation)</li> <li>o Section B: Sexual Abuse Incident Review</li> <li>o Medical Referrals (0)</li> <li>o Mental Health Referrals (0)</li> </ul> </li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• PREA: Audit Process and Instrument</li> <li>• PREA: Coordinator’s Role and Responsibilities</li> <li>• PREA: Your Role Responding to Sexual Abuse</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• National Institute of Corrections (NIC) Online (e-Learning Course)</li> <li>• PREA: Prison Rape Elimination Act Policy and Procedure</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.234 (a)</p> <p>In addition to the general training provided to all employees pursuant to standard 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p>Central Office: Agency PREA investigator question, did you receive training specific to conducting sexual abuse investigations in confinement setting? Yes, the agency PREA investigator completed the PREA: Investigating Sexual Abuse in a Confinement Setting presented by the National Institute of Corrections (NIC).</p> <p>The facility does not conduct criminal investigations.</p> <p>PREA Administrative Review Report (1 Investigation/Unsubstantiated):</p> <ul style="list-style-type: none"> <li>• Section B: Sexual Abuse Incident Review</li> <li>• Findings</li> <li>• Recommendations/Summary of Resolution</li> <li>• Evidence – Interviews, No camera footage available</li> <li>• Medical Referrals – 0</li> <li>• Mental Health Referrals - 0</li> </ul> <p>115.234 (b)</p> <p>Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>Central Office: Agency PREA investigator question, what topics were included in your training? Miranda rights, Garrity warnings, understanding ways to interview sexual abuse victims, collection of evidence, and the criteria required to substantiated on allegation.</p> <p>The National Institute of Corrections (NIC) online training “PREA: Investigating Sexual Abuse in a Confinement Setting” includes the following topics:</p> <ol style="list-style-type: none"> <li>1. Initial Response</li> <li>2. Investigation</li> <li>3. Determination of the Findings</li> <li>4. A Coordinated Response</li> <li>5. Sexual Assault Response Team</li> <li>6. A Systemic Approach</li> <li>7. How Sexual Abuse Investigations Are Different</li> </ol>

8. How Investigations in Confinement Settings Are Different
9. Criteria for Administrative Action
10. Criteria for Criminal Prosecution
11. Report Writing Requirements of an Administrative Report
12. Requirements for an Administrative Report
13. Requirements for a Criminal Report
14. The Importance of Accurate Reporting
15. Miranda and Garrity Requirement
16. Miranda Warning Considerations
17. Garrity Warning Considerations
18. The Importance of Miranda and Garrity Warnings
19. Medical and Mental Health Practitioner's Role in Investigations
20. PREA Standards for Forensic Medical Examinations

115.234 (c)

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

See section (a).

115.234 (d)

Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

The facility indicate that the Department of Justice do not investigate sexual abuse at this facility. The CT State Police investigate criminal cases.

115.235	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.235 (a)</p> <p>The agency shall ensure that all full and part time medical and mental health care practitioners who work regularly in its facilities have been trained in:</p> <ul style="list-style-type: none"> <li>• How to detect and assess signs of sexual abuse and sexual harassment;</li> <li>• How to preserve physical evidence of sexual abuse;</li> <li>• How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and</li> <li>• How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</li> </ul> <p>The program does not have any medical or mental health staff.</p> <p>115.235 (b)</p> <p>If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.</p> <p>The facility does not conduct forensic examinations. Forensic examinations if needed will be conducted at the local hospital.</p> <p>115.235 (C)</p> <p>The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.</p> <p>The program does not have any medical or mental health staff.</p> <p>115.235 (d)</p> <p>Medical and mental health care practitioners shall also receive the training mandated for employees under standard 115.31 or for contractors and volunteers under standard 115.32, depending upon the practitioner's status at the agency.</p> <p>The program does not have any medical or mental health staff.</p>



115.241	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• PREA Assessments <ul style="list-style-type: none"> <li>o Client Name</li> <li>o Staff</li> <li>o Initial Assessments</li> <li>o 30 Days – Re-Assessment</li> <li>o Potential Victim</li> <li>o Potential Predatory</li> <li>o Victim Scoring</li> <li>o Predatory Scoring</li> <li>o Housing Arrangements</li> </ul> </li> <li>• Assessment Instrument</li> <li>• PREA Assessment Full (English) <ul style="list-style-type: none"> <li>o PREA Introduction Script</li> <li>o PREA Client Self-Assessment Questionnaire</li> <li>o Staff Follow Up Questions</li> <li>o Risk for Sexual Victimization or Abusiveness Tool</li> </ul> </li> <li>• PREA Client Self-Assessment Questionnaire</li> <li>• PREA: Community Client Files/Records</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Parole and Community Services 2018 Cliental Audit 8/23/18</li> <li>• PREA: Prison Rape Elimination Act Policy and Procedure</li> <li>• PREA Introduction Script</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.241 (a)</p> <p>All residents shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents.</p> <p>The Agency's PREA Policy, PREA: Prison Rape Elimination Act, Policy and Procedure, in section 7.0, Program Manager, requires that the Program Manager is responsible for ensuring that preventive measures are followed at designated PREA programs and that includes administering a sexual risk victimization survey during intake and again within thirty (30) days. The assessment will be used to determine appropriate housing units for clients. Staff are required to keep a log of the room assignments of known victims and predators. The Program Manager will ensure that known victims and predators are not roomed together.</p> <p>Policy requires that the client's risk level will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Policy prohibits disciplining clients for refusing to answer (or not for disclosing complete information) the questions during the assessment.</p> <p>The agency, as required in policy, does not make housing and program assignments based on any criteria other than making individualized determinations about how to ensure the safety of each resident. Housing and program assignments for transgender or intersex residents are based on a case-by-case basis.</p> <p>Facility Staff: Staff who perform PREA screening for risk of victimization response to, do you screen residents upon admission to your facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents? Yes.</p> <p>115.241 (b)</p> <p>Intake screening shall ordinarily take place within 72 hours of arrival at the facility.</p> <p>Facility Staff: Staff who perform PREA screening for risk of victimization response to, do you screen residents for risk of</p>

sexual victimization or risk of sexually abusing other resident within 72 hours of their intake? No, screening occurs within 24 hours.

115.241 (c)

Such assessments shall be conducted using an objective screening instrument.

The assessment process used by The Connection, Inc. PREA programs, consists of administering the PREA Client Self-Assessment Questionnaire and the Risk for Sexual Victimization or Abusiveness Tool. These are administered in private and staff have been provided a PREA Introduction Script to guide the instruction process and to explain the purpose of the assessment.

115.241 (d)

The intake screening shall 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;
- The age of the residents;
- The physical build of the resident;
- Whether the resident has previously been incarcerated;
- Whether the resident's criminal history is exclusively nonviolent;
- Whether the resident has prior convictions for sex offenses against an adult or child;
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the resident has previously experienced sexual victimization;
- The residents own perception of vulnerability; and
- Whether the resident is detained solely for civil immigration purposes?

The Risk for Victimization or Abusiveness Tool addresses Potential Victim Factors and Potential Predatory Factors. The Potential Victim Factors address the following that is based on a review of the client's file:

- Youthful age (under 25 or elderly age (over 65));
- Physical size;
- First incarceration;
- Physical, Mental or Intellectual Disability; and
- Criminal history is exclusively non-violent crimes.

These factors are addressed based on an interview and review of the client self-assessment:

- Former victim of rape or sexual assault;
- Gay, Lesbian, Bi-sexual, Intersex or Transgender;
- History of sexually abusing others;
- History of institutional sexual activity;
- History of suicidal ideation; and
- Victimizing vulnerable individuals.

The score guide provides that if an individual answers yes to question #6 they are scored as a Known Victim. Also, if the resident scores a score of 7 or more they are rated as a potential victim and if they score 6 or less, they are scored as low victimization risk.

The Potential Predatory Factors include these based on a review of the client's file:

- Criminal history includes sexual abuse and/or assault;
- Criminal history includes violent crimes;
- History of institutional disciplinary segregation/tickets;
- Criminal history includes domestic violence; and
- Gang Affiliation.

These factors are based on an interview and review of the client self-assessment:

- History of institutional sexual assaultive behavior;
- History of institutional extortion;
- History of Institutional sexual activity;
- History of being sexually assaulted (as the victim); and
- History includes victimizing vulnerable individuals.

If the respondent endorses question #1, the client is scored as a known predator. If he scores 6 or more total points, he is scored as a potential predator and if he scores 5 or less, he is scored as a low predatory risk.

Facility Staff: Staff who perform PREA screening for risk of victimization response to, what does the initial risk screening consider? It considers the client's mental health; their sexual orientation and/or if they have been a former victim or predator of sexual abuse. The PREA screening instrument includes all the requirements of the PREA standards and agency policy.

Facility Staff: Staff who perform PREA screening for risk of victimization response to, what is the process for conducting the initial screening? The client is informed what PREA is and the agency's policy regarding it. Then the client is asked a series of questions that are PREA related from the "scripted" Risk Screening Form.

115.241 (e)

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

Resident Interviews: Total of eleven (11) residents, nine (9) random and two (2) targets was interviewed. Resident were asked, when you first came here, do you remember whether you were asked any questions like:

- Whether you had been in jail or prison before? 100% said yes.
- Whether you have ever been sexually abused? 100% said yes.
- Whether you identify as being gay, lesbian, or bisexual? 100% said yes.
- Whether you think you might be in danger of sexual abuse at this facility? 90% said yes, and 10 % said they cannot remember.

See Section (d) response.

115.241 (f)

Within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

Staff also considers these things during the process:

- Body language;
- Perceptions of being gay, bi-sexual, gay or transgender;
- Age;
- Any mental health or other background information; and
- Any past victimization.

See Section (a) response.

115.41 (g)

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

Facility Staff: Staff who perform PREA screening for risk of victimization response to, do you reassess a resident's risk level as needed 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? Yes, the process is completed within 30 days.

See Section (d) response.

115.241 (h)

Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d-1, 7, 8, 9) of this section.

Facility Staff: Staff who perform PREA screening for risk of victimization response to, are residents disciplined in any way for refusing to respond to (or for not disclosing complete information related to) the following requirements in the standards. No.

The clients are not disciplined for not answering any of the sensitive questions.

115.241 (i)

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

Facility Staff: Staff who perform PREA screening for risk of victimization response to, has the agency outlined who can have access to a resident's risk assessment within the facility to protect sensitive information from exploitation? Yes.

The screening information is protected to protect sensitive information. "Everything is locked away" according the staff, information is pretty much limited to the Case Manager, Program Manager and Parole Supervisor and a need-to-know bases.

115.242	<b>Use of screening information</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 735 300">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="242 329 1461 723" style="list-style-type: none"> <li>• Housing Roster of All Residents and Room Assignments</li> <li>• Residents Who Identify as Transgender and Intersex (0)</li> <li>• Residents Who Identify as Lesbian, Gay, or Bisexual (0)</li> <li>• Residents Who Reported Prior Sexual Victimization During Risk Screening (0)</li> <li>• PREA Introduction Script</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Parole and Community Services 2018 Cliental Audit</li> <li>• PREA: Prison Rape Elimination Act Policy and Procedure</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p data-bbox="242 754 360 784">115.242 (a)</p> <p data-bbox="242 813 1404 904">The agency shall use information from the risk screening required by standard 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p data-bbox="242 936 1477 1064">The Connection Policy, PREA: Prison Rape Elimination Act Policy and Procedure section 7.0, Responsibilities, Program Manager, states that preventive measures include administering the sexual risk victimization survey during intake and again within thirty days and that this assessment will be used to determine appropriate housing units for clients. Too, staff are required to keep a log of the room assignments of known victims and predators.</p> <p data-bbox="242 1095 1468 1223">The Program Manager is charged with the responsibility of ensuring that know victims and know predators are not roomed together. Staff also, are required to make individualized determinations about how to ensure the safety of each resident. Program assignments and housing assignments for transgender or intersex residents in the facility are made on a case-by-case basis.</p> <p data-bbox="242 1254 1449 1382">Facility Staff: Staff who perform PREA screening for risk of victimization response to, how does the agency/facility use information from risk screening during intake to keep residents safe from being sexually victimized or from being sexually abuse? The agency uses the information collected during intake to house residents in a safe manner. This way a known predator will not be housed with a known victim. This included education and programming.</p> <p data-bbox="242 1413 360 1442">115.242 (b)</p> <p data-bbox="242 1471 1257 1500">The agency shall make individualized determinations about how to ensure the safety of each resident.</p> <p data-bbox="242 1532 1465 1659">The Connection Policy, PREA: Prison Rape Elimination Act Policy and Procedure section 7.0, Responsibilities, Program Manager, states the agency/facility makes individualized determinations about how to ensure that safety of each resident. The agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.</p> <p data-bbox="242 1691 360 1720">115.242 (c)</p> <p data-bbox="242 1749 1477 1841">In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the residents health and safety, and whether the placement would present management or security problems.</p> <p data-bbox="242 1872 1493 2130">A known predator will not be housed with a known victim. Prior to a client identified above arriving at the program, program leadership and the funding agency have a discussion to confirm that this is the best fit and safest location for the client. When the client arrives, program can accommodate the client so that the client is and feels safe. If the accommodation is possible then the program will comply and if the accommodation is not possible then program leadership will discuss with the funder a possible solution or transfer to another program for the client. The program ensures the client can shower alone and if the client requests it, use the bathroom facilities by themselves. In programs that have single bed bedrooms, the client will be assigned to these rooms and if there are no single bed bedrooms, then consideration is made on who the client's roommate will be.</p>

Central Office: Agency PREA coordinator question, how does the agency or facility determine housing and program assignments for transgender or intersex residents? The program completes a PREA Risk Assessment which looks at both protective and risk factors and the outcome determines housing. A known predator will not be housed with a known victim. Prior to a client identified above arriving at the program, program leadership and the funding agency have a discussion to confirm that this is the best fit and safest location for the client. When the client arrives, program staff have a conversation with the client to find out how the program can accommodate the client so that the client is and feels safe. If the accommodation is not possible then program leadership will discuss with DOC a possible solution or transfer to another program for the client. The program ensures the client can shower alone and if the client requests it, use the bathroom facilities by themselves. In programs that have single bed bedrooms, the client will be assigned to these rooms and if there is no single bed bedrooms, then consideration is made on who the client's roommate will be.

115.242 (d)

Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

Policy requires placement and program assignment of transgender and intersex residents are reassessed every six months to review any threats to safety experienced by the resident.

115.242 (e)

A transgender or intersex resident's own view with respect to his or her own safety shall be given serious consideration.

Central Office: Agency PREA coordinator question, are a transgender or intersex resident's own view with respect to his or her own safety given serious consideration in placement and programming assignments? Yes.

Facility Staff: Staff who perform PREA screening for risk of victimization response to, are a transgender or intersex resident's own view of his or her own safety given serious consideration in placement and programming assignments? Yes.

115.242 (f)

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

The facility has a single room for housing client's needing to be housed separately. Clients all shower separately.

Central Office: Agency PREA coordinator question, are transgender and intersex residents given the opportunity to shower separately from other residents? If yes, how are they given the opportunity? Yes, the client will use the shower that can be monitored by staff to ensure that no other person is going in the location if the client is showering. The client is informed to notify staff prior to showering so staff can monitor.

Facility Staff: Staff who perform PREA screening for risk of victimization response to, are transgender and intersex residents given the opportunity to shower separately from other residents? Yes.

115.242 (g)

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

The agency does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of identification or status.

115.251	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• PREA Client Acknowledgment Intake (Spanish)</li> <li>• PREA Client Acknowledgement Intake (English)</li> <li>• Client Handbook</li> <li>• Client Guide to PREA (Spanish and English)</li> <li>• CONNSA Map</li> <li>• CT Alliance to End Sexual Violence contract</li> <li>• PREA Avenues of Reporting Policy</li> <li>• PREA First Responders Policy</li> <li>• Facility Tour/Observations</li> <li>• Connecticut Parole and Community Cliental Program Offender Cell Phone Disclosure Forms</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Reporting Directly to CTDOC through the PO assigned to TOP Program</li> <li>• Statewide Connecticut Sexual Assault Crisis Services (Spanish and English)</li> <li>• Connecticut Alliance To End Sexual Violence – Support, Advocate, Prevention (24-Hour, Toll-Free Hotline and Addresses)</li> <li>• Connecticut Alliance to End Sexual Violence (formerly CONNSACS)</li> <li>• PREA Poster: Break the Silence (Spanish and English)</li> <li>• PREA: Avenues of Reporting PREA Allegations Policy and Procedure</li> <li>• Zero Tolerance Policy for Sexual Harassment &amp; Sexual Abuse Acknowledgement (All Residents)</li> <li>• PREA: First Responders to PREA Incident</li> <li>• MOU: The Connection, Inc. and The Connecticut Alliance to End Sexual Violence</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.251 (a)</p> <p>The agency shall provide multiple internal ways for residents to 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.</p> <p>The Connection Policy, PREA: Avenues of Reporting PREA Allegations Policy and Procedure section 7.0, requires that the PREA coordinator ensure that the following steps are being taken in designated PREA programs which allow for multiple avenues for clients and staff to report potential PREA allegations internally and externally. At intake and orientation, clients must be given PREA literature that includes the mailing address and phone number of The Connection, Inc.'s PREA coordinator. During that process, clients are encouraged to report any sexual misconduct to program staff. Too, the Connection, Inc.'s website provides contact for the PREA coordinator and third-party avenues for reporting.</p> <p>Externally, residents may contact the Connecticut Alliance to End Sexual Violence and that information is provided and displayed in high traffic areas of the program as is additional PREA material.</p> <p>TCI staff members are required by policy to enable reasonable communication between clients and third-party organizations in as confidential manner as possible.</p> <p>Clients are informed, in compliance with policy, that staff members are mandatory reporters as well as reporting rules that apply to disclosure of sexual abuse, made to third party organizations, including limits to confidentiality under relevant federal, state or local law.</p> <p>TCI staff are required to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. If a verbal report is made to staff, they must complete an incident report and classify the incident as a Violation of Boundaries/Ethics (Level I) or Sexual Assault Alleged (Level I).</p> <p>Residents are given a copy of the brochure entitled, "The Client Guide to PREA". The brochure covers topics including:</p> <ul style="list-style-type: none"> <li>• What is PREA?</li> <li>• What is Sexual Abuse;</li> </ul>

- What is Sexual Harassment;
- Information you need to know; and
- Information on reporting.

Residents are told they may report abuse to all program staff, interns, volunteers or the PREA coordinator, either in person, over the phone, or in a letter. Contact information for the PREA coordinator is provided. Other ways to report are provide as well and these included the State of Connecticut Department of Correction PREA Investigations Unit and the Connecticut Alliance to End Sexual Violence.

Information sheets with contact numbers are provided and posted as well. Posters are located throughout the facility providing information on reporting sexual abuse or sexual harassment.

The Break the Silence Poster informs residents the following ways to report:

- To any staff member;
- Verbally or in writing;
- Calling the PREA hotline;
- Writing an inmate request;
- Writing an anonymous note; and
- Calling the state police hotline.

Central Office: Agency PREA coordinator question, how does the agency or facility provide 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? The agency has the DOC hotline number posted in all programs, CSSD PREA Reporting, and The Alliance phone number to report. The agency also provides these phone numbers at intake in a "Client's Guide to PREA" and the Client Handbook. Further, the agency provides this information on the agency's website.

Central Office: Agency PREA coordinator question, do these procedures enable receipt and immediate transmission of resident's reports of sexual abuse and sexual harassment to agency officials that allow the resident to remain anonymous upon request? The agency website identifies TCI agency PREA coordinator and contact information. DOC receives allegations and has notified us when a client reported an allegation that occurred in the facility program. The agency has received allegations from friends and family. The agency only requests the basic information regarding an allegation and respect if someone would like to remain anonymous.

Facility Staff: Total of eight (8) staff were interviewed, four (4) specialized and four (4) random parttime. Staff were asked, how can residents privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment? 100% said thru the PREA hotline, writing a grievance or note, telling staff or reporting outside the facility.

Resident Interviews: Total of eleven (11) residents, nine (9) random and two (2) targets was interviewed. Resident were asked, how would you report any sexual abuse or sexual harassment that happened to you or someone else? Residents indicated, telling staff, using the hotline, case manager, report to the local police, PREA compliance manager, Facility Program Manager, or family members.

Resident Interviews: Total of eleven (11) residents, nine (9) random and two (2) targets was interviewed. Resident were asked, have you ever reported to the authorities, either in person or in writing, that you were sexually abused or sexually harassed while in this facility? 100% said no.

#### 115.251 (b)

The agency shall also provide 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, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.

Externally, residents may contact the Connecticut Alliance to End Sexual Violence and that information is provided and displayed in high traffic areas of the program as is additional PREA material.

#### 115.251 (c)

Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Residents sign an acknowledgment form confirming they have been provided information related to reporting. The Zero Tolerance Policy for Sexual Harassment and Sexual Abuse Acknowledgment, affirms the resident understands he may report allegations of sexual abuse. The statement encourages residents to report. They are advised they may report in person, in



writing, or by telephone. They are told and understand too that client or a third party may report allegations of sexual abuse or sexual harassment to the TCI staff, program director, program managers, or the designated PERA coordinator.

Clients or third parties may also report to the Department of Correction PREA Investigation Unit, a Judicial Branch Employee, or the Connecticut Alliance to End Sexual Violence. Lastly the form acknowledges that all allegations of sexual abuse and sexual harassment will be taken seriously and investigated by the proper authorities and that there will be no negative consequences for reporting. Multiple samples were provided for review.

Most of the residents of the program have liberal access to the community either looking for work, on pass, or medical appointments. Residents have access to their families using the program phone, on passes and during visitation or through writing. They would also have access to their attorneys if they had one.

Facility Staff: Total of eight (8) staff were interviewed, four (4) specialized and four (4) random parttime. Staff were asked, when a resident alleges sexual abuse, can he or she do so verbally, in writing, anonymously, and from third parties? 100% said yes.

Resident Interviews: Total of eleven (11) residents, nine (9) random and two (2) targets was interviewed. Resident were asked, do you know if you are allowed to make a report of sexual abuse and harassment without having to give your name? 90% said yes, and 10% said they did not know.

Resident Interviews: Total of eleven (11) residents, nine (9) random and two (2) targets was interviewed. Resident were asked, can you make reports of sexual abuse or sexual harassment either in person or in writing? 100% said both.

115.251 (d)

The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

Facility Staff: Total of eight (8) staff were interviewed, four (4) specialized and four (4) random parttime. Staff were asked, how can staff privately report sexual abuse and sexual harassment of residents? 100% said they report to their supervisor or if the supervisor were involved, they report the agency PREA coordinator. Two stated they would also use the hotline.

Resident Interviews: Total of eleven (11) residents, nine (9) random and two (2) targets was interviewed. Resident were asked, have you ever reported to the authorities, either in person or in writing, that you were sexually abused or sexually harassed while in this facility? 100% said no.

115.252	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:• Client Acknowledgement of Grievance Procedure English and Spanish</p> <ul style="list-style-type: none"> <li>• Client Grievance Form (0)</li> <li>• DOC Grievance Form (0)</li> <li>• Compliant/Grievance Process – Client Acknowledgement (All Residents)</li> <li>• Client Grievance Form (All PREA Related for the Past 12 Months)</li> <li>• Client Grievance Policy and Procedures (English and Spanish)</li> <li>• Grievance Summary Process Poster English and Spanish</li> <li>• Facility Tour/Observations</li> <li>• DOC Policy: Inmate Administrative Remedies – Directive Number 9.6 (English)</li> <li>• DOC Policy: Inmate Administrative Remedies – Directive Number 9.6 (Spanish)</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Client Compliant/Grievance Policy and Procedure</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.252 (a)</p> <p>An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</p> <p>TCI and CTDOC has a formal grievance process, however, According to The Connection Policy, PREA: Avenues of Reporting PREA Allegations Policy and Procedure, sexual assaults and/or sexual harassment are not grievable offenses. All alleged incidents of sexual abuse and sexual harassment must be reported to staff for investigations.</p> <p>Facility Staff: The facility Program Manager indicated that all PREA issues that comes through the formal grievance process are send directly to the investigator for processing.</p> <p>115.252 (b)</p> <ul style="list-style-type: none"> <li>• The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.</li> <li>• The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege and incident of sexual abuse.</li> <li>• The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.</li> <li>• Nothing in this section shall restrict the agency's ability to defend against a resident lawsuit on the ground that applicable status of limitations has expired.</li> </ul> <p>See section (a)</p> <p>115.252 (c)</p> <p>The agency shall ensure that:</p> <ul style="list-style-type: none"> <li>• A resident who alleges sexual abuse may submit a grievance with without submitting it to a staff member who is the subject of the compliant, and</li> <li>• Such grievance is not referred to a staff member who is the subject of the compliant.</li> </ul> <p>The agency/facility do not required residents who alleges sexual abuse may submit a grievance with without submitting it to staff member who is the subject of the compliant and grievances are not referred to a staff member who is the subject of the compliant.</p> <p>See section (a)</p> <p>115.252 (d)</p> <ul style="list-style-type: none"> <li>• The agency shall 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.</li> <li>• Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.</li> <li>• The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is</li> </ul>

insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

- 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, the resident may consider the absence of a response to be a denial at that level.

See Section (a) response.

115.252 (e)

- Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.
- If a third-party file such a request on behalf on an 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.
- If the resident declines to have the request processed on his or her behalf, the agency shall document the resident decision.

See section (a)

115.252 (f)

- The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

See section (a)

115.252 (g)

The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the residents filed the grievance in bad faith.

See section (a)

115.253	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• Client Guide to PREA (Spanish and English)</li> <li>• CT Alliance to End Sexual Violence Contract</li> <li>• DOC Update Poster</li> <li>• PREA Avenues of Reporting Policy</li> <li>• The Alliance MOU</li> <li>• Facility Tour/Observations</li> <li>• Connecticut Parole and Community Services Residential Program Offender Cell Phone Disclosure Forms</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Connecticut Alliance To End Sexual Violence – Support, Advocate, Prevention (24-Hour, Toll-Free Hotline and Addresses)</li> <li>• Connecticut Alliance to End Sexual Violence (formerly CONNSACS)</li> <li>• PREA Poster: Break the Silence (Spanish and English)</li> <li>• PREA: Avenues of Reporting PREA Allegations Policy and Procedure</li> <li>• Zero Tolerance Policy for Sexual Harassment &amp; Sexual Abuse Acknowledgement (All Residents)</li> <li>• PREA: First Responders to PREA Incident</li> <li>• Resident Handbook: The Connection</li> <li>• MOU: The Connection, Inc. and The Connecticut Alliance to End Sexual Violence</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.253 (a)</p> <p>The facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.</p> <p>The agency has a Memorandum of Agreement Between the Connection Inc. and The Alliance to End Sexual Violence agrees to assign a point of contact at each organization between agencies and access to The Alliance services for TCI clients; allow for a sexual assault crisis counselor to accompany and support the victim throughout the forensic exam process and investigatory interviews and provide emotional support, crisis intervention, information and referrals, as requested by the victim throughout the client's placement in the TCI facility. e Connection Policy, PREA: Avenues of Reporting PREA Allegations Policy and Procedure section, 7.0, 1.b., Externally, requires that information regarding the Connecticut Alliance to End Sexual Violence is displayed in high traffic areas or each designated PREA program.</p> <p>Resident Interviews: Total of eleven (11) residents, nine (9) random and two (2) targets was interviewed. Resident were asked, does the facility give you mailing addresses and telephone numbers for these outside services? 80% said it is on the PREA posters and handbook, 30% said they did not know.</p> <p>115.253 (b)</p> <p>The facility shall 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.</p> <p>This information is provided in an informational sheet entitled, "Connecticut Alliance to End Sexual Violence". Contact information for member organizations of the alliance is posted on this information sheet.</p> <p>In addition to the contact information, the sheet states, "Each Member Sexual Assault Crisis Program" provides hotline services 24 hour/day, 7 days a week; 24-hour crisis counseling; information and referral; advocacy for children and non-abusing parent; short term counseling for victims and their family and/or friends and support groups.</p> <p>115.253 (c)</p> <p>The agency shall 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. The</p>

agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Resident Interviews: Total of eleven (11) residents, nine (9) random and two (2) targets was interviewed. Resident were asked, do you know if there are services available outside of this facility for dealing with sexual abuse, if you needed it? 80% said it is on the PREA posters and handbooks, 20% said they did not know.

See Section (a) response.

115.254	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 735 295">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="242 329 1461 757" style="list-style-type: none"> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Third Party Reporting <ul style="list-style-type: none"> <li>o Verbal reports to staff</li> <li>o Writing an anonymous note</li> <li>o Informing CTDOC</li> <li>o Calling the Connecticut State Police</li> <li>o PREA Coordinator</li> <li>o Website</li> </ul> </li> <li>• The Visitation Guide to PREA (English and Spanish)</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p data-bbox="242 790 360 815">115.254 (a)</p> <p data-bbox="242 848 1398 907">The agency shall establish a method to receive third party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p data-bbox="242 940 1484 1032">Agency policy, PREA: First Responders to a PREA Incident, Facility House, 4.0, provides for all third-party allegations of sexual abuse and sexual harassment, including third-party and anonymous reports will be reported to the PREA Coordinator and all PREA allegations will be referred to the Connecticut State Police for criminal investigation.</p> <p data-bbox="242 1066 1481 1198">The agency website provides information for third parties to report allegations of sexual abuse and sexual harassment. The site says to report a PREA allegations through a third party, call the State of Connecticut DOC, PREA Investigations Unit via the hotline (number provided) or to the Connecticut Alliance to End Sexual Violence (numbers are provided for English and Spanish).</p> <p data-bbox="242 1232 1492 1332">Posters and information for third party reporting are posted and available throughout the program. Interviews with staff confirmed they have been trained to take all allegations and reports seriously and to report them immediately, including those reported by third parties. The verbal reports are to be followed up with a written report before the end of the shift.</p>

115.261	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 735 297">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="240 331 1461 589" style="list-style-type: none"> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• PREA: First Responders to a PREA Incident</li> <li>• PREA: Prison Rape Elimination Act Policy and Procedure</li> <li>• PREA: Protection and Retaliation Policy and Procedure</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p data-bbox="240 622 360 649">115.261 (a)</p> <p data-bbox="240 683 1477 801">The agency shall 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="240 835 1493 954">The Connection PREA Policy, First Responders to a PREA Incident section 4 requires all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, will be reported to the PREA Coordinator. It requires that all PREA allegations are referred to the State of Connecticut Department of Correction’s PREA Investigation Unit and/or the Connecticut State Police for investigation.</p> <p data-bbox="240 987 1485 1106">Policy requires staff first responders to immediately contact the Program Manager, Program Director, and PREA Coordinator and externally to the Emergency medical providers, the agency CEO, and staff are required to comply with the mandatory reporting laws. Staff are to reveal information on a need-to-know basis only.</p> <p data-bbox="240 1140 1469 1196">Policy PREA: Protection and Retaliation Policy provides protection from retaliation for reporting allegations of sexual abuse or sexual harassment.</p> <p data-bbox="240 1229 1453 1391">The Connection, Inc. and the facility have a zero-tolerance for all forms of sexual abuse, sexual misconduct, sexual harassment and retaliation for reporting. Facility staff are required to report all allegations of sexual abuse, sexual misconduct, and sexual harassment or retaliation regardless of how they came to have knowledge of the alleged incident. They are also required to report even a suspicion. Interviews with staff indicated they understand they must report all allegations, reports, knowledge and suspicions of sexual abuse, sexual misconduct, sexual harassment and retaliation.</p> <p data-bbox="240 1424 1493 1585">Facility Staff: Total of eight (8) staff were interviewed, four (4) specialized and four (4) random parttime. Staff were asked, does the agency require all staff 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? 100% said they are required to everything.</p> <p data-bbox="240 1619 360 1646">115.261 (b)</p> <p data-bbox="240 1680 1445 1765">Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.</p> <p data-bbox="240 1798 1469 1883">TCI Policy PREA: First Responders to a PREA Incident section 7 states, staff will only reveal PREA information to the Program Manager and PREA coordinator. Any other information will only be disseminated to individuals necessary to make treatment, investigation, and other security or management decisions.</p> <p data-bbox="240 1917 1015 1944">Policy required all staff to maintain confidentiality of any PREA related issues.</p> <p data-bbox="240 1977 360 2004">115.261 (c)</p> <p data-bbox="240 2038 1493 2123">Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services.</p>

Policy requires all staff to report sexual abuse.

115.261 (d)

If the alleged victim is under the age of 18 or considered a vulnerable adult under a state or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Central Office: Agency PREA coordinator question, how do you respond when an allegation of sexual abuse or sexual harassment is made by someone under the age 18 or someone considered a vulnerable adult under state or local law? The agency only house individuals that are at least 18 years of age, but if the agency were to receive a report of child abuse or neglect, the facility are mandated reporters and complete a report to DCF. Further, if the alleged victim is considered a vulnerable adult, then as mandated reporters, the agency notifies the appropriate agency of the allegation.

115.261 (e)

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Agency policy, PREA: First Responders to a PREA Incident, Facility House, 4.0, provides for all third-party allegations of sexual abuse and sexual harassment, including third-party and anonymous reports will be reported to the PREA Coordinator and all PREA allegations will be referred to the State of Connecticut DOC PREA Investigation Unit and/or the Connecticut State Police for investigation.

The agency website provides information for third parties to report allegations of sexual abuse and sexual harassment. The site says to report a PREA allegations through a third party, call the State of Connecticut DOC, PREA Investigations Unit via the hotline (number provided) or to the Connecticut Alliance to End Sexual Violence (numbers are provided for English and Spanish).

Posters and information for third party reporting are posted and available throughout the program. Interviews with staff confirmed they have been trained to take all allegations and reports seriously and to report them immediately, including those reported by third parties. The verbal reports are to be followed up with a written report before the end of the shift.



115.262	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Policy Statement: Agency Protection Duties</li> <li>• PREA: First Responders to a PREA Incident Policy and Procedure</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.262 (a)</p> <p>When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>The facility screens all newly admitted residents for potential for victimization or for potential sexual abusiveness. This process is in place to ensure that a known victim and known abuser are not housed together in the same bedroom.</p> <p>TCI Policy PREA: Protection and Retaliation Policy and Procedure section 6 states, TCI, as an agency, reserves the right to employ the following measures, in case of retaliations:</p> <ul style="list-style-type: none"> <li>• Housing Changes/Transfers for resident victims and/or abusers,</li> <li>• Removal of alleged staff or resident abusers from contact with victims,</li> <li>• Emotional support services for residents or staff who fear retaliation for reporting sexual abuse, sexual harassment, or for cooperating with alleged PREA investigations.</li> </ul> <p>Central Office: Agency Head designee/Service Area Director for Behavioral Health question, when you learn that a resident is subject to a substantial risk of imminent sexual abuse what protective action does the agency take? The agency ensures this resident is housed in an area that is safe and easily monitored. Staff is also made aware of the situation and these residents have frequent physical checks made on them. These checks are sometimes as frequent as every 15 minutes. The agency may speak with the funder to see if there are more appropriate housing options for these residents.</p> <p>Facility Staff: Total of eight (8) staff were interviewed, four (4) specialized and four (4) random parttime. Staff were asked, if you learn a resident is at risk of imminent sexual abuse, what actions do you take to protect the resident? Staff stated they would protect the residents by remove them from the alleged abuser, contact supervisor for additional instructions.</p> <p>There have been no incidents of retaliation during the past twelve months.</p>

115.263	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• PREA: Investigating Sexual Abuse in Confinement Setting Certificates (2) NIC</li> <li>• Facility Investigations for the Past 12 Months Packages: <ul style="list-style-type: none"> <li>o PREA Administrative Review Report (1 Investigation)</li> <li>o Section B: Sexual Abuse Incident Review</li> <li>o Reporting from another Facility (0)</li> <li>o Reporting to another Facility (0)</li> </ul> </li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Policy Statement: Reporting to other Confinement facilities</li> <li>• PREA: First Responders to a PREA Incident Policy and Procedure</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.263 (a)</p> <p>Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.</p> <p>Agency Policy PREA: First Responders to a PREA Incident section 4.0, requires all PREA allegations will be referred to the State of Connecticut Department of Correction's PERA Investigation Unit and/or the Connecticut State Police for investigation.</p> <p>This policy requires if the alleged incident occurred while the client resided in another facility not run by The Connection, the PREA Coordinator will immediately notify that facility and document that notification of the alleged incident has been communicated. The communication will occur no longer than 72 hours after the PREA Coordinator was made aware of the alleged incident.</p> <p>Central Office: Agency Head designee/Service Area Director for Behavioral Health question, if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred, is there a designated point of contact? Yes, the agency PREA coordinator.</p> <p>Central Office: Agency Head designee/Service Area Director for Behavioral Health question, what happens when your agency receives such allegations? All allegations go through the PREA coordinator who then make appropriate collateral contacts to those needing to be informed of the situation.</p> <p>115.263 (b)</p> <p>Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>Policy requires if the alleged incident occurred while the client resided in another facility not run by The Connection, the PREA Coordinator will immediately notify that facility and document that notification of the alleged incident has been communicated. The communication will occur no longer than 72 hours after the PREA Coordinator was made aware of the alleged incident.</p> <p>115.263 (c)</p> <p>The agency shall document that it has provided such notification.</p> <p>PREA Administrative Review Report (1 Investigation/Unsubstantiated):</p> <ul style="list-style-type: none"> <li>• Section B: Sexual Abuse Incident Review</li> <li>• Findings</li> <li>• Recommendations/Summary of Resolution</li> <li>• Evidence – Interviews, No camera footage available</li> <li>• Reporting from another Facility – 0</li> <li>• Reporting to another Facility - 0</li> </ul>

115.263 (d)

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

Central Office: Agency Head designee/Service Area Director for Behavioral Health question, what happens when your agency receives such notification of allegations? All allegations go through the PREA coordinator who then make appropriate collateral contacts to those needing to be informed of the situation.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies, Materials, Observations, and Interviews:

- REA: Investigating Sexual Abuse in Confinement Setting Certificates (2) NIC
- Facility Investigations for the Past 12 Months Packages:
  - o PREA Administrative Review Report (1 Investigation)
  - o Section B: Sexual Abuse Incident Review
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA: First Responders to a PREA Incident Policy and Procedure
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

115.264 (a)

Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser;
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- If the abuse occurred within a time 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 teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- 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.

The Connection Policy, PREA: First Responders to a PREA Incident section 7.0, Responsibilities, requires that the first responding TCI staff members are responsible for the following:

1. Immediately separate the victim and the alleged abuser.
2. Determine the safety of the client and, if need be, contact emergency medical services (call 911).
3. Preserve and protect any crime scene until appropriate steps can be taken to collect evidence.
4. 4) IF the abuse occurred within a time period that allows for the collection of physical evidence, staff will request that the alleged victim(s) and/or abuser(s) not take any actions that could destroy physical evidence.

This includes but is not limited to:

- a) Washing
- b) Brushing teeth
- c) Changing clothes
- d) Urinating
- e) Defecating
- f) Smoking
- g) Drinking, and
- h) Eating

5. First responders then will immediately contact the following internally:

- a) Program Manager
- b) Program Director
- c) Director of Community Justice
- d) PREA Coordinator (Agency Investigator)
- e) Director of Quality Improvement

6. First responders then will contact these externally:

- a) Emergency medical providers/law enforcement (if a potentially criminal act occurred, call 911)
- b) Supervising Parole Officer

7. Complete an incident report, detailing the even and chain of communication.

8. Notify the CEO of TCI

9. If the alleged victim is within a protected population (elderly or persons with intellectual disabilities) contact the applicable hotline number within 72 hours of the allegation.

When a physical assault has occurred on premises all clients will be transferred to Yale Hospital York Street Campus for forensic examinations.

Policy requires that staff only reveal PREA information to the aforementioned individuals. Any other information will only be disseminated to individuals necessary to make treatment, investigation, and other security or management decisions. Specific actions are identified for the PREA Coordinator as well and described in Policy.

Facility Staff: Total of eight (8) staff were interviewed, four (4) specialized and four (4) random parttime. Staff were asked, if you are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, what is your responsibility in the situation? Separate the victim from the abuser, protect the crime scene, protect the DNA by not letting victim or abuser brush their teeth, drink water, shower.

PREA Administrative Review Report (1 Investigation/Unsubstantiated):

- Section B: Sexual Abuse Incident Review
- Findings
- Recommendations/Summary of Resolution
- Evidence – Interviews, No camera footage available
- Medical Referrals – 0
- Mental Health Referrals - 0

115.264 (b)

If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

The first responder for non-security will follow that same process and the security staff.

115.265	<b>Coordinated response</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 735 300">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="240 331 1461 524" style="list-style-type: none"> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• PREA: First Responders to a PREA Incident Policy and Procedure</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p data-bbox="240 555 360 582">115.265 (a)</p> <p data-bbox="240 613 1458 672">The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="240 703 1474 730">The coordinated response plan is described in detail in The Connection PREA Policy, First Responders to a PREA Incident.</p> <p data-bbox="240 761 1442 788">Actions to take in the coordinated response plan include the activities described in Standard 115. 264, First Responding.</p> <p data-bbox="240 837 1430 896">The Connection Policy, PREA: First Responders to a PREA Incident section 7.0, Responsibilities, requires that the first responding TCI staff members are responsible for the following:</p> <ol data-bbox="240 936 1437 1097" style="list-style-type: none"> <li>1. Immediately separate the victim and the alleged abuser.</li> <li>2. Determine the safety of the client and, if need be, contact emergency medical services (call 911).</li> <li>3. Preserve and protect any crime scene until appropriate steps can be taken to collect evidence.</li> <li>4. IF the abuse occurred within a time period that allows for the collection of physical evidence, staff will request that the alleged victim(s) and/or abuser(s) not take any actions that could destroy physical evidence.</li> </ol> <p data-bbox="240 1128 576 1155">This includes but is not limited to:</p> <ul data-bbox="240 1196 432 1456" style="list-style-type: none"> <li>• Washing</li> <li>• Brushing teeth</li> <li>• Changing clothes</li> <li>• Urinating</li> <li>• Defecating</li> <li>• Smoking</li> <li>• Drinking, and</li> <li>• Eating</li> </ul> <p data-bbox="240 1496 959 1523">5. First responders then will immediately contact the following internally:</p> <ul data-bbox="240 1563 576 1724" style="list-style-type: none"> <li>• Program Manager</li> <li>• Program Director</li> <li>• Director of Community Justice</li> <li>• PREA Coordinator</li> <li>• Director of Quality Improvement</li> </ul> <p data-bbox="240 1765 767 1792">6. First responders then will contact these externally:</p> <ul data-bbox="240 1832 1190 1890" style="list-style-type: none"> <li>• Emergency medical providers/law enforcement (if a potentially criminal act occurred, call 911)</li> <li>• Supervising Parole Officer</li> </ul> <p data-bbox="240 1930 1027 1957">7. Complete an incident report, detailing the even and chain of communication.</p> <p data-bbox="240 1998 488 2024">8. Notify the CEO of TCI</p> <p data-bbox="240 2065 1474 2123">9. If the alleged victim is within a protected population (elderly or persons with intellectual disabilities) contact the applicable hotline number within 72 hours of the allegation.</p>

When a physical assault has occurred on premises all clients will be transferred to local hospital for forensic examinations.

Policy requires that staff only reveal PREA information to the aforementioned individuals. Any other information will only be disseminated to individuals necessary to make treatment, investigation, and other security or management decisions.

Specific actions are identified for the PREA Coordinator as well and described in Policy.

The agency uses the TCI policy PREA: First Responders to a PREA Incident section 6 above as the coordinated response. The facility does not have medical or mental health staff therefore their responsibilities in plan are not included. The criminal investigations are not included.

115.266	Preservation of ability to protect residents from contact with abusers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.266 (a)</p> <p>Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>The Connection is not involved in any form of collective bargaining and has the ability to remove any staff alleged to have violated an agency sexual abuse or sexual harassment policy.</p> <p>Central Office: Agency Head designee/Service Area Director for Behavioral Health question, has your agency, or any governmental entity responsible for collective bargaining on agency behalf, entered or renewed any collective bargaining agreements or other agreements since August 20, 2012? No.</p> <p>115.266 (b)</p> <p>Nothing in this standard shall restrict the entering into or renewal of agreement that govern:</p> <ul style="list-style-type: none"> <li>• The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of standards 115.72 and 115.76; or</li> <li>• Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</li> </ul> <p>The Connection is not involved in any form of collective bargaining and has the ability to remove any staff alleged to have violated an agency sexual abuse or sexual harassment policy.</p>



115.267	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• PREA: Investigating Sexual Abuse in Confinement Setting Certificates (2) NIC</li> <li>• Facility Investigations for the Past 12 Months Packages: <ul style="list-style-type: none"> <li>o PREA Administrative Review Report (1 Investigation)</li> <li>o Section B: Sexual Abuse Incident Review</li> <li>o Retaliation Monitoring (0)</li> </ul> </li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• PREA: Protection and Retaliation Policy and Procedure</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.267 (a)</p> <p>The agency shall establish 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, and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p>The Connection Policy addressing retaliation is PREA: Protection and Retaliation Policy and Procedure, 1.0 and 4.0. Section 1.0 Purpose, indicates the purpose of the policy is to ensure the protection of all residents and staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation. The policy is required to document which staff members are responsible for monitoring potential retaliation stemming from a PREA allegation. 4.0, Policy, asserts that The Connection, Inc, in cooperation with the State of Connecticut Department of Corrections (DOC) and Court Support Service Division (CSSD), will follow a specific guideline to ensure that all staff and clients are safe from any potential retaliation stemming from a PREA allegation. Also, it affirms the agency's obligation to monitor terminates if the agency determines that allegation is unfounded.</p> <p>In section 6.0, Responsibilities, policy asserts that the PREA Coordinator is responsible for enforcing this policy. 7.0, Procedures require the PREA Coordinator to ensure that the alleged victim, witness and/or staff member will feel safe during and after the conclusion of the PREA Investigation by the following:</p> <ol style="list-style-type: none"> <li>1. During interviews, determining if victim(s) and witness(es) feel safe in the program.</li> <li>2. Discussing retaliation with key members of the investigation.</li> <li>3. In the case of retaliation, ensuring the potential victims of retaliation have the ability to notify the investigators.</li> </ol> <p>Central Office: Agency Head designee/Service Area Director for Behavioral Health question, how do you protect residents and staff from retaliation for sexual abuse or sexual harassment allegations? All allegations of sexual abuse or harassment are addressed by the agency's PREA coordinator. All relevant parties, included program management and staff, are trained on how to monitor residents who report such allegations and to ensure there is no retaliation. Residents and staff are informed of the no retaliation policy. Staff are trained to report any retaliation to the PREA coordinator and agency leadership.</p> <p>115.267 (b)</p> <p>The agency shall 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.</p> <p>TCI Policy PREA: Protection and Retaliation Policy and Procedure states, TCI, as an agency, reserves the right to employ the following measures, in case of retaliations, as it sees fit:</p> <ul style="list-style-type: none"> <li>• Housing Changes/Transfers for resident victims and/or abusers,</li> <li>• Removal of alleged staff or resident abuser from contact with victims,</li> <li>• Emotional support services for residents or staff who fear retaliation for reporting sexual abuse, sexual harassment, or for cooperating with alleged PREA investigations.</li> </ul> <p>115.267 (c)</p>

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

TCI, as an agency, according to policy, reserves the right to employ the following measures in case of retaliations, as it sees fit:

1. Housing changes or transfers for resident victims and/or abusers
2. Removal of alleged staff or resident abusers from contact with victims
3. Emotional support services for residents or staff who fear retaliation for reporting sexual abuse, sexual harassment or for cooperating with alleged PREA investigations.

Policy requires the TCI Program Director of the facility under investigation will monitor the conduct and treatment of residents and staff who have reported the sexual abuse and of the victim for no less than 90 days after the report of sexual abuse. Staff are to ensure that no changes, that may indicate potential retaliation, have transpired. This includes, but is not limited to:

1. Disciplinary reports
2. Housing status
3. Program Changes
4. Negative performance reviews or
5. Staff reassignments

Staff members are reminded, that in the event of suspected retaliation, staff are required to notify the PREA coordinator immediately. On site staff will also perform periodic status checks on the alleged victim. The PREA coordinator, in an interview concerning retaliation and retaliation monitoring, indicated the agency has a zero tolerance for retaliation. She related that following an allegation they would discuss with the Program Director and staff and speak to the client(s) and advise the Program Manager to watch staff. They are instructed not to move the alleged victim unless requested. She related the agency uses the following as protection monitors, cameras, one hour counts of residents, client education and staff training. The program manager would monitor the staff and monitoring would continue 30 days or longer and would continue until the resident is discharged.

#### 115.267 (d)

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

Policy requires on site staff members to perform periodic status checks on the alleged victim.

PREA Administrative Review Report (1 Investigation/Unsubstantiated):

- Section B: Sexual Abuse Incident Review
- Findings
- Recommendations/Summary of Resolution
- Evidence – Interviews, No camera footage available
- Retaliation Monitoring - 0

#### 115.267 (e)

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

Policy requires in the event that a client or staff member cooperates with investigators and expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The agency obligation to monitor shall terminate if the agency determines that the alleged allegation is unfounded.

#### 115.267 (f)

An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

Policy requires in the event that a client or staff member cooperates with investigators and expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The agency obligation to monitor shall terminate if the agency determines that the alleged allegation is unfounded.

115.271	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• Facility Investigations for the Past 12 Months Packages: <ul style="list-style-type: none"> <li>o PREA Administrative Review Report (1 Investigation)</li> <li>o Section B: Sexual Abuse Incident Review</li> <li>o Referred for Prosecution (0)</li> <li>o Retaliation Monitoring (0)</li> </ul> </li> <li>• PREA Review Policy and Procedure</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.271 (a)</p> <p>When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>Allegations that appear to be criminal in nature are reported immediately to the Connecticut State Police who will conduct the criminal investigation.</p> <p>The Connection PREA Review Policy and Procedure section 1.0, states the purpose of this policy is to establish a protocol for a timely, thorough, and objective review of all alleged PREA incidents. 4.0, Policy, requires The Connection, Inc., in cooperation with the State of Connecticut Department of Corrections and Court Support Division (CSSD), to follow a specific protocol when allegations of PREA incidents are made within TCI facilities. The protocols will ensure that all necessary parties are made aware of the allegation, in an attempt to minimize risk, emphasize client safety, and secure all potential evidence.</p> <p>Policy requires the PREA coordinator to conduct an administrative review of any and all allegations of sexual abuse and sexual harassment, regardless of the origin of the allegation, at all designated PREA programs. This information is then forwarded to pertinent parties, including the Court Support Division, Probation, and/or Department of Mental Health and Addiction Services (DMHAS) for review and potential sanctions for alleged perpetrators.</p> <p>Central Office: Agency PREA investigator question, how do you handle anonymous or third-party reports of sexual abuse or sexual harassment? Are they investigated differently? All reports are handed exactly the same as any other report. They are not investigated differently.</p> <p>Central Office: Agency PREA investigator questions, how long does it take to initiate an investigation following an allegation of sexual abuse or sexual harassment? And what would be the first steps in initiating and investigation and how long would they take?</p> <p>The PREA investigator interview indicated that the investigation begins immediately upon receiving an allegation and the funding agency is notified immediately and the CT State Police if needed.</p> <p>The PREA investigator also indicated that the steps in initiating and investigation include:</p> <ul style="list-style-type: none"> <li>• Determine the safety of the client and, if need be, contact emergency medical services (call 911).</li> <li>• Preserve and protect any crime scene until appropriate steps can be taken to collect evidence.</li> <li>• If the abuse occurred within a time period that allows for the collection of physical evidence, staff will request that the alleged victim (s) and /or abuser (s) not take any actions that could destroy physical evidence. This includes, but is not limited to: <ul style="list-style-type: none"> <li>o Washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, and eating.</li> </ul> </li> <li>• Immediately contact: <ul style="list-style-type: none"> <li>o Program Manager, Program Director, Service Area Director, and PREA Coordinator.</li> </ul> </li> </ul>

• External immediate contacts:

- o Emergency medical providers and/or law enforcement, if a potentially criminal act occurred (call 911).
- o Call supervising Parole Officer or Parole On-Call.

115.271 (b)

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to standard 115.34.

The PREA coordinator who has completed the National Institute of Corrections, Specialized Training, PREA: Conducting Sexual Abuse Investigations in Confinement Settings, stated first responder tend to the victim, separate the abuser and victim, contact their supervisor who contacts the PREA coordinator, Program Director and the funding source. If a crime has been potentially been committed on the premises, the Connecticut State Police will investigate. Every allegation, she related, is taken seriously. The PREA Coordinator will conduct the administrative review of the allegation and document the review in a report and if a staff is involved, human resources become involved.

115.271 (c)

Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The Connection Policy, PREA: First Responders to a PREA Incident section 7.0, Responsibilities, requires that the first responding TCI staff members are responsible for the following:

1. Immediately separate the victim and the alleged abuser.
2. Determine the safety of the client and, if need be, contact emergency medical services (call 911).
3. Preserve and protect any crime scene until appropriate steps can be taken to collect evidence.
4. IF the abuse occurred within a time period that allows for the collection of physical evidence, staff will request that the alleged victim(s) and/or abuser(s) not take any actions that could destroy physical evidence.

This includes but is not limited to:

- a) Washing
- b) Brushing teeth
- c) Changing clothes
- d) Urinating
- e) Defecating
- f) Smoking
- g) Drinking, and
- h) Eating

5. First responders then will immediately contact the following internally:

- a) Program Manager
- b) Program Director
- c) Director of Community Justice
- d) PREA Coordinator (Agency Investigator)
- e) Director of Quality Improvement

6. First responders then will contact these externally:

- a) Emergency medical providers/law enforcement (if a potentially criminal act occurred, call 911)
- b) Supervising Parole Officer

7. Complete an incident report, detailing the even and chain of communication.

8. Notify the CEO of TCI

9. If the alleged victim is within a protected population (elderly or persons with intellectual disabilities) contact the applicable hotline number within 72 hours of the allegation.

When a physical assault has occurred on premises all clients will be transferred to Yale Hospital York Street Campus for

forensic examinations.

115.271 (d)

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

The Connection, Inc., will not conduct PREA criminal investigations. All PREA allegations within CSSD funded programs will be referred to the Connecticut State Police for investigation.

Central Office: Agency PREA investigator question, when you discover evidence that a prosecutable crime may have taken place, do you consult with prosecutors before you conduct compelled interviews? The Investigator refer to CT State Police for any allegations that involve a crime.

115.271 (e)

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

Central Office: Agency PREA investigator question, would you, under any circumstances, require a resident who alleges sexual abuse to submit to a polygraph examination or truth-telling devices as a condition for proceeding with an investigation. No.

115.271 (f)

Administrative Investigations:

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

Central Office: Agency PREA investigator question, what efforts do you make during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse. This is always taken into consideration when reviewing a PREA allegation and the Director of Human Resources is always contacted when an allegation involves a staff member.

115.271 (g)

Criminal investigations shall be documented in a written report that contains a through description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Central Office: Agency PREA investigator question, are criminal investigations documented? What is contained in that report? Yes, the same reports as the administrative investigations but includes any information from CT State Police.

115.271 (h)

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Central Office: Agency PREA investigator question, when you discover evidence that a prosecutable crime may have taken place, do you consult with prosecutors before you conduct compelled interviews? The Investigator refer to CT State Police for any allegations that involve a crime.

PREA Administrative Review Report (1 Investigation/Unsubstantiated):

- Section B: Sexual Abuse Incident Review
- Findings
- Recommendations/Summary of Resolution
- Evidence – Interviews, No camera footage available
- Referred for Prosecution – 0
- Retaliation Monitoring - 0

115.271 (i)

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

The agency retains all written reports regarding investigations. TCI Policy PREA Review Policy and Procedure states, TCI is responsible for the following:

- Ensuring that all reports are retained for the entirety of the alleged abuser is incarcerated or employed by the agency plus five years.

115.271 (j)

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

Central Office: Agency PREA investigator question, how do you proceed when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct? The investigation proceeds the same as any other allegation – it is reported CT State Police and the investigation continues.

Central Office: Agency PREA investigator question, how do you proceed with a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into incident? The investigator proceeds the same as any other allegation – the review continues and reported to authorities if needed.

115.271 (k)

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

The agency stated that they will comply with any DOJ investigation.

115.271 (l)

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

Central Office: Agency PREA investigator question, when an outside agency investigates an incident of sexual abuse in the facilities, what role do you play? The investigator provides any information requested and assist in any way they can as requested. The investigator follows up with CT State Police for an outcome.

Central Office: Agency PREA coordinator question, if an outside agency investigates allegations of sexual abuse, how does the agency remain informed of the progress of a sexual abuse investigation? The agency receives a case number at the time of a report from the CT State Police Officer and follow-up with the specific police officer requesting any updates.

115.272	<b>Evidentiary standard for administrative investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• PREA: Investigating Sexual Abuse in Confinement Setting Certificates (2) NIC</li> <li>• Facility Investigations for the Past 12 Months Packages: <ul style="list-style-type: none"> <li>o PREA Administrative Review Report (1 Investigation)</li> <li>o Section B: Sexual Abuse Incident Review</li> <li>o Referred for Prosecution (0)</li> <li>o Retaliation Monitoring (0)</li> </ul> </li> <li>• PREA: Review Policy and Procedure</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• PREA Review Policy and Procedure</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.272 (a)</p> <p>The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The agency's PREA Policy, PREA Review, requires no standard higher than a preponderance of the evidence in determining whether PREA related allegations of sexual abuse and sexual harassment are substantiated.</p> <p>Central Office: Agency PREA investigator question, what standards of evidence do you require to substantiate allegations of sexual abuse or sexual harassment? The preponderance of evidence.</p> <p>PREA Administrative Review Report (1 Investigation/Unsubstantiated):</p> <ul style="list-style-type: none"> <li>• Section B: Sexual Abuse Incident Review</li> <li>• Findings</li> <li>• Recommendations/Summary of Resolution</li> <li>• Evidence – Interviews, No camera footage available</li> <li>• Referred for Prosecution – 0</li> <li>• Retaliation Monitoring - 0</li> </ul>

115.273	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• PREA: Investigating Sexual Abuse in Confinement Setting Certificates (2) NIC</li> <li>• Facility Investigations for the Past 12 Months Packages: <ul style="list-style-type: none"> <li>o PREA Administrative Review Report (1 Investigation)</li> <li>o Section B: Sexual Abuse Incident Review</li> <li>o Referred for Prosecution (0)</li> <li>o Retaliation Monitoring (0)</li> <li>o Residents Notification (0)</li> </ul> </li> <li>• PREA: Reporting to Victims Policy and Procedure</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.273 (a)</p> <p>Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>The Connection Policy, PREA: Reporting to Victims, Policy and Procedure section 1.0, states the purpose of the policy is to ensure that the alleged victim of a PREA incident is notified of the results of the PREA investigation. And 4.0, Policy, asserts that in accordance with the PREA standards, The Connection, Inc., will ensure that the alleged victim of a PREA incident is notified of the results of the PREA investigation. And 6.0, Responsibilities places the responsibility for enforcing the policy with the PREA Coordinator.</p> <p>PREA Administrative Review Report (1 Investigation/Unsubstantiated):</p> <ul style="list-style-type: none"> <li>• Section B: Sexual Abuse Incident Review</li> <li>• Findings</li> <li>• Recommendations/Summary of Resolution</li> <li>• Evidence – Interviews, No camera footage available</li> <li>• Referred for Prosecution – 0</li> <li>• Retaliation Monitoring – 0</li> <li>• Residents Notification - 0</li> </ul> <p>115.273 (b)</p> <p>If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.</p> <p>Section 7.0, Reporting to Victims, requires the PREA coordinator to request the relevant information from the investigative entity in order to inform the alleged victim of the outcome of the investigation. At the conclusion of a PREA investigation, the PREA coordinator or program staff will notify the alleged victim, verbally or in writing whether the allegation was determined to be substantiated or unsubstantiated whenever:</p> <ol style="list-style-type: none"> <li>1. The staff member is no longer posted within the unit.</li> <li>2. The staff member is no longer employed with the agency.</li> <li>3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or</li> <li>4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</li> </ol> <p>115.273 (c)</p> <p>Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:</p> <ul style="list-style-type: none"> <li>• The staff member is no longer posted within the resident's unit;</li> <li>• The staff member is no longer employed at the facility;</li> <li>• The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; or</li> </ul>



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

Section 7.0, Reporting to Victims, requires the PREA coordinator to request the relevant information from the investigative entity in order to inform the alleged victim of the outcome of the investigation. At the conclusion of a PREA investigation, the PREA coordinator or program staff will notify the alleged victim, verbally or in writing whether the allegation was determined to be substantiated or unsubstantiated whenever:

5. The staff member is no longer posted within the unit.
6. The staff member is no longer employed with the agency.
7. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
8. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Central Office: Agency PREA investigator question, do your 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 informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation? The agency procedures require notification to be made to any current resident when the outcome is substantiated, unsubstantiated, or unfounded. The agency does not report back to clients the outcomes of allegations against staff that are unfounded.

#### 115.273 (d)

Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

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

In the event of a client-on-client PREA allegation, the PREA coordinator or program staff, is required to inform the alleged victim whenever:

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

#### 115.273 (e)

All such notifications or attempted notifications shall be documented.

Policy requires all notification to alleged victims is to be documented by the PREA coordinator and Connection Inc.'s, obligation to report under this standard will terminate if the client is released from the agency's custody. They will continue to investigate all cases.

#### 115.273 (f)

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

The agency PREA coordinator indicated that the agency's obligation to report under this standard is terminate if the resident is released from custody.

115.276	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• Facility Investigations for the Past 12 Months Packages: <ul style="list-style-type: none"> <li>o PREA Administrative Review Report (1 Investigation)</li> <li>o Section B: Sexual Abuse Incident Review</li> <li>o Referred for Prosecution (0)</li> <li>o Retaliation Monitoring (0)</li> <li>o Documentation of Termination, Resignations, other Sanctions Against Staff (0)</li> </ul> </li> <li>• PREA: Prison Rape Elimination Act Policy and Procedure</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.276 (a)</p> <p>Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>The Connection PREA Policy, requires that all substantiated allegations of sexual abuse and sexual harassment will result in sanctions, including but not limited to, termination and referral for criminal prosecution.</p> <p>PREA Administrative Review Report (1 Investigation/Unsubstantiated):</p> <ul style="list-style-type: none"> <li>• Section B: Sexual Abuse Incident Review</li> <li>• Findings</li> <li>• Recommendations/Summary of Resolution</li> <li>• Evidence – Interviews, No camera footage available</li> <li>• Referred for Prosecution – 0</li> <li>• Retaliation Monitoring – 0</li> <li>• Documentation of Termination, Resignations, other Sanctions Against Staff - 0</li> </ul> <p>115.276 (b)</p> <p>Termination shall be the presumptive disciplinary sanction for ho have engaged in sexual abuse.</p> <p>See section (a).</p> <p>115.276 (c)</p> <p>Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>Central Office Staff: The agency PREA coordinator indicated that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment and be commensurate with the nature and circumstances of the acts committed, disciplinary history and comparable offenses by other staff with similar histories.</p> <p>115.276 (d)</p> <p>All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>The agency PREA coordinator indicated that all terminations for violations of sexual abuse or sexual harassment policies or resignations by staff who would have been terminated if not for their resignation will be reported to law enforcement agencies.</p>

115.277	<b>Corrective action for contractors and volunteers</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 735 300">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="240 331 1465 757" style="list-style-type: none"> <li>• Facility Investigations for the Past 12 Months Packages: <ul style="list-style-type: none"> <li>o PREA Administrative Review Report (1 Investigation)</li> <li>o Section B: Sexual Abuse Incident Review</li> <li>o Referred for Prosecution (0)</li> <li>o Retaliation Monitoring (0)</li> <li>o Documentation of Termination, Resignations, other Sanctions Against Staff (0)</li> </ul> </li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Hiring Contracted Services Policy and Procedure</li> <li>• PREA: Prison Rape Elimination Act Policy and Procedure</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p data-bbox="240 788 360 815">115.277 (a)</p> <p data-bbox="240 846 1410 909">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="240 940 1490 1133">The Agency's PREA Policy, PREA: Prison Rape Elimination Act, Policy and Procedure, 4.0, Policy, requires that all substantiated allegations will result in sanctions, including but not limited to termination and referral for prosecution. The facility does not have any contractors or volunteers however staff indicated if they did have a contractor or volunteer who had violated an agency sexual abuse or sexual harassment policy the services would be suspended and they would be not be allowed back into the program pending an investigation. If the allegations were substantiated the contractor or volunteer would be referred to prosecution and barred from coming back into the facility.</p> <p data-bbox="240 1164 951 1191">PREA Administrative Review Report (1 Investigation/Unsubstantiated):</p> <ul data-bbox="240 1223 1038 1447" style="list-style-type: none"> <li>• Section B: Sexual Abuse Incident Review</li> <li>• Findings</li> <li>• Recommendations/Summary of Resolution</li> <li>• Evidence – Interviews, No camera footage available</li> <li>• Referred for Prosecution – 0</li> <li>• Retaliation Monitoring – 0</li> <li>• Documentation of Termination, Resignations, other Sanctions Against Staff - 0</li> </ul> <p data-bbox="240 1478 360 1505">115.277 (b)</p> <p data-bbox="240 1536 1485 1599">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="240 1630 400 1657">See section (a).</p>

115.278	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• Resident with PREA Disciplinary Sanctions (0)</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• PREA: Avenues of Reporting PREA Allegations Policy and Procedure</li> <li>• PREA: Client Sexual Relationships Policy and Procedure</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.278 (a)</p> <p>Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>The Agency Policy, PREA: Client Sexual Relationships Policy and Procedure, 1.0, Purpose, states the purpose of the policy is to prohibit sexual activity between residents at designated PREA programs. Policy also asserts and affirms the program reserves the right to discipline clients for violating this policy. Consensual, romantic relationship between clients will be treated by staff as a violation of program rules and will not be considered a PREA incident. Sexual activity will not be considered sexual abuse unless the activity is coerced.</p> <p>The PREA coordinator and/or PREA investigator will contact the proper authorities including, but are not limited to, State of Connecticut Police, and CSSD (Probation). Interviews indicated if an resident alleged to have violated a facility/program sexual abuse policy will be disciplined if the allegations against a resident is substantiated. Depending on the severity of the incident, either the resident will be disciplined within the program or referred for prosecution if the allegation is criminal in nature. Interviews indicated the resident will most likely be removed from the program and the decision would be made by the funding source who referred the resident.</p> <p>115.278 (b)</p> <p>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 other residents with similar histories.</p> <p>Central Office Staff: The agency PREA coordinator indicated, sanctions are commensurate with the nature and circumstances of the abuse committed.</p> <p>115.278 (c)</p> <p>The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, in any, should be imposed.</p> <p>Central Office Staff: The agency PREA coordinator indicated, the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to the behavior.</p> <p>115.278 (d)</p> <p>If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.</p> <p>Central Office Staff: The agency PREA coordinator indicated, the facility may not offer therapy or counseling, however if needed the facility will recommend outside services.</p> <p>115.278 (e)</p> <p>The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>Central Office Staff: The agency PREA coordinator indicated, that the agency may discipline a resident for sexual contact</p>

with staff only upon a finding that the staff member did not consent to such contact. However, all sexual activity is prohibited.

115.278 (f)

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.

Central Office Staff: The agency PREA coordinator indicated, that all PREA reports are taken in good faith. If an investigation does not establish evidence sufficient to substantiate the allegation, the reporting resident will not be viewed as falsely reporting or lying upon a reasonable belief that the incident occurred.

115.278 (g)

An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Central Office Staff: The agency PREA coordinator indicated, the agency policy prohibits all sexual activity between residents and will discipline resident for sexual activities.

115.282	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• Facility Investigations for the Past 12 Months Packages: <ul style="list-style-type: none"> <li>o PREA Administrative Review Report (1 Investigation)</li> <li>o Section B: Sexual Abuse Incident Review</li> <li>o Medical Referrals (0)</li> <li>o Mental Health Referrals (0)</li> </ul> </li> <li>• Documentation of Residents Receiving Access to Emergency Medical Services (PREA Only) -0</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• The Client Guide to PREA (English)</li> <li>• The Client Guide to PREA (Spanish)</li> <li>• Connecticut Alliance To End Sexual Violence – Support, Advocate, Prevention (24-Hour, Toll-Free Hotline and Addresses)</li> <li>• Connecticut Alliance to End Sexual Violence (formerly CONNSACS)</li> <li>• PREA Poster: Break the Silence (Spanish and English)</li> <li>• PREA: Avenues of Reporting PREA Allegations Policy and Procedure</li> <li>• Zero Tolerance Policy for Sexual Harassment &amp; Sexual Abuse Acknowledgement (All Residents)</li> <li>• PREA: First Responders to PREA Incident</li> <li>• Resident Handbook: The Connection</li> <li>• MOU: The Connection, Inc. and The Connecticut Alliance to End Sexual Violence</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.282 (a)</p> <p>Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>There are no on-site medical staff or mental health staff on-site at the facility. These services are available and accessible in the community. Medical and mental health services as the result of an incident of sexual assault/abuse are at “no cost” to the resident.</p> <p>PREA Administrative Review Report (1 Investigation/Unsubstantiated):</p> <ul style="list-style-type: none"> <li>• Section B: Sexual Abuse Incident Review</li> <li>• Findings</li> <li>• Recommendations/Summary of Resolution</li> <li>• Evidence – Interviews, No camera footage available</li> <li>• Referred for Prosecution – 0</li> <li>• Retaliation Monitoring – 0</li> <li>• Documentation of Termination, Resignations, other Sanctions Against Staff – 0</li> <li>• Mental Health Referrals – 0</li> <li>• Medical Referrals – 0</li> <li>• Documentation of Residents Receiving Access to Emergency Medical Services (PREA Only) - 0</li> </ul> <p>115.282 (b)</p> <p>If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to standard 115.62 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>The resident has access to the Connecticut Alliance to End Sexual Violence, enabling the resident to access crisis intervention services, including an advocate to accompany the resident through any forensic exam and investigatory process.</p> <p>115.282 (C)</p>

Resident victims of sexual abuse while incarcerated shall be 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.

The Connection Policy, PREA: First Responders to a PREA Incident, page 4, requires the PREA Coordinator is responsible for ensuring the safety of the client within the program; contacting the over-seeing Parole/Probation Officer to determine if an immediate investigation is required; and if agreed by the client, contacting the Connecticut Alliance To End Sexual Violence so that the victim(s) of sexual abuse will receive timely and unimpeded access to emergency medical treatment services.

115.282 (d)

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

These services will be provided to the victim at no cost, regardless of cooperation with the investigation. These services, according to policy, will be available on an on-going basis, until the client is released from the Connection run facility. Contact information is provided in policy.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Parole and Community Services 2018 Residential Audit</li> <li>• Connecticut Alliance To End Sexual Violence – Support, Advocate, Prevention (24-Hour, Toll-Free Hotline and Addresses)</li> <li>• Connecticut Alliance to End Sexual Violence (formerly CONNSACS)</li> <li>• PREA: First Responders to a PREA Incident Policy and Procedure</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.283 (a)</p> <p>The facility shall 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.</p> <p>On-going medical and mental health services are afforded to any resident who has been the victim of sexual abuse. Although there are no on-site medical or mental health staff, these services are available through community. On-going services related to sexual abuse are at ‘no cost’ to the victim and any services not provided at the hospital are provided through community healthcare practitioners.</p> <p>115.283 (b)</p> <p>The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or replacement in, other facilities, or their release from custody.</p> <p>The facility does not evaluate and treat victims on site.</p> <p>115.283 (c)</p> <p>The facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p>The facility does not evaluate and treat victims on site.</p> <p>115.283 (d)</p> <p>Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p>The facility does not evaluate and treat victims on site.</p> <p>115.283 (e)</p> <p>If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>The facility does not evaluate and treat victims on site.</p> <p>115.283 (f)</p> <p>Resident victims of sexual abuse whole incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.</p> <p>The facility does not evaluate and treat victims on site.</p> <p>115.283 (g)</p> <p>Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>The facility does not evaluate and treat victims on site.</p>



115.283 (h)

All facility shall 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.

The facility does not evaluate and treat victims on site.

115.286	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• PREA Review Policy and Procedure</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Agency Annual Report 2020</li> <li>• Department of Justice SSV Reports 2020 (Summary)</li> <li>• Review Team Meetings (30 Days) After Completing Investigations</li> <li>• PREA Incident Reports</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.286 (a)</p> <p>The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p>TCI Policy PREA Review Policy and Procedure section 7 states, The PREA coordinator will conduct an administrative review of the alleged incident within 10 days. The PREA coordinator will complete a PREA Sexual Abuse Incident Review within 30 days of the conclusion of the investigation for all substantiated and unsubstantiated findings.</p> <p>Policy requires, when needed, the administrative review will offer recommendations for improvements and documented once complete or reasons for not doing so will be documented.</p> <p>115.286 (b)</p> <p>Such review shall ordinarily occur within 30 days of the conclusion of the investigation.</p> <p>TCI Policy PREA Review Policy and Procedure section 7 states, The PREA coordinator will conduct an administrative review of the alleged incident within 10 days. The PREA coordinator will complete a PREA Sexual Abuse Incident Review within 30 days of the conclusion of the investigation for all substantiated and unsubstantiated findings.</p> <p>115.286 (c)</p> <p>The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>When needed the administrative review will offer recommendations for improvements and documented once complete or reasons for not doing so will be documented. The PREA Administrative Review Report identifies the following members: QI Specialist/PREA Coordinator, Service Area Director, Program Director, and Program Manager.</p> <p>115.286 (d)</p> <p>The review team shall:</p> <ul style="list-style-type: none"> <li>• Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;</li> <li>• Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian; gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise cause by other group dynamics at the facility;</li> <li>• Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;</li> <li>• Assess the adequacy of staffing levels in that area during different shifts;</li> <li>• Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and</li> <li>• Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance</li> </ul>

manager.

The Review Team form answers the following questions:

1. Does the allegation or investigation indicate a need to change policy or practice to better prevent, detect, or respond to sexual abuse?
2. Was the incident or allegation motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility?
3. Was the area in the facility examined where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?
4. Was the adequacy of staffing levels assessed in that area during different shifts?
5. Was the program assessed for whether the monitoring technology should be deployed or augmented to supplement supervision by staff?

The forms contain a section for "Recommendations for Improvement", whether the recommendations for improvement are implemented and if not, why and lastly a section documents who the report was given to.

115.286 (e)

The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The agency indicated that they will implement the recommendations for improvement, or document its reason for not doing so.

115.287	<b>Data collection</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 735 300">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="240 331 1461 654" style="list-style-type: none"> <li>• PREA Data Policy and Procedure</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Parole and Community Services 2018 Residential Audit</li> <li>• Facility PREA Outcome Report (Investigations Packages)</li> <li>• Agency Annual PREA Report 2020</li> <li>• Department of Justice SSV Reports 2020 (Summary)</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p data-bbox="240 689 360 716">115.287 (a)</p> <p data-bbox="240 748 1474 806">The agency shall collect 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 data-bbox="240 837 1469 963">The Connection, Inc., PREA Data, 1.0, states the purpose of the policy is to establish procedures for PREA allegation data collection, review and storage. 4.0 requires that The Connection, In., will collect accurate data for every allegation of sexual abuse and sexual harassment at all PREA programs using a standardized form and set of definitions which will be periodically updated as required by the Department of Justice.</p> <p data-bbox="240 994 1461 1120">The Connection Inc., will regularly review the PREA allegation data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training; identify problem areas; take corrective action on an ongoing basis; and prepare an annual report of the findings and any corrective actions taken within each facility or the agency as a whole.</p> <p data-bbox="240 1151 1453 1245">Policy requires, as well, that the PREA coordinator is responsible for implementing this policy and for ensuring the PREA data is securely retained within the T/Drive. MIS is responsible for ensuring the PREA Data is securely retained within our agency's software management system, CAMIS.</p> <p data-bbox="240 1276 360 1303">115.287 (b)</p> <p data-bbox="240 1335 1075 1361">The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p data-bbox="240 1393 504 1420">See Section (c) response.</p> <p data-bbox="240 1451 360 1478">115.287 (c)</p> <p data-bbox="240 1509 1442 1568">The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p data-bbox="240 1599 1453 1657">7.0 of the policy requires that the PREA coordinator is responsible for ensuring that the PREA Data is collected, reviewed, stored, published, and retained in a uniform manner.</p> <p data-bbox="240 1688 711 1715">These measures include, but are not limited to:</p> <ol data-bbox="240 1747 1485 1984" style="list-style-type: none"> <li>1. Collect PREA allegation data using the agency's software management system, CAMIS, and comply with the SSV's set of definitions;</li> <li>2. Aggregate PREA allegation data annually;</li> <li>3. Provide the Department of Justice;</li> <li>4. Create an annual report which includes a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse;</li> <li>5. Ensure the annual report with aggregated PREA allegation data is published on the agency's website annually.</li> </ol> <p data-bbox="240 2016 1442 2074">The policy requires the Management Information Staff to ensure the PREA allegation data is securely retained within the agency's software management system, CAMIS, for at least 10 years.</p> <p data-bbox="240 2105 360 2132">115.287 (d)</p>

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The reviewed website contained PREA related statistics. Each Connection facility was listed (each PREA program). Data, for each program, included: client on client allegation, client on staff allegations, staff on client allegations, substantiated cases, unsubstantiated cases, unfounded cases, investigations pending, and policy changes

115.287 (e)

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

See Section (c) response.

115.287 (f)

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The agency provided data from previous calendar year to providing the DOJ request the information. The agency provided the auditor with agency Annual PREA Report 2020 and Department of Justice SSV Reports 2020 (Summary).

115.288	<b>Data review for corrective action</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• PREA Data Policy and Procedure</li> <li>• TCI PREA Website</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Agency Annual PREA Report 2020</li> <li>• Department of Justice SSV Reports 2020 (Summary)</li> <li>• PREA Outcome Report (Investigations)</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.288 (a)</p> <p>The agency shall review data collected and aggregated pursuant to standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:</p> <ul style="list-style-type: none"> <li>• Identifying problem areas;</li> <li>• Taking corrective action on an ongoing basis; and</li> <li>• Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</li> </ul> <p>The Connection, Inc., PREA Data, 1.0, states the purpose of the policy is to establish procedures for PREA allegation data collection, review and storage. 4.0 requires that The Connection, In., will collect accurate data for every allegation of sexual abuse and sexual harassment at all PREA programs using a standardized form and set of definitions which will be periodically updated as required by the Department of Justice.</p> <p>The Connection Inc., will regularly review the PREA allegation data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training; identify problem areas; take corrective action on an ongoing basis; and prepare an annual report of the findings and any corrective actions taken within each facility or the agency as a whole.</p> <p>Policy requires, as well, that the PREA coordinator is responsible for implementing this policy and for ensuring the PREA data is securely retained within the T/Drive. MIS is responsible for ensuring the PREA Data is securely retained within our agency's software management system, CAMIS.</p> <p>7.0 of the policy requires that the PREA coordinator is responsible for ensuring that the PREA Data is collected, reviewed, stored, published, and retained in a uniform manner. These measures include, but are not limited to:</p> <ol style="list-style-type: none"> <li>1. Collect PREA allegation data using the agency's software management system, CAMIS, and comply with the SSV's set of definitions;</li> <li>2. Aggregate PREA allegation data annually;</li> <li>3. Provide the Department of Justice;</li> <li>4. Create an annual report which includes a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse;</li> <li>5. Ensure the annual report with aggregated PREA allegation data is published on the agency's website annually.</li> </ol> <p>The policy requires the Management Information Staff to ensure the PREA allegation data is securely retained within the agency's software management system, CAMIS, for at least 10 years.</p> <p>Central Office: Agency Head designee/Service Area Director for Behavioral Health question, how do you use incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training? Data is reviewed annually, with specific attention to any trends in the occurrence of reported sexual abuse/harassment so that we can work to improve prevention, detection, policies, practices, and training.</p> <p>The agency provided a copy of the PREA 2020 Annual Report. The report includes but not limited to:</p> <ul style="list-style-type: none"> <li>• Background</li> <li>• Year in Review: 2020</li> </ul>

- Total Allegations by Programs
- Allegations by Outcome per Program 2020
- Total Allegations by Category and Results 2014 – 2020
- Category Definitions
- Identified Problems Areas and Corrective Actions for 2021
- Assessment of Progress

115.288 (b)

Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

Central Office: Agency PREA coordinator question, does the agency take corrective action on an ongoing basis based on this data? Yes, after any allegation, the agency PREA coordinator have a conversation with the Program Manager to request any concerns, comments, or questions so the agency always continue to improve. The agency annual report is reviewed by agency leadership and the CEO.

115.288 (c)

The agency's report shall be approved by the agency heard and made readily available to the public through its website or, if it does not have one, through other means.

The reviewed website contained PREA related statistics. Each Connection facility was listed (each PREA program). Data, for each program, included: client on client allegation, client on staff allegations, staff on client allegations, substantiated cases, unsubstantiated cases, unfounded cases, investigations pending, and policy changes.

Central Office: Agency Head designee/Service Area Director for Behavioral Health question, do you approve written annual PREA reports? I review but the CEO signs and approves.

115.288 (d)

The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicated the nature of the material redacted.

A review of the agency PREA 2020 Annual Report did not have any personal identifiers. All personal identifiers were removed from the Annual report.

115.289	<b>Data storage, publication, and destruction</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> <li>• PREA Data Policy and Procedure</li> <li>• State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>• State of Connecticut Department of Correction Division of Parole and Community Services</li> <li>• Parole and Community Services 2018 Residential Audit</li> <li>• Retention Policy and Procedure</li> <li>• Online PREA Audit: Pre-Audit Questionnaire Community Confinement</li> <li>• Interviews</li> </ul> <p>115.289 (a)</p> <p>The agency shall ensure that data collected pursuant to standard 115.87 are securely retained.</p> <p>The Connection, Inc., PREA Data Policy, requires the agency to retain the PREA Administrative Reviews within the T: Drive for at least 10 years from the date of the initial allegation. The PREA Coordinator, Director of Quality Improvement and IT have the ability to view, add, edit and delete the PREA Administrative Reviews from the T: Drive. MIS, Quality Improvement Specialist for Behavioral Health and Quality Improvement Specialist for Family Support Services have “view only” access.</p> <p>115.289 (b)</p> <p>The agency shall 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.</p> <p>The reviewed website contained PREA related statistics. Each Connection facility was listed (each PREA program). Data, for each program, included: client on client allegation, client on staff allegations, staff on client allegations, substantiated cases, unsubstantiated cases, unfounded cases, investigations pending, and policy changes. The website includes past PREA reports.</p> <p>The agency provided a copy of the PREA 2020 Annual Report. The report includes but not limited to:</p> <ul style="list-style-type: none"> <li>• Background</li> <li>• Year in Review: 2020</li> <li>• Total Allegations by Programs</li> <li>• Allegations by Outcome per Program 2020</li> <li>• Total Allegations by Category and Results 2014 – 2020</li> <li>• Category Definitions</li> <li>• Identified Problems Areas and Corrective Actions for 2021</li> <li>• Assessment of Progress</li> </ul> <p>115.289 (c)</p> <p>Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.</p> <p>A review of the agency PREA 2020 Annual Report did not have any personal identifiers. All personal identifiers were removed from the Annual report.</p> <p>115.289 (d)</p> <p>The agency shall maintain sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p>See Section (a) response.</p>



115.401	<b>Frequency and scope of audits</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 735 300">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="242 329 788 488" style="list-style-type: none"> <li>• Agency Website</li> <li>• Facility Posting of PREA Notices</li> <li>• Agency Annual Report (2020)</li> <li>• Department of Justice SSV Reports 2020 (Summary)</li> <li>• Interviews</li> </ul> <p data-bbox="242 519 360 548">115.401 (a)</p> <p data-bbox="242 577 1469 638">During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or a private organization on behalf of the agency, is audited at least once.</p> <p data-bbox="242 667 1337 696">Due to COVID-19 the Department of Correction and the Agency rescheduled all 2020 PREA auditors to 2021.</p> <p data-bbox="242 725 360 754">115.401 (b)</p> <p data-bbox="242 784 1477 844">During each one-year period starting on August 20, 2013, the agency shall ensure that at least one third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.</p> <p data-bbox="242 873 1337 902">Due to COVID-19 the Department of Correction and the Agency rescheduled all 2020 PREA auditors to 2021.</p> <p data-bbox="242 931 360 960">115.401 (c)</p> <p data-bbox="242 990 1485 1084">The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA related issues.</p> <p data-bbox="242 1113 1286 1142">The agency has not received any recommendation for the Department of Justices for an expedited audit.</p> <p data-bbox="242 1171 360 1200">115.401 (d)</p> <p data-bbox="242 1229 1430 1290">The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.</p> <p data-bbox="242 1319 352 1348">Compliant.</p> <p data-bbox="242 1377 360 1406">115.401 (e)</p> <p data-bbox="242 1435 1069 1464">The agency shall bear the burden of demonstrating compliance with the standards.</p> <p data-bbox="242 1494 971 1523">The facility provided the required information to demonstrate compliance.</p> <p data-bbox="242 1552 360 1581">115.401 (f)</p> <p data-bbox="242 1610 1489 1671">The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditation for each facility type.</p> <p data-bbox="242 1700 1481 1823">The auditor uses a triangular approach, by connecting the PREA audit documentations, on-site observation, tour, facility practice, interviewed staff and residents, local and national advocates, etc. to make determinations for each standard. Each standard and/or provision are designed with documentation reviewed, PREA Audit: Pre-Audit Questionnaire, overall findings and interview results.</p> <p data-bbox="242 1852 360 1881">115.401 (g)</p> <p data-bbox="242 1910 1442 1971">The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.</p> <p data-bbox="242 2000 871 2029">The agency/facility provided the required sampling information.</p> <p data-bbox="242 2058 360 2087">115.401 (h)</p> <p data-bbox="242 2116 1070 2145">The auditor shall have access to, and shall observe, all areas of the audited facility.</p>

The received access to all parts of the facility.

115.401 (i)

The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

The auditor received requested documentation.

115.401 (j)

The auditor shall retain and preserve all documentation relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.

The facility documentation will be preserved and provided to the Department of Justice upon request for 18 months.

115.401 (k)

The auditor shall interview a representative sample of residents, residents, and detainees, and of staff, supervisors, and administrators.

The auditor interviewed the required staff and residents, the sample sizes are noted in the report narrative.

115.401 (l)

The auditor shall be permitted to conduct private interviews with residents, residents, and detainees.

All required interviews were conducted in private.

115.401 (m)

Residents, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

The agency/facility posted the audit upcoming notices in English and Spanish.

115.401 (n)

Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

The auditor attempted to communicate with community-based and victim advocates, the results are listed in the report narrative.

<b>115.403</b>	<b>Audit contents and findings</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 735 300">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="240 331 788 488" style="list-style-type: none"> <li>• Agency Website</li> <li>• Facility Posting of PREA Notices</li> <li>• Agency Annual Report (2020)</li> <li>• Department of Justice SSV Reports 2020 (Summary)</li> <li>• Interviews</li> </ul> <p data-bbox="240 519 360 546">115.403 (a)</p> <p data-bbox="240 577 1425 640">Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.</p> <p data-bbox="240 667 352 694">Compliant.</p> <p data-bbox="240 725 360 752">115.403 (b)</p> <p data-bbox="240 784 1331 810">Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.</p> <p data-bbox="240 842 352 869">Compliant.</p> <p data-bbox="240 900 360 927">115.403 (c)</p> <p data-bbox="240 958 1469 1048">For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standards, Meets Standards; Or Does Not Meet Standard. The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.</p> <p data-bbox="240 1079 352 1106">Compliant.</p> <p data-bbox="240 1137 360 1164">115.403 (d)</p> <p data-bbox="240 1196 1444 1258">Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action.</p> <p data-bbox="240 1290 352 1317">Compliant.</p> <p data-bbox="240 1348 360 1375">115.403 (e)</p> <p data-bbox="240 1406 1390 1469">Auditor shall redact any personally identifiable resident or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice.</p> <p data-bbox="240 1500 352 1527">Compliant.</p> <p data-bbox="240 1559 360 1585">115.403 (f)</p> <p data-bbox="240 1617 1477 1680">The agency shall ensure that the auditor's final report is published on the agency's website if it has on, or is otherwise made readily available to the public.</p> <p data-bbox="240 1711 1445 1738">Auditor request the final report to be published on the agency's website or otherwise made readily available to the public.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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

<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to 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

<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone 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
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes



<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the 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
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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.)	na
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.231 (a)</b>	<b>Employee training</b>	
	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	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

<b>115.231 (c)</b>	<b>Employee training</b>	
	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
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	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
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	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
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	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
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of 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
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

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

<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes



<b>115.242 (f)</b>	<b>Use of screening information</b>	
	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
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (b)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	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

<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in 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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(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
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as 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
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes



<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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

<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or 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
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

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

<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes