

PREA Facility Audit Report: Final

Name of Facility: Work Release Program

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/20/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Adam T. Barnett, Sr.	Date of Signature: 04/20/2022

AUDITOR INFORMATION	
Auditor name:	Barnett, Adam
Email:	adam30906@gmail.com
Start Date of On-Site Audit:	03/14/2022
End Date of On-Site Audit:	03/15/2022

FACILITY INFORMATION	
Facility name:	Work Release Program
Facility physical address:	121 Washington Street , Hartford , Connecticut - 06106
Facility mailing address:	110 Bartholomew Ave, Suite 3010, Hartford, - 06106

Primary Contact	
Name:	Deborah Rogala
Email Address:	drogala@cpa-ct.org
Telephone Number:	18607968222

Facility Director	
Name:	Sonia Rodriguez
Email Address:	srodriquez@cpa-ct.org
Telephone Number:	860-221-5320

Facility PREA Compliance Manager	
Name:	Deborah Rogala
Email Address:	drogala@cpa-ct.org
Telephone Number:	O: (860) 796-8222

Facility Characteristics	
Designed facility capacity:	24
Current population of facility:	18
Average daily population for the past 12 months:	18
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18 and older
Facility security levels/resident custody levels:	Community Release Level 1 & 2
Number of staff currently employed at the facility who may have contact with residents:	20
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	11
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

AGENCY INFORMATION	
Name of agency:	Community Partners In Action
Governing authority or parent agency (if applicable):	
Physical Address:	Parkville Business Center, 110 Bartholomew Avenue, Hartford, Connecticut - 06106
Mailing Address:	
Telephone number:	8605662030

Agency Chief Executive Officer Information:	
Name:	Beth Hines
Email Address:	bhines@cpa-ct.org
Telephone Number:	860-566-2030

Agency-Wide PREA Coordinator Information

Name:	Sonia Rodriguez	Email Address:	srodriquez@cpa-ct.org
--------------	-----------------	-----------------------	-----------------------

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-03-14
2. End date of the onsite portion of the audit:	2022-03-15

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	24
15. Average daily population for the past 12 months:	1
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	18
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	9
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Auditor requested inmate roster with housing assignments.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Auditor requested a list of all target residents prior to the on-site visit. Review PAQ, Documentation Reviewed On-site, and Staff Discussions.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Auditor requested a list of all target residents prior to the on-site visit. Review PAQ, Documentation Reviewed On-site, and Staff Discussions.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Auditor requested a list of all target residents prior to the on-site visit. Review PAQ, Documentation Reviewed On-site, and Staff Discussions.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Auditor requested a list of all target residents prior to the on-site visit. Review PAQ, Documentation Reviewed On-site, and Staff Discussions.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Auditor requested a list of all target residents prior to the on-site visit. Review PAQ, Documentation Reviewed On-site, and Staff Discussions.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Auditor requested a list of all target residents prior to the on-site visit. Review PAQ, Documentation Reviewed On-site, and Staff Discussions.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Auditor requested a list of all target residents prior to the on-site visit. Review PAQ, Documentation Reviewed On-site, and Staff Discussions.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Auditor requested a list of all target residents prior to the on-site visit. Review PAQ, Documentation Reviewed On-site, and Staff Discussions.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Auditor requested a list of all target residents prior to the on-site visit. Review PAQ, Documentation Reviewed On-site, and Staff Discussions.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Auditor requested a list of all target residents prior to the on-site visit. Review PAQ, Documentation Reviewed On-site, and Staff Discussions.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>9</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Gender, race and language.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	11
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input type="checkbox"/> Medical staff <input type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

No text provided.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	No allegations reported.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
--	---

<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>No allegations reported in the past 12 months.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) </p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files

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

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:</p>	<p>1</p>

Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>10</p>
---	-----------

AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
---	---

<p>Identify the name of the third-party auditing entity</p>	<p>Diversified Correctional Services, LLC</p>
---	---

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Facility frequently used terminology that maybe unfamiliar to some readers regarding this report.</p> <ul style="list-style-type: none"> • The agency uses the PREA standard 115.6 Definitions related to sexual abuse. These definitions are included in the agency policies and is also used interchangeably with sexual assaults. <p>115.211 (a)</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Facility Organizational Chart • Zero Tolerance Policy • Overarching PREA Policy • Sexual Workplace Harassment Investigation Protocols • CPA – Code of Ethics • PREA Team 2022 • State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. • 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 • CDOC Administrative Directive Number 11.4, Parole and Community Services • CDOC Administrative Directive Number 3.13, Contracts Administration • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <p>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.</p> <p>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 approach to prevent, detect, and response to sexual abuse and sexual harassment.</p> <p>The agency policy clearly defines general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassments.</p> <p>115.211 (b)</p> <p>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.</p> <p>Policy: CAP's Policy: CPA's THT and WRP shall have designated unit-wide coordinators (PREA Coordinators) to develop, implement, and oversee CPA's efforts to prevent, detect and respond to sexual abuse or sexual harassment.</p> <p>Central Office Staff: Agency head/designee question, has the agency identified an agency PREA coordinator with enough time to manage all PREA related responsibilities? The agency/facility has a PREA Team which manages all the PREA related responsibilities for the agency in coordination with HR Department. The following is a list of the Agency PREA Team:</p> <p>PREA Compliance Managers:</p> <ul style="list-style-type: none"> • Director of Operations, PREA Compliance Manager • Program Operations Director for AIC/TH • Program Operations Director for Adult Services (WRP) • Program Operations Director for Juvenile Services (Regions) <p>Central Office Staff: Agency coordinator/facility PREA compliance manager question, do you feel that you have enough time to manage all of your PREA related responsibilities? Yes, I have enough time to manage all my PREA related responsibilities. The PREA Team works closely throughout the year to assist with PREA related tasks.</p> <p>Central Office Staff: Agency coordinator/facility PREA compliance manager question, discuss how you coordinate your agency's efforts to comply with the PREA standards. The agency PREA coordinator/compliance manager 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</p>

coordinator/compliance manager has close contact with all program directors to ensure that the agency/facility is preventing sexual abuse and harassment and responding to it in a timely fashion if it needed.

Program quality assurance includes file reviews, resident interviews, monthly individual supervisions, weekly staff meetings, and annual PREA standard reviews.

Central Office Staff: Agency coordinator/facility PREA compliance manager question, if you identify an issue with complying with a PREA standard, what actions or process do you undertake to work toward compliance with that standard? It is my responsibility as PREA coordinator/compliance manager to ensure all program areas are compliant with the PREA standards. If a non-compliance issue is identified with a PREA standard, I will work directly with the program area staff to identify the issue, develop an action plan to address the issue and implement the action plan. It is important that all staff understand the compliance issue and help to create solutions.

Discussion: The agency/facility has PREA policies which ensure the sexual safety of facility residents and staff. The policy includes zero-tolerance philosophy from the from the agency central office through the front-line staff in its facilities.

The agency/facility PREA coordinator has direct access to the head of the agency and regular communicate with the senior leadership team.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • CPA (Community) 21DOC1112AA • Contracting with Other Entities for the Confinement • State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. • CDOC Administrative Directive Number 3.13, Contracts Administration • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <p>115.212 (a)</p> <p>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>Policy: 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>State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract #21DOC01112AA page 22 Section 43. Prison Rape Elimination Act (PREA) page 22 states, "all contractors providing residential services shall adhere to the federal Prison Rape Elimination Act of 2003, Public Law 108-79. A copy of the federal PREA standards is available upon request to the CTDOC Contracts Administration Office. Additionally, all contractors providing residential services shall comply with CTDOC policies and procedures as they relate to PREA standards for contracted residential community programs, as such policies and procedures are delineated and maintained in the CTDOC Parole and Community Services Residential Provider Manual".</p> <p>CPA is a private, non-profit agency. CPA does not contract for the confinement of its HTH or WRP residents with other private agencies or entities.</p> <p>Central Office Staff: Agency coordinator/facility PREA compliance manager question, do your agency/facility contract with other private agencies or other entities, including other government agencies to house your residents? No. The agency/facility does not contract with other entity for the confinement of its residents.</p> <p>Discussion: The facility has ensured that the contract agreement required language for adoption of and compliance with the PREA standards has been reviewed, discussed, and agreed upon with the contracted entity prior to entering into or renewing the contract.</p> <p>The agency/facility has had PREA audits. The audit results were reviewed to ensure that all contracted facilities are being audited according to the schedule standards require and are in full compliance with the standards. However, do to COVI-19 the audits maybe behind or audited the upcoming year.</p> <p>Monitoring the facility's compliance for PREA includes the years that the facility is not required to un-goes a certified PREA audit. The contract monitor includes monthly reports, annual reports, and monitoring all PREA allegations.</p> <p>115.212 (b)</p> <p>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>See section (a).</p> <p>115.212 (c)</p>

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.

Discussion: The facility has not had any emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed because the facility does not contract with other entities to house their residents.

115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Pat Search Emails Regarding Training • CPA Essential Staffing Completed • Unannounced Visits • Count Sheets WRP • Supervision and Monitoring Policy • Staff Matrix 2022 • Facility Staffing Plan • Facility Camera Location List • Facility Layout • Staff Roster • Facility Tour/Observations • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <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"> (1) The physical layout of each facility; (2) The composition of the resident population; (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (4) Any other relevant factors; <p>State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract 21DOC01112AA section 10 page 10 states, "The contractor shall provide 24/7 on-site supervision of residents. The staffing matrix submitted with the contractor's proposal to the Department's REP #DOC-Res/Non-Res/PS-2021-SM, which is on file 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 contractor shall assign the following staff to the program. Said staff shall be responsible for implementing and providing the required services.</p> <p>Staff: Program Manager, Cases Managers, Job Developer, Lead Human Service Worker, Human Service Workers".</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 staffing matrix is submitted every year. If the agency/facility has changes to recommend, the funding agency does give consideration to the justifications for the requests.</p> <p>The facility has cameras to supplement supervision of residents. They are located in and out of the facility to help eliminate blind spots and to assist in monitoring during security.</p> <p>Policy: CPA's Policy: CPA requires the develop and document a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect residents against sexual abuse.</p> <p>Procedures:</p> <ol style="list-style-type: none"> 1. Staffing – The Program Manager/supervisory designee must develop a written plan that provides for adequate levels of staffing to protect residents against sexual abuse. This staffing plan must take into consideration the following: <ul style="list-style-type: none"> <input type="checkbox"/> The composition of the resident population; <input type="checkbox"/> The physical layout of the facility; <input type="checkbox"/> The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and <input type="checkbox"/> Any other relevant factors. <p>In any situation in which a deviation is made from the staffing plan, written justification for such deviation must be</p>

documented and sent to the PREA Coordinator.

Staffing Standard:

1st shift: program is fully staffed, which includes 2 Human Service Workers

2nd shift: 3 Human Service Workers staff the program

3rd shift: 2 Human Service Workers staff the program

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

3. Assessment - At least once yearly, or whenever necessary, the PREA Team must assess the program and make adjustments, if necessary, to:

- The staffing plan;
- Prevailing staffing patterns;
- The video monitoring plan; and
- The resources available to commit to ensure adequate staffing levels.

Central Office Staff: Agency coordinator/facility PREA compliance manager question, when assessing adequate staffing levels and the need for video monitoring, please explain if and how the facility staffing plan considers standard requirements. The staffing plan consider all the components of the facility's physical plant to include blind spots. The composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and any other relevant factors.

Facility Staff: The Program Manager question, does your facility has a staffing plan? Yes. The staffing plan is based on the funding agency and the RFP approval. However, the agency/facility do meet the minimum staff requirements.

Discussion: The staffing plan minimum requirements are determined by the funder, Department of Corrections. The number of residents 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 staff will always ensure that the minimum staffing is present on the floor. The facility has video monitoring in blind spots throughout the facility and continue to add cameras as money becomes available. Staff complete hourly headcounts/rounds as an additional means of supervision.

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 CT DOC. In circumstances where the staffing plan is not complied with, the facility document and notified DOC of deviations.

Central Office Staff: Agency coordinator/facility PREA compliance manager question, who reviews and follow up on deviations from the staffing plan? In situations in which a deviation is made from the staffing plan, written justification for such deviation is documented and sent to the PREA coordinator/compliance manager by the facility supervisors.

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 Staff: Agency coordinator/facility PREA compliance manager question, if the staffing plan for the facility is reviewed at least once every year, are you consulted regarding any necessary adjustments? The staffing plan is reviewed annually. Yes, per protocol, the PREA coordinator/compliance manager would be notified in advance if there were any adjustments mad to the plan.

Discussion: The staffing plan is objective with the number and placement of staff and some video technology that is necessary to ensure the sexual safety of the resident population given the facility layout and characteristics, classifications of residents, and security needs and programming. The staffing plan considers sick leave, vacation, FMLA, call-outs, training days, military leave, etc...

The agency/facility make its best efforts to comply on a regular basis with the staffing plan and the facility document deviations from the staffing plan. Annually the agency/facility make adjustments as needed to resources the facility has available to commit to ensure adherence to the staffing plan. The agency PREA coordinator/Facility Compliance Manager is a part on the annual review.

The agency/facility intermediate-level and upper-level supervisors conduct unannounced rounds on all shifts to prevent, detect and respond to allegations of sexual abuse and sexual harassment. Staff is prohibited from alerting other staff members of PREA unannounced rounds.

115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Overarching PREA Policy • Limits to Cross Gender Viewing and Searches Policy • Agenda from HSW Meetings • Client Acknowledgement Forms • Pat Search Training for Contracted Residential Providers Sign Up Sheet • Pat Search Policy • PREA Training Acknowledgements • Employee Training • PREA Training Curriculum 2020 • PREA Entering Housing Unit • Online PREA Audit: Pre-Audit Questionnaire Prisons and Jails • Formal and Informal Interviews <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>Policy: CPA's Policy: CPA's TH and WRP do not conduct strip searches or visual body cavity searches.</p> <p>It is prohibited for staff to search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status.</p> <p>The TH and WRP shall enable residents to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing such activity.</p> <p>Procedures:</p> <p>If the resident's genital status is unknown, it may be determined during conversations with the resident or by reviewing records from the referral source(s), if deemed necessary by the Program Manager.</p> <p>Staff of the opposite gender will announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.</p> <p>Transgender and intersex residents will be given the opportunity to shower separately from other residents.</p> <p>Discussion: 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/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. Policy requires residents 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 resident, even in exigent circumstances.</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>

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.

The facility does not conduct cross-gender strip searches and cross-gender visual body cavity searches.

115.215 (d)

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, performing bodily functions, or changing clothing.

Discussion: All staff announces their presence prior to entering a resident room. Staff of the opposite gender only enter a bathroom for exigent circumstances and announce their presence prior to entering a bathroom. Resident have the right to shower, perform bodily functions, and change clothing without staff viewing the resident.

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

Facility Staff: Total of six (6) random staff were interviewed, three from HTH program and three from the WRP program. Staff were asked, are residents able to dress, shower, and toilet without being viewed by staff of the opposite gender? All six (6) random staff indicated that residents are allowed to dress, shower, and toilet without being viewed by the opposite gender.

Facility Staff: Total of six (6) random staff were interviewed, three from HTH program and three from the WRP program. 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)? All six (6) random staff indicated that female staff announce their presence when entering the residents' rooms and entering the floor.

Resident Interviews: Total of ten (10) random residents, 2 Black, 4 White and 4 Hispanic 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% of the interviewed residents indicated that they or other residents are never naked in full view of female staff.

Resident Interviews: Total of ten (10) random residents, 2 Black, 4 White and 4 Hispanic was interviewed. Resident were asked, does male/female staff announce their presence when entering your housing area? 100% of the interviewed resident indicated that female staff announce their presence when entering their housing unit or room.

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 six (6) random staff were interviewed, three from HTH program and three from the WRP program. 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? Four (4) staff indicated that they were 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. Two (2) staff were not sure of the details of the agency policy.

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.

Central Office Staff: Agency coordinator/facility PREA compliance manager question, do security staff receive training on 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? If yes, when do they receive this training? Yes. The facility staff receive training on 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. In addition, staff receive refreshers annually or as needed.

Discussion: The agency/facility prohibit cross-gender pat-down searches of female resident, absent exigent circumstances. If and exigent circumstance occur the facility will document the process. The facility does not restricted access to programming and other opportunities to comply with this provision.

The facility also has a policy prohibiting cross-gender strip searches and cross-gender visual body cavity searches. Again, if and exigent circumstance occur the facility will document the process.

The facility policy, procedures and practices allow residents to shower, perform bodily functions, and change clothes without being viewed by non-medical staff of the opposite gender. Staff of the opposite gender announce their presence when entering a resident housing unit, room, bathroom, or shower; thus, allowing the resident to cover up.

During the audit period, the facility did not have transgenders or intersex residents.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Overarching PREA Policy • Residents with Disabilities and Resident with LEP Policy • Email Exchange for Backup • Bilingual Staff List • LEP Policy Interpreter Form • Camera Review Forms Completed • PREA Brochures English • PREA Brochures Spanish • List of Residents who are Blind, Deaf, or Hard of Hearing – 0 • List of Residents who are LEP – 0 • List of Residents with Cognitive Disabilities – 0 • List of Residents with Physical Disabilities (Wheel Chair, etc.) - 0 • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <p>115.216 (a)</p> <p>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.</p> <p>State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract #21DOC01112AA page 39 Section 2 Americans with Disabilities Act (ADA). "The contractor shall be and remain in compliance with the Americans with Disabilities Act of 1990 as amended from time to time to the extent applicable, during the term of this contract. The agency may cancel or terminate this contract if the contractor fails to comply with the ADA. The contractor represents that it is familiar with the terms of this Act and that it is in compliance with the law. The contractor warrants that it shall hold the state harmless from any liability which may be imposed upon the state as a result of any failure of the contractor to be in compliance with this ADA."</p> <p>Policy: CPA's Policy: CPA shall take appropriate steps to ensure residents who are LEP or have 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 efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>Procedures:</p> <ol style="list-style-type: none"> 1. To ensure effective communication with residents who are deaf or hard of hearing, the program shall provide access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. 2. The program shall ensure 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 skills, or who are blind or have low vision. 3. The program 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 LEP, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. 4. The program 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, or the investigation of the resident's allegations.

Local Community Services:

- Oak Hill

120 Holcomb Street
Hartford, CT 06112
(860)2422274/
(860)286-3113/TTY

- American School for the Deaf (ASD)

139 North Main Street
West Hartford, CT 06107
(860)570-2300/TTY
(860) 570-2222

- Bureau of Education Services for the Blind

184 Windsor Ave.
Windsor, CT 06005
(860) 6024000
(860) 602-4221

To ensure effective communication with residents 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 residents/residents, who have intellectual disabilities, limited reading skills or who are blind or have low vision.

Central Office Staff: Agency head/designee 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? The agency/facility has established procedures to ensure residents who are LEP or have 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, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's/facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The program has not relied on resident interpreters, resident readers, or other types of resident assistants.

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 agency has taken another step to ensure residents/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.

Central Office Staff: Agency coordinator/facility PREA compliance manager question, how does the facility provide PREA for residents with disabilities and residents who are limited English proficient? The agency/facility takes appropriate steps to ensure residents who are LEP or have disabilities, including residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, or speech disabilities; have an equal opportunity to participate in or benefit from all aspects of the agency/facility's efforts to prevent, detect, and respond to sexual and sexual harassment.

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.

Facility Staff: Total of six (6) random staff were interviewed, three from HTH program and three from the WRP program. 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? All staff indicated that they would not let residents serve as interpreters. The facility has staff interpreters.

Discussion: The agency/facility has access to professional translations services. Prior to entry into the facility/program, residents are screened out with regard to certain disabilities because of the nature of the program, which is work release, however when a disabled resident is admitted the facility "meets them at the point of their needs".

115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • CPA Hiring Procedures and a Background Checks • Background Check Policy 111.C.30 • Hiring Procedures 111.C.21 • Hiring Procedures 111.C.20 • CPA Hire List 2021 • Work Place Harassment and Discrimination • CPA Code of Ethics • NCIC Background Checks – All Staff - Spreadsheet • NICIC Background Checks – All Contractors - Spreadsheet • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Online • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <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"> • Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C 1997) • Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or • Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph a-2 of this section. <p>State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract 21DOC01112AA section 15 Criminal History, page 16 states, "The contractor shall provide written notification to the CTDOC Director of Parole and Community Services prior to hiring staff who are currently under any type of criminal justice supervision (that is, state or federal probation or parole, or under the care, custody, and/or supervision of the Connecticut Judicial Branch, CTDOC or the Board of Pardons and Paroles). CTDOC reserves the right to prohibit the contractor from allowing such individual to work in a CTDOC funded program with CTDOC offenders".</p> <p>Policy: CPA's Policy:</p> <p>When making hiring and promotion decisions, CPA shall ensure PREA standards are met.</p> <p>Procedures:</p> <p>1. Hiring and Promoting:</p> <p>CPA 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"> <input type="checkbox"/> Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; <input type="checkbox"/> 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 <input type="checkbox"/> Has been civilly or administratively adjudicated to have engaged in the activity described in the above. <p>CPA shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p>2. Background Checks:</p> <p>Before hiring new employees, who may have contact with residents, CPA shall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Perform a criminal background records check; and <input type="checkbox"/> 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.

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

CPA 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.

3. Applicant and Employee Disclosure:

CPA shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in this policy in written applications or interviews for hiring or promotions, or in any interviews or written self-evaluations conducted as part of reviews of current employees.

CPA shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

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

Central Office Staff: Administrative HR staff question, does the facility perform criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with resident, who are considered for promotions? Do you do this for any contractor who may have contact with residents as well? Staff indicated that the agency conducts a background check on all new hires and contractors working with our program participants. The background check includes a review at the state, national and federal level, DCF file review, motor vehicle records and sex offender registry.

115.217 (b)

The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Central Office Staff: Administrative HR staff question, does the facility consider prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? The HR staff indicated yes that they consider any prior incidents of sexual abuse or sexual harassment.

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.

Central Office Staff: Administrative HR staff question, what system does the agency/facility presently have in place to conduct criminal record background checks of current employees and contractors who may have contact with residents? HR staff indicated that a background check is conducted on every new hire and contractor who is brought in to provide services to our participants. The agency/facility engaged with Employee Reference Source to conduct the background checks. Annually a state criminal, motor vehicle and sex offender background check are completed on all employees.

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 facility 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.

Central Office Staff: Administrative HR staff question, does the agency/facility ask all applicants and employees who may have contact with residents about previous misconduct described in section (a) in written applications for hiring or promotions, and in any interviews or written self—evaluations conducted as part of reviews of current employees? The HR staff indicated yes. This information can be founded in the employment application.

Central Office Staff: Administrative HR staff question, does the agency/facility impose upon employees a continuing affirmative duty to disclose any such previous misconduct? HR staff indicated yes, employees are required to notify their supervisors of any federal, state or local arrest of conviction no later than five days after such arrest or conviction.

115.217 (g)

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

The agency/facility PREA coordinator 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.

Central Office Staff: Administrative HR staff question, when a former employee applies for work at another institution, upon request from that institution, does the agency/facility provide information on substantiated allegations of sexual harassment involving the former employee, unless prohibited by law? The HR staff indicated that without written authorization from the former employee, policy only allows sharing dates of employment and position.

Discussion: The agency/facility verify their process of receiving and responding to the background check results. Agency/facility provided a spreadsheet that covers NCIC, MV, etc. and clear status.

115.218	Upgrades to facilities and technology
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 735 300">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="242 329 823 521" style="list-style-type: none"> • Upgrades to Facilities and Technologies Policy • Facilities and Technologies Documentation • List of Cameras • Facility Tour/Observations • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <p data-bbox="242 586 360 616">115.218 (a)</p> <p data-bbox="242 645 1481 736">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="242 768 1469 831">Policy: CPA's Policy: CPA shall ensure PREA standards are considered when designing or acquiring or upgrading facilities and technologies.</p> <p data-bbox="242 860 367 889">Procedures:</p> <ol data-bbox="242 918 1469 1261" style="list-style-type: none"> 1. Facilities: When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CPA shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. 2. Technologies: When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CPA shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. 3. PREA Coordinator: The PREA Coordinator or designee shall be responsible for ensuring PREA is considered whenever CPA designs, acquires or requests specific upgrades to facilities and technologies. The recipient of such requests will depend on the nature of the request. <p data-bbox="242 1290 1449 1417">Central Office Staff: Agency head/designee 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? The agency/facility ensures PREA standards are considered when designing or acquiring or upgrading facilities and technologies.</p> <p data-bbox="242 1447 1469 1538">When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency considers the effect of the design, acquisition, expansion upon the agency's ability to protect residents from sexual abuse.</p> <p data-bbox="242 1570 360 1599">115.218 (b)</p> <p data-bbox="242 1628 1458 1691">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="242 1720 1449 1848">Central Office Staff: Agency head/designee question, how does the agency use monitoring technology to enhance the protection of residents from incidents of sexual abuse? When installing or updating a video monitoring system, electronic surveillance system, or other technology, the agency considers how such technology may enhance the agency/facility's ability to protect residents from sexual abuse.</p> <p data-bbox="242 1877 1469 1971">Discussion: The PREA coordinator/PREA compliance manger or designee is responsible for ensuring PREA is considered whenever the agency/facility designs, acquires or requests specific upgrades to facility and technologies. The recipient of such requests will depend on the nature of the request.</p> <p data-bbox="242 2000 1442 2063">There have been no upgrades or modifications to the physical plant nor have there been any upgrades to the monitoring technology.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Overarching PREA Policy • Dorians Investigation Certificate • Evidence Protocol and Forensic Medical Examiner Policy • PREA Incident Check List • PREA Incident Report Word-2022 • MOU: CPA and YWCA New Britain • Connecticut Alliance To End Sexual Violence – Support, Advocate, Prevention (24-Hour, Toll-Free Hotline and Addresses) • Connecticut Alliance to End Sexual Violence (formerly CONNSACS) • Staff First Responder Duties Packet Card • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <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>Policy: CPA's Policy: CPA shall contact local authorities to investigate allegations of sexual abuse. CPA shall offer all victims of sexual abuse access to forensic medical examinations without financial cost. CPA shall attempt to make available to the victim a victim advocate.</p> <p>Procedures:</p> <ol style="list-style-type: none"> 1. Access to Forensic Medical Examinations: CPA shall offer victims of sexual abuse access to forensic medical examinations via Hartford Hospital, 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. If SAFEs or SANEs cannot be made available, the examination will be performed by other qualified medical practitioners. CPA shall document its efforts to provide SAFEs or SANEs. 2. Victim Advocate: CPA shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, CPA shall attempt to make such services available through a qualified staff member from a qualified community-based organization. The program shall document efforts to secure services from rape crisis centers. 3. Staff Support: As requested by the victim, the victim advocate, qualified CPA staff member, or qualified staff from a community-based agency shall accompany and support the victim through the forensic medical examination process and investigatory reviews and shall provide emotional support, crisis intervention, information, and referrals. 4. Qualifications of Investigating Agency: CPA shall request that the investigating agency abide to PREA requirements/standards. <p>Facility Staff: Total of six (6) random staff were interviewed, three from HTH program and three from the WRP program. Staff were asked, do you know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse? Separate the victim from the abuser, protect the crime scene, protect the DNA by not letting victim or abuse brush their teeth, drink water, shower, washing, urinating, changing clothes or eating.</p> <p>115.221 (b)</p> <p>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.</p> <p>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</p>

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 evidentiarily 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 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.

Discussion: 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.

Memorandum of Agreement between CPA and YWCA New Britain, a CONNSCS member program, provides free, confidential and empowerment 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. HTH, WRP, Mart's House are located in the service area of Harford, CT.

CPA and YWCA agree to the following:

- Identify and assign a point of contact at each organization to establish coordinator between agencies and access to SACS services for CPA residents.
- Maintain and make available to CPA residents' information about YWCA programs and the availability of sexual assault crisis counselors and community-based services.
- At CPA resident's request, allow for a sexual assault crisis counselor to accompany and support the 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 resident's placement in CPA's facility.
- To develop site specific protocol and procedure for PREA standards.
- To collaborate for the continuity of care and discharge planning for residents who are victims of sexual assault and/or abuse.
- To identify and assign designated staff in an effort to establish a cohesive and seamless delivery of services to residents in CPA facilities.

Responsibilities of the Parties:

The staff at the facility will notify the Program Director or Duty Officer, who will in turn notify the CPA PREA coordinator who will act in the capacity of liaison to the YWCA sexual assault crisis counselor.

Service of a YWCA sexual assault crisis counselor will be offered to CPA residents, and if requested, a sexual assault crisis counselor will be allowed to visit with the resident while the resident is a resident of a CPA facility, and accompany the resident at any other point in time where support to the resident will be provided (hospital, court, probation, parole). A YWCA sexual assault crisis counselor will be available to the resident and CPA staff to answer any questions, and consult on cases regarding the best care and service delivery. CPA understands that communication between the resident and a YWCA sexual assault crisis counselor is considered privileged communication in accordance with CGS 52-146k. Communication regarding the resident and services provide can occur if the resident grants permission to YWCA to waive the privilege of confidential communication. Services will be coordinated by both agencies to meet the needs of the resident.

Central Office Staff: Agency coordinator/facility PREA compliance manager question, in what ways does the agency or facility attempt to make available a victim advocate from a rape crisis center? The agency/facility has an active MOU with the New Britain YWCA's Sexual Assault Crisis Services. These services are offered to residents at no charge.

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 Staff: Agency coordinator/facility PREA compliance manager 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 rape crisis center has qualified staff, if not the local hospital will have qualified staff.

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 six (6) random staff were interviewed, three from HTH program and three from the WRP program. Staff were asked, do you know who is responsible for conducting sexual abuse investigations? All staff indicated the PREA Team.

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/facility has a Memorandum of Agreement with the New Britain YWCA's Sexual Assault Crisis Services (SACS) is a certified provider of sexual assault services in CT.

Central Office Staff: Agency coordinator/facility PREA compliance manager 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? All victims are accompanied by one of the following, the victim advocate, qualified staff member, or qualified community-based agency/facility to support the victim through the forensic medical examination process and investigatory reviews and provide emotional support, crisis intervention, information, and referrals throughout the process.

115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Overarching PREA Policy • Policies to Ensure Referrals of Allegations for Investigations • Sexual Workplace Harassment Investigation Protocols • PREA Team Members • MOU: CPA and YWCA New Britain • Connecticut Alliance To End Sexual Violence – Support, Advocate, Prevention (24-Hour, Toll-Free Hotline and Addresses) • Connecticut Alliance to End Sexual Violence (formerly CONNSACS) • Investigation Packages Past 12 Months – 0 • Number of Sexual Abuse Investigations – 0 • Number of Sexual Harassment Investigations – 0 • Number Report for SANE or SAFE - 0 • Facility Incident Reports for past 12 months - 0 • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <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>Policy: CPA's Policy: CPA shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>Procedures:</p> <ol style="list-style-type: none"> 1. Sexual Abuse/Harassment Allegations: CPA maintains policies to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to local authorities to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. This policy is maintained on the CPA website (www.cpa-ct.org). CPA shall document all such referrals. 2. Conducting Criminal Investigations: Local authorities shall be responsible for conducting criminal investigations, not CPA. CPA shall attempt to secure the publication describing the responsibilities of the local authorities and publish it on the agency's website. <p>Central Office Staff: Agency head/designee question, does the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment? Yes, the agency/facility ensures that an internal administrative investigation is completed. The agency's PREA administrative investigator oversees this investigation. The agency/facility works closely with the state and local police departments to ensure criminal investigation is completed.</p> <p>115.222 (b)</p> <p>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.</p> <p>Central Office Staff: Agency head/designee question, describe how an administrative or criminal investigation is completed for allegations of sexual abuse or harassment? The agency/facility does not conduct criminal investigations. Criminal investigations are conducted by the state or local police department. However, the agency works closely with the state and local police throughout the investigation process for allegations of sexual abuse.</p> <p>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 appropriate geographic police department.</p> <p>Central Office Staff: PREA coordinator/ compliance manger question, does the agency require sexual abuse be referred for investigation to an agency with the legal authority to conduct criminal investigations? Yes, what agency?</p>

Local or CT State Police Department, unless the allegation does not involve potentially criminal behavior; then it is referred to agency internal PREA investigator and the Department of Correction (Parole Residents) or Court Support Services Division (Probation Residents).

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 local police department 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.

Discussion: Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months = 0
- The total number of sexual abuse investigations =0
- The total number of sexual harassment investigations =0
- The number of criminal sexual abuse referred for prosecution = 0

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Policy Zero Tolerance 2022 • Employee Training Policy • CPA Work Place Harassment and Discrimination Policy • PREA Training Curriculum 2022 • Overarching PREA Policy • PREA Brochure • Staff First Responder Duties Packet Card • Staff Acknowledgement Statements -9 • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <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"> • Its zero-tolerance policy for sexual abuse and sexual harassment; • How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; • Residents' right to be free from sexual abuse and sexual harassment; • The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; • The dynamics of sexual abuse and sexual harassment in confinement; • The common reactions of sexual abuse and sexual harassment victims; • How to detect and respond to signs threatened and actual sexual abuse; • How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and • How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p>Policy: CPA's Policy: CPA shall train all staff who may have contact with HTH and/or WRP residents. Such training shall be tailored to the gender of the residents, which in this case is male. The staff shall receive additional training if they are reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.</p> <p>1. Training Content: Staff must be trained in, and must sign a statement that they understand, the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CPA's zero tolerance for all forms of sexual abuse and sexual harassment; <input type="checkbox"/> The resident's right to be free from sexual abuse and sexual harassment; <input type="checkbox"/> How to fulfill their responsibilities under CPA's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; <input type="checkbox"/> The dynamics of sexual abuse and sexual harassment in residential settings, including determining which residents are most vulnerable; <input type="checkbox"/> The right of residents and staff to be free from retaliation for reporting sexual abuse or sexual harassment; <input type="checkbox"/> How to detect and respond to signs of threatened and actual abuse; <input type="checkbox"/> The common reactions of sexual abuse and sexual harassment victims; <input type="checkbox"/> How to maintain professional boundaries with residents at all times; <input type="checkbox"/> How to communicate effectively and professionally with all residents; <input type="checkbox"/> How to comply with relevant laws related to the mandatory reporting of sexual abuse to authorities. <p>In addition, CPA shall provide each staff with refresher training every two years to ensure they understand the agency's current sexual abuse and sexual harassment policies and procedures. In years in which a staff does not receive refresher training, CPA shall provide refresher information on current sexual abuse and sexual harassment policies.</p>

2. Training Resources: CPA will utilize the National PREA Resource Center to identify the trainings needed to ensure all PREA Standards are reviewed with staff. Publications and webinars will be the primary resources used from the Center's web site.

CPA will also utilize a PREA power point to assist with training staff to understand all PREA Standards.

Facility Staff: Total of six (6) random staff were interviewed, three from HTH program and three from the WRP program. Staff were asked, have you received PREA training? All six staff indicated that they received PREA training. When ask regarding topics that were included in the training, staff indicated agency's zero tolerance policy, responsibilities, residents' right to be free from sexual abuse and sexual harassment, inappropriate relationship with residents, etc...

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.

Discussion: The agency/facility train all employees who may have contact with residents on PREA training topics. Employees receive this training prior to having contact with residents. The agency/facility provide the PREA training as a part of pre-service/orientation. Training is also reinforced and enhanced by on-the-job-training, shift briefings, staff meetings and management meetings where experienced and knowledgeable staff members work with new hires to educate them further about PREA practices. The PREA training is documented through rosters (staff signatures or electronic verification), meeting minutes, shift briefing notes.

Refresher training occurs every year that the certified PREA audit is not conducted. This is provided to staff meetings, shift briefing, and management meetings.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Volunteer and Contractor Signed • PREA Brochure • Volunteer and Contractor Training • List of Volunteers - 0 • List of Contractors - 0 • Contractor PREA Acknowledgement Statements - 0 • Volunteer PREA Acknowledgement Statements - 0 • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <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>Policy: CPA's Policy: CPA 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>A. Zero Tolerance:</p> <p>All volunteers and contractors who have contact with residents will be notified and provided a copy of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report sexual abuse.</p> <p>B. Training:</p> <p>The level and type of training provided to volunteers and contractors will be based on the services they provide and the level of contact they have with residents.</p> <p>C. Documentation:</p> <p>The agency will maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>D. Training Resources: CPA will utilize the National PREA Resource Center to assist with Volunteer and Contractor training. Publications and webinars will be the primary resources used from the Center's web site.</p> <p>CPA will also utilize a PREA power point to assist with volunteer and contractor training. In addition, CPA has developed an information pamphlet specifically for volunteers and contractors pertinent to PREA.</p> <p>115.232 (b)</p> <p>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.</p> <p>See Section (a) response.</p> <p>115.232 (c)</p> <p>The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>See Section (a) response.</p> <p>Discussion: The agency/facility ensure that volunteers and contractors who have contact with residents are trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, response policies and procedures at the agency/facility in which they are working.</p>

The agency/facility also ensures that everyone in the facility, including volunteers and contractors, understand the agency's zero-tolerance policy toward sexual abuse and sexual harassment, that the agency prohibits them from engaging in sexual relations with residents and that sexual abuse and sexual harassment is always reported.

During the audit period, the facility did not have any volunteers or contractors.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies, Documentations, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Zero Tolerance 2022 • PREA Scrip for New Intakes • PREA Notice English • PREA Notice Spanish • WRP Resident Handbook • LEP Policy for Resident with Disabilities • Client Acknowledgment Form • WRP Resident Handbook • CPA PREA Information Card for Client • PREA Posters (English) • PREA Posters (Spanish) • Brochure (English) • Brochure (Spanish) • Resident Rosters by Living Units • List of Random Resident Selected for Interviews-10 • List of Targeted Resident Selected for Interviews - 0 • Informal Conversations with Resident During the Tour – 1 • Resident Data Sheet • Initial PREA Education Sessions –18 • List of Resident Completing Education Session within 10 Days – 18 • List of Resident Completing Education Session after the Required 10 Days -18 • PREA Orientation - 18 • PREA Acknowledgement Statements –18 • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <p>115.233 (a)</p> <p>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>Policy: CPA's Policy: CPA shall ensure HTH and WRP residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.</p> <p>1. During the intake process, staff must notify all HTH and WRP residents that CPA:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has zero tolerance for all forms of sexual abuse and sexual harassment; <input type="checkbox"/> Has multiple 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; and <input type="checkbox"/> Has a way to report sexual abuse or sexual harassment to authorities, allowing the reporting resident to remain anonymous. <p>2. During intake, staff must complete the required form for each resident which indicates the resident has received the required notices. This form will be signed by the resident, along with the staff conducting the intake, and retained in the resident's file.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Once a resident has received the notices that resident does not need to acknowledge receipt of notice again, for a period of one year, so long as he remains in the HTH or WRP.

3. During intake, the resident must be referred to signage posted in the facility stating the zero-tolerance policy.

4. HTH and WRP must 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 residents who have limited reading skills. The programs must maintain documentation of resident participation in these education sessions.

Central Office Staff: Agency coordinator/facility PREA compliance manager question, what type of PREA education is provided to the residents? The residents receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting; multiple ways for residents to privately report sexual abuse or sexual harassment, and reporting sexual abuse and sexual harassment and remain anonymous.

Resident Interviews: Total of ten (10) random residents, 2 Black, 4 White and 4 Hispanic 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% of the interviewed residents indicated that they review and received information regarding the facility's rules against sexual abuse and sexual harassment.

Resident Interviews: Total of ten (10) random residents, 2 Black, 4 White and 4 Hispanic 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.
- When did you came to this facility?

o Seven said March 2022.

o Two said December 2021.

o One said February 2021.

Discussion: The facility provides basic, critical information to every resident upon intake. This information includes some verbal and written regarding the facility's no-tolerance policy toward sexual abuse and sexual harassment and information about the ways to report sexual abuse and sexual harassment. Residents can report externally and internally including phone numbers and addresses they would need to report.

The facility provides residents education, both critical information at intake and more comprehensive education within 30 days upon resident arrival or transfer from a different facility. If a resident is release and return to the facility, gets the information again.

Information collected by the auditor's "Residents' Information Spreadsheet".

- Resident Initial PREA Screening Date – 18
- Screening within 72 hours = 18
- Resident Initial PREA Education Session Date – 18
- Education within 10 days – 18
- Facility Orientation – 18
- PREA Acknowledgement Statement Date – 18
- Reassessments with 30 days – 18
- Residents selected for Interview – 10
- Resident Refusal to Interview - 2

115.233 (b)

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

Resident Interviews: Total of ten (10) random residents, 2 Black, 4 White and 4 Hispanic was interviewed. Resident were asked, when you first come to this facility, were you transferred from another facility?

- Five residents indicated they came for a prison.
- Four residents indicated that they came for the "streets" parole.
- One indicated that he came from another community program.

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

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.

Discussion: The facility provides PREA information to the residents regarding sexual safety and PREA be accessible regardless of ability and language. Residents who are limited English proficient, are deaf, visually impaired, disabled, including residents with mental illness, or have limited reading skills can get both the information provided at intake and the more complete education in a manner they can understand.

During the first day of the on-site auditor the facility report following target residents.

115.233 (d)

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

Discussion: 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 residents from victimization. Residents are encouraged to report it in person, writing or by telephone.

Information collected by the auditors on the "Residents' Data Sheet".

- Resident Initial PREA Screening Date – 18
- Screening within 72 hours = 18
- Resident Initial PREA Education Session Date – 18
- Education within 10 days – 18
- Facility Orientation – 18
- PREA Acknowledgement Statement Date – 18
- Reassessments with 30 days – 18
- Residents selected for Interview – 10
- Resident Refusal to Interview - 2

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.

Discussion: The facility has critical information continuously available to residents through posters, PREA handouts and meetings/sessions with case managers or counselors.

115.234	Specialized training: Investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 735 300">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="240 331 1453 725" style="list-style-type: none"> • PREA Incident Check Sheet • PREA Team 2022 • Dorian Investigation Certificate • Policy 115.234 • Certificates Documenting National Institute of Corrections (NIC): Investigating Sexual Abuse in Confinement Settings (1) • Investigation Packages Past 12 Months – 0 • Number of Sexual Abuse Investigations – 0 • Number of Sexual Harassment Investigations – 0 • Number Report for Prosecution - 0 • NIC Investigation Online Training Modules • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <p data-bbox="240 788 360 815">115.234 (a)</p> <p data-bbox="240 846 1485 940">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 data-bbox="240 972 1390 1030">Policy: CPA's Policy: CPA will rely on local and/or state authorities to investigate sexual abuse. CPA does conduct administrative investigations, but do not conduct criminal investigations.</p> <p data-bbox="240 1061 1469 1120">1. Allegation of Sexual Abuse: upon learning a resident was sexually abused, the first staff member to respond must utilize the PREA Incident Check Sheet and:</p> <ul data-bbox="240 1151 1477 1688" style="list-style-type: none"> <input type="checkbox"/> Not leave the victim alone; <input type="checkbox"/> Call the Person in Charge to request assistance from the Residential Supervisor, Program Manager, or senior management staff; <input type="checkbox"/> Call 911 to obtain transportation for the resident to Hartford Hospital for care and examination. Hartford Hospital is PREA compliant. <input type="checkbox"/> Separate the alleged victim and abuser, if applicable; <input type="checkbox"/> Preserve and protect the crime scene, if applicable; <input type="checkbox"/> If the abuse occurred within a time period that would still allow for the collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including washing, drinking or eating, unless medically indicated. If toileting needs to take place, the resident should be instructed to not wipe. <input type="checkbox"/> As soon as practical, CPA shall contact the CT Sexual Assault Crisis Center Services to arrange for a sexual assault advocate to go to the hospital where the resident is being transported. <p data-bbox="240 1720 1417 1778">2. CPA shall ensure the local and/or state authorities investigating the abuse have completed the required specialized training in conducting sexual abuse investigations and maintain documentation of such.</p> <p data-bbox="240 1809 1442 1868">Central Office: PREA investigator question, did you receive training specific to conducting sexual abuse investigations in confinement setting?</p> <p data-bbox="240 1899 1485 1957">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 data-bbox="240 1989 762 2016">The facility does not conduct criminal investigations.</p> <p data-bbox="240 2047 1433 2141">Discussion: The investigators who handle sexual abuse and sexual harassment incidents has training in sexual abuse investigations. Investigators are responsibility of gathering and preserving evidence in the case; interview all parties to include victims, perpetrators, witnesses, etc.; and review prior complaints and reports of sexual abuse involving the</p>

suspected perpetrator.

115.234 (b)

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.

Central Office: 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.

The National Institute of Corrections (NIC) online training "PREA: Investigating Sexual Abuse in a Confinement Setting" includes the following topics:

1. Initial Response
2. Investigation
3. Determination of the Findings
4. A Coordinated Response
5. Sexual Assault Response Team
6. A Systemic Approach
7. How Sexual Abuse Investigations Are Different
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.

The facility maintains documentation of investigations.

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 local police Department investigate criminal cases.

Discussion: Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months = 0
- The total number of sexual abuse investigations =0
- The total number of sexual harassment investigations =0
- The number of criminal sexual abuse referred for prosecution = 0

115.235	Specialized training: Medical and mental health care
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 735 300">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="242 329 1398 589" style="list-style-type: none"> • Policy 115.235 • Acute Care Facilities • Certificates Documenting National Institute of Corrections (NIC): Medical Health Care for Sexual Assault Victims in Confinement Settings (#) • List of Medical Staff – 0 • List of Mental Health Care Staff - 0 • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <p data-bbox="242 651 360 680">115.235 (a)</p> <p data-bbox="242 710 1430 770">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 data-bbox="242 799 1262 927" style="list-style-type: none"> • How to detect and assess signs of sexual abuse and sexual harassment; • How to preserve physical evidence of sexual abuse; • How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and • How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p data-bbox="242 956 1197 985">Policy: CPA's Policy: CPA's HTH and WRP do not employ medical and mental health care staff.</p> <p data-bbox="242 1014 869 1043">The program does not have any medical or mental health staff.</p> <p data-bbox="242 1106 360 1135">115.235 (b)</p> <p data-bbox="242 1164 1430 1225">If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.</p> <p data-bbox="242 1254 1473 1283">The facility does not conduct forensic examinations. Forensic examinations if needed will be conducted at the local hospital.</p> <p data-bbox="242 1346 360 1375">115.235 (C)</p> <p data-bbox="242 1404 1481 1464">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 data-bbox="242 1494 869 1523">The program does not have any medical or mental health staff.</p> <p data-bbox="242 1585 360 1615">115.235 (d)</p> <p data-bbox="242 1644 1473 1704">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 data-bbox="242 1733 1458 1794">Discussion: The program does not have any medical or mental health staff. If a resident needed the services of medical, they will be transfer to the local hospital.</p>

115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies, Documentations, Observations, and Interviews:</p> <ul style="list-style-type: none"> • PREA Script for New Intakes Policy • Screening for Risk of Victimization and Abusiveness • Sample PREA Screening • PREA Assessments and Reassessment (Example) • Overarching PREA Policy • Zero Tolerance 2022 • Resident Data Sheet • Initial PREA Screening (List of Residents) – 18 • Reassessments W/In 30 Days (List of Residents) – 18 • Reassessments Completed After 30 Days – 18 • List of Transgender and Intersex Residents – 0 • List of Bisexual, Gay, and Lesbian Residents - 0 • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <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>Policy: CPA's Policy: CPA must ensure all residents are screened to assess their risk of being sexually abused or being sexually abusive toward other residents using an objective assessment/screening instrument.</p> <ol style="list-style-type: none"> 1. Assessment: staff must follow the instructions on the assessment form for making this assessment by asking each resident questions about their perceived risk of being abused. Staff may also consider their own assessment of risk factors. Completed assessments must be retained with the program's daily paperwork as well as in the resident's file. 2. Assessment Timeframe: residents shall be assessed during the intake process or upon transfer to another facility. The assessment must take place within 72 hours of arrival at the facility. 3. Assessment Content: the screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: <ul style="list-style-type: none"> <input type="checkbox"/> Whether the resident has a mental, physical, or developmental disability; <input type="checkbox"/> The age of the resident; <input type="checkbox"/> The physical build of the resident; <input type="checkbox"/> Whether the resident has previously been incarcerated; <input type="checkbox"/> Whether the resident's criminal history is exclusively nonviolent; <input type="checkbox"/> Whether the resident has prior convictions for sex offenses against an adult or child; <input type="checkbox"/> Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; <input type="checkbox"/> Whether the resident has previously experienced sexual victimization; and <input type="checkbox"/> The residents own perception of vulnerability. <p>The assessment 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.</p> 4. Re-assessment: 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. <p>A resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.</p> <ol style="list-style-type: none"> 5. Failure to Answer Assessment Questions: residents must not be disciplined for refusing to answer, or for not disclosing complete information in response to assessment questions. 6. Confidentiality: CPA shall implement appropriate controls on the dissemination within the facility of responses to

questions asked pursuant to this PREA Standard to ensure 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, 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, residents are screened upon admission into the facility for risk of sexual abuse victimization or sexual abusiveness toward other residents.

Discussion: 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. Transgender or intersex residents housing, program assignments and their safety are determined on a case-by-case basis.

The facility has a policy governing the practice and procedures for screening residents. The screening process occur in a setting that ensures privacy as possible given the potentially of sensitive information that are discussed. The screening location has adequate space, privacy and time to conduct a quality screening of the resident for the desired information. Staff receive LGBTI training on effective and professional communication during the staff PREA training

Information collected by the auditors on the "Residents' Data Sheet".

- Resident Initial PREA Screening Date – 18
- Screening within 72 hours = 18
- Resident Initial PREA Education Session Date – 18
- Education within 10 days – 18
- Facility Orientation – 18
- PREA Acknowledgement Statement Date – 18
- Reassessments with 30 days – 18
- Residents selected for Interview – 10
- Resident Refusal to Interview - 2

115.241 (b)

Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

Facility Staff: Staff who perform PREA screening for risk of victimization response to, do you screen residents for risk of sexual victimization or risk of sexually abusing other resident within 72 hours of their intake? Yes. However, residents must be screened within 72 hours of admission within the program but are generally screened within the first 24 hours.

Discussion: The screening occurs within 72 hours of arrival at the facility which includes transfer residents from other facilities.

Information collected by the auditor's "Residents' Data Sheet".

115.241 (c)

Such assessments shall be conducted using an objective screening instrument.

Discussion: The facility uses PREA screening information to inform the agency or facility decisions regarding a particular resident's housing unit, and programming needs. The assessment is conducted using an objective screening instrument. The residents are reassessed when warranted by incident of sexual abuse, and upon receipt of and new or relevant information.

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 objective screening instrument addresses the following:

1. Vulnerability to Victimization:

- Resident Interview
- Experience in Institutions or Community Confinement
- Social Skills
- Perception of Risk
- Gender and Sexual Orientation
- History of Victimization
- Intellectual Impairment
- Mental Health Issues
- Lack of Fit with Community Confinement Facility Culture
- o Resident's Physical Appearance
- o Resident's Presentation and Behaviors
- o Resident which makes him or her stand out such

Collateral Information:

- Review all available file information
- Areas to cross-check in file review

Vulnerability to Victimization Scoring:

Override Due to Severe Disability

Override Due to Safety Concern

Scoring Process:

- No Score = 0 - 1
- Yes Score = 0 – 4
- Not at All = 0
- Sometimes = 1
- Often = 2

2. Sexually Aggressive Behavior:

- Resident Interview
- Collateral Information

If the resident provides a "yes" response to item 1, 2, or file/face sheet review answers "yes" or collateral information (file review) indicates "yes" to sexual aggression, sexual assault or sexual victimization of others, denote the resident as sexually aggressive in the appropriate box on page one.

Facility Staff: Staff who perform PREA screening for risk of victimization response to, what does the initial risk screening consider? It considers the resident's disabilities, resident age, physical build/characteristics of residents, previous incarceration history, criminal history, including nonviolent offenses and sex offenses; sexual orientation, previous sexual victimization of resident, and resident perception of vulnerability. 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 resident is informed what PREA is and the agency's policy regarding it. Then the resident is asked a series of questions that are PREA related from the screening form.

Discussion: The facility screening considers all criteria listed in the standard and more. The facility instrument considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse if know to the facility or agency.

Information collected by the auditor's "Residents' Data Sheet".

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 ten (10) random residents, 2 Black, 4 White and 4 Hispanic 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.

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.

Discussion: Residents are rescreened within 30 days of their arrival at the facility. Resident also reassessed when warranted by the circumstances where additional information may be presented. This information maybe new referral, incident reports, safety of the residents, or any relevant information.

Information collected by the auditor's "Residents' Data Sheet".

- Resident Initial PREA Screening Date – 18
- Screening within 72 hours = 18
- Resident Initial PREA Education Session Date – 18
- Education within 10 days – 18
- Facility Orientation – 18
- PREA Acknowledgement Statement Date – 18
- Reassessments with 30 days – 18
- Residents selected for Interview – 10
- Resident Refusal to Interview - 2

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. The residents' risk level is reassessed as needed due to a referral, request, incident, of sexual abuse, or receipt of additional information that bears on the residents' risk of sexual victimization or abusiveness.

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.

Discussion: Residents are not required to answer questions that they are not ready to disclosed or share information on. The residents 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 in not exploited to the resident's detriment by staff or other residents.

Central Office Staff: Agency PREA coordinator/PREA compliance manager question, has the agency/facility outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation? Yes. The agency/facility has confidentiality protocols which outlines who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. Protocols ensure 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 agency/facility has outlined who can have access to the residents' risk assessment within the facility in order to protect sensitive information from exploitation.

Discussion: The sensitive information from the screening information is protected. The information is control and is disseminated to key staff and any additional staff on a case-by-case basis or as needed.

115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies, Documentations, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Use of Screening Information Policy • Sample PREA Screen • Overarching PREA Policy • Resident Report Policy • Facility Layout • List of Transgender and Intersex Residents – 0 • List of Bisexual Gay and Lesbian – 0 • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <p>115.242 (a)</p> <p>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>Policy: CPA's Policy: CPA is responsible for ensuring the safety of each resident in HTH or WRP.</p> <p>1. Risk Screening Information: CPA shall use information from the risk screening required in PREA 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>2. Individualized Determinations: CPA shall make individualized determinations about how to ensure the safety of each resident.</p> <p>A. Transgender or Intersex Residents:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In deciding whether to assign a transgender or intersex resident to HTH or WRP and in making other housing and programmatic assignments, CPA shall consider on a case – by – case basis whether the placement would ensure the residents health and safety, and whether the placement would present management or security problems. <input type="checkbox"/> A transgender or intersex resident's own view with respect to his safety shall be given serious consideration. <input type="checkbox"/> Transgender and intersex residents shall be given the opportunity to shower separately from other residents. <p>3. Residential Placement: CPA 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.</p> <p>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>Discussion: The facility is using PREA information to make determinations for all residents regarding housing, bed, work, education, and program assignments. The information is use to maintain separation between residents at risk of being sexually victimized and residents likely to commit sexual abuse.</p> <p>The facility physical layout also considers in the determinations of housing assignments.</p> <p>115.242 (b)</p> <p>The agency shall make individualized determinations about how to ensure the safety of each resident.</p> <p>Discussion: The facility uses the PREA screening information from standard 115.41 to make individualized determinations for all residents regarding housing, bed work, education, and program assignments. These determinations are to maintain separation between residents' persons at risk of being sexually victimized and residents likely to commit sexual abuse.</p> <p>115.242 (c)</p>

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.

Central Office Staff: Agency coordinator/facility PREA compliance manager question, how does the agency or facility determine housing and program assignments for transgender or intersex residents? The facility ensures all residents are screened to assess their risk of being sexually abused or being sexually abusive toward other residents using an objective assessment/screening instrument.

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 resident 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 resident. When the resident arrives, program staff have a conversation with the resident to find out how the program can accommodate the resident so that the resident 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 resident. The program ensures the resident can shower alone and if the resident requests it, use the bathroom facilities by themselves. In programs that have single bed bedrooms, the resident will be assigned to these rooms and if there are no single bed bedrooms, then consideration is made on who the resident's roommate will/ be based on the screening tool.

Discussion: Abusive residents will not be housed with a known victim or a vulnerable resident. Prior to a resident 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 resident. When the resident arrives, program can accommodate the resident so that the resident 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 DOC a possible solution or transfer to another program for the resident. The program ensures that the resident can shower alone and if the resident requests it, use the bathroom facilities by themselves.

Staff were asked, where do the facility place vulnerable or abusive resident in and open housing units? Staff indicated that residents at risk of being sexually abused and those who are likely to abuse other resident are bunked at opposite sides of the dormitory. The vulnerable resident is bunked near the door that enters the housing unit or closest to staff location.

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.

Central Office Staff: Agency coordinator/facility PREA compliance manager question, how often are placement and programming assignments for each transgender or intersex resident reassessed to review any threats to safety experienced by the resident? Yes.

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

The facility did not have any known transgenders or intersex residents during the audit period.

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 Staff: Agency coordinator/facility PREA compliance manager 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. Residents who identify as transgender or intersex views discussed when making all decisions about their personal safety.

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. Transgender or intersex residents' own views of his or her safety are given serious consideration in placement and programming assignments.

Discussion: As a part of the housing and programming determinations involving a transgender or intersex resident, staff indicated that they will give serious consideration to the residents' own views regarding his or her safety.

115.242 (f)

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

Central Office Staff: Agency coordinator/facility PREA compliance manager 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 resident will use the shower that can be monitored by staff to ensure that no other person is going in the location if the resident is showering. The resident 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.

Discussion: The facility has procedures that address transgenders and intersex residents that give them the opportunity to disrobe, shower, and dress apart from other residents. Transgenders and intersex residents can request to shower after the shower are closed to all resident.

The facility did not have transgenders and intersex residents during the audit period.

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.

Central Office Staff: Agency coordinator/facility PREA compliance manager question, how does the agency/facility ensure against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wing solely on the basis of their sexual orientation, genital status, or gender identity? The facility does not place lesbian, gay bisexual, transgender, or intersex residents in dedicated housing. The facility is not subject to a consent decree, legal settlement, or legal judgement requiring that it establish a dedicated housing.

Discussion: The auditor requested any consent decree, legal settlement, or legal judgement requiring the facility to establish a dedicated facility, unit, or wing for LGBTI residents, and any documentation of housing if there were a consent decree, legal settlement, or legal judgement. The facility reported none.

The auditor also researches the internet regarding any consent decree, legal settlement, or legal judgement requiring the facility to establish a dedicated facility, unit, or wing for LGBTI resident. No information was founded by the auditor.

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	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies, Documentations, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Resident Reporting Policy • Zero Tolerance 2022 • Overarching PREA Policy • PREA Incident Check List • PREA Incident Report Word 2022 • Employee Training • CAP Code of Ethics • Brochure: (PREA English) • Brochure: (PREA Spanish) • Resident Data Sheet • Investigation Packages Past 12 Months – 0 • Number of Sexual Abuse Investigations – 0 • Number of Sexual Harassment Investigations - 0 • Resident Phones (Observed) – Cell Phones • Resident Drop Boxes with Locks • Number of Confidential Correspondences from Residents - 0 • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <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>Policy: CPA's Policy: CPA shall provide multiple internal ways for residents and staff 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>1. Resident Reporting:</p> <ul style="list-style-type: none"> <input type="checkbox"/> During the intake process, residents will be informed about the multiple ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting such behavior and staff neglect or violation of responsibilities that may have contributed to such incidents. How to report an incident of sexual abuse and/or sexual harassment will also be outlined in the resident handbook given at intake. All residents sign an acknowledgement form that they have received the handbook. <input type="checkbox"/> Residents will also be provided with the PREA Information Card containing all phone numbers listed below. <input type="checkbox"/> Residents will also be informed of at least one way to report abuse or harassment to an office that is not part of the HTH or WRP programs and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to CPA senior management, allowing the resident to remain anonymous upon request. <input type="checkbox"/> The following are the ways in which an incident of sexual abuse and/or sexual harassment can be reported: <ol style="list-style-type: none"> 1- Report the incident directly to your assigned Case Manager or any program staff; 2- Make an anonymous written report of the incident and place it in the Grievance/Incident Box on the 2nd floor outside of the residential case manager's office; 3- Report the incident to the Program Manager; 4- Report the incident to the Program Operations Director (Beth Hines at 860-271-7204 or Deb Rogala at 860-271-7209) 5- Report the incident to Statewide 24-Hour Toll FREE Hotline 1-888-999-5545 (ENGLISH) 1-888-568-8332 (SPANISH) 6- Report the incident to the local authorities: State Police: 860-534-1055 Hartford Police: 860-527-6300 <p>Staff Reporting:</p>

- Staff shall accept reports of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting such behavior and staff neglect or violation of responsibilities that may have contributed to such incidents made verbally, in writing, anonymously, and from third parties, and shall promptly document any verbal reports.
- CPA shall provide a method for staff to privately report sexual abuse and sexual harassment of residents as described in the CPA Employee Handbook. (Refer to the "Communication and Problem Solving" and "Open Door" sections of the Handbook).

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.

Central Office Staff: Agency coordinator/facility PREA compliance manager 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/facility has a toll-free hotline, the hotline number posted in all programs and The Alliance phone number to report. The agency also provides these phone numbers at intake and the Resident Handbook. Further, the agency provides this information on the agency's website. All the additional ways for residents to report abuse or harassment is located in section (a) of this standard.

Central Office Staff: Agency coordinator/facility PREA compliance manager 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 agency PREA coordinator and contact information. DOC receives allegations and has notified us when a resident 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. Residents can make a anonymous written report of the incident and place it in the grievance/incident box.

Facility Staff: Total of six (6) random staff were interviewed, three from HTH program and three from the WRP program. 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 and thru third party.

Resident Interviews: Total of ten (10) random residents, 2 Black, 4 White and 4 Hispanic 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, family members or filing a grievance.

Resident Interviews: Total of ten (10) random residents, 2 Black, 4 White and 4 Hispanic 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.

Discussion: The agency/facility has multiple internal ways of residents to privately report sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff violated their responsibilities that may have contributed to the sexual abuse.

Residents are informed of the different ways to report, methods, and how to access the internal and external reporting process.

During the facility tour the auditor observed intake process/location, where the PREA screening occurred, the location of the drop boxes and whether they were lock. The resident mail process was discussed, how resident mail are sent and received.

The facility has toll-free hotline numbers available to residents. During the tour the auditor tested critical functions such as the phones.

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.

Facility Staff: Total of six (6) random staff were interviewed, three from HTH program and three from the WRP program. 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 ten (10) random residents, 2 Black, 4 White and 4 Hispanic 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 ten (10) random residents, 2 Black, 4 White and 4 Hispanic was interviewed. Resident were asked, can you make reports of sexual abuse or sexual harassment either in person or in writing? 100% said both.

Resident Interviews: Total of ten (10) random residents, 2 Black, 4 White and 4 Hispanic 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 harasses while in this facility? 100% said no.

Discussion: Residents sign an PREA acknowledgment form confirming they have been provided information related to reporting. The Zero Tolerance Policy for Sexual Harassment and Sexual Abuse Acknowledgment, affirms their understands that they have the right to report allegations of sexual abuse and harassment. The statement encourages residents to report. They are advised they may report in person, in writing, or by telephone. They are told that a third party may report allegations of sexual abuse or sexual harassment to the staff, program director, program managers, or the designated PREA coordinator and the PREA hotline number.

Resident or third parties may also report to the Department of Correction PREA Investigation Unit or the Connecticut Alliance to End Sexual Violence. 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.

Most of the residents of the program have cell phones and can communicate with anyone at any time. The resident has access to the community either looking for work, on pass, or during work. Residents have access to their families using their cell phones, during visitation or through writing. They would also have access to their attorneys if they have one.

Information collected by the auditor's "Residents' Information Spreadsheet".

- Resident Initial PREA Screening Date – 18
- Screening within 72 hours = 18
- Resident Initial PREA Education Session Date – 18
- Education within 10 days – 18
- Facility Orientation – 18
- PREA Acknowledgement Statement Date – 18
- Reassessments with 30 days – 18
- Residents selected for Interview – 10
- Resident Refusal to Interview - 2

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 six (6) random staff were interviewed, three from HTH program and three from the WRP program. 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.

Discussion: Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months = 0
- The total number of sexual abuse investigations =0
- The total number of sexual harassment investigations =0
- The number of criminal sexual abuse referred for prosecution = 0

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Policy 115.252 • Zero Tolerance Policy • Overarching PREA Policy • Employee Training • PREA Training Curriculum 2022 • WRP Resident Handbook • Resident Reporting Policy • Grievances that are PREA Related – 0 • Investigation Packages Past 12 Months – 0 • Number of Sexual Abuse Investigations – 0 • Number of Sexual Harassment Investigations – 0 • Number Report for Prosecution - 0 • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <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>Policy: CPA's Policy: CPA shall have a formal process in place to address resident allegations of sexual abuse and sexual harassment. CPA prohibits informal processes or attempts to resolve with staff an alleged incident of sexual abuse and sexual harassment.</p> <p>Central Office Staff: Agency coordinator/facility PREA compliance manager question, what happens to and resident grievance regarding sexual abuse and sexual harassment? When a resident submits a grievance alleging sexual abuse and/or sexual harassment, the grievance coordinator immediately submits the grievance to the PREA investigator or the office responsible for investigating PREA allegations.</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"> • The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. • The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege and incident of sexual abuse. • 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. • 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. <p>See section (a)</p> <p>115.252 (c)</p> <p>The agency shall ensure that:</p> <ul style="list-style-type: none"> • 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 • Such grievance is not referred to a staff member who is the subject of the compliant. <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. The facility has drop boxes.</p> <p>See section (a)</p>

115.252 (d)

- 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.
- Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.
- The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is 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.

Staff indicated that 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. The facility had not used this process within the past 12 months.

Discussion: When a resident submits a grievance alleging sexual abuse and/or sexual harassment, the grievance coordinator immediately submits the grievance to the PREA investigator or the office responsible for investigating PREA allegations.

Discussion: Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months = 0
- The total number of sexual abuse investigations =0
- The total number of sexual harassment investigations =0
- The number of criminal sexual abuse referred for prosecution = 0

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies, Documentations, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Resident Access to Outside Confidential Support • PREA Information Card • PREA Script for New Intakes • Critical and Emergency Numbers • MOU: CPA and YMCA • WRP Resident Handbook • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <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>Policy: CPA's Policy: CPA shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse.</p> <ol style="list-style-type: none"> 1. HTH and WRP shall inform residents, prior to giving them access, of the extent to which their communications with outside victim advocates will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. 2. HTH and WRP shall provide residents with mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. CPA shall enable reasonable communication between residents and these organizations in as confidential a manner as possible. 3. CPA shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers able to provide residents with confidential emotional support services related to sexual abuse. CPA shall maintain copies of such agreements or documentation showing attempts to enter into such agreements. <p>Central Office Staff: Agency coordinator/facility PREA compliance manager question, does the agency/facility 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. The agency/facility has an active MOU with the New Britain YWCA's Sexual Assault Crisis Services. These services are offered to resident free of charge.</p> <p>Resident Interviews: Total of ten (10) random residents, 2 Black, 4 White and 4 Hispanic was interviewed. Resident were asked, does the facility give you mailing addresses and telephone numbers for these outside services? 90% said it is on the PREA posters and handbook, 10% said they did not know.</p> <p>Discussion: The facility has determined which rape crisis center that are available to provide emotional support services to residents. The facility has an agreement/MOU with YWCA New Britain, a member center of the Connecticut Alliance to End Sexual Violence.</p> <p>If a resident is place in some type of restricted housings, they will have access to emotional support services.</p> <p>The facility does not house residents solely for civil immigration purposes. However, if they did, the facility would notify any persons detained solely for civil immigration purposes about how they can access immigrant services agencies and provide mailing addresses and regular and toll-free telephone numbers</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>In addition to the contact information, the sheet states, "Each Member Sexual Assault Crisis Program" provides hotline</p>

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.

115.253 (c)

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

Discussion: Memorandum of Agreement between CPA and YWCA New Britain, a CONNSCS member program, provides free, confidential and empowerment 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. HTH, WRP, Mart's House are located in the service area of Harford, CT.

CPA and YWCA agree to the following:

- Identify and assign a point of contact at each organization to establish coordinator between agencies and access to SACS services for CPA residents.
- Maintain and make available to CPA residents' information about YWCA programs and the availability of sexual assault crisis counselors and community-based services.
- At CPA resident's request, allow for a sexual assault crisis counselor to accompany and support the 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 resident's placement in CPA's facility.
- To develop site specific protocol and procedure for PREA standards.
- To collaborate for the continuity of care and discharge planning for residents who are victims of sexual assault and/or abuse.
- To identify and assign designated staff in an effort to establish a cohesive and seamless delivery of services to residents in CPA facilities.

Responsibilities of the Parties:

The staff at the facility will notify the Program Director or Duty Officer, who will in turn notify the CPA PREA coordinator who will act in the capacity of liaison to the YWCA sexual assault crisis counselor.

Service of a YWCA sexual assault crisis counselor will be offered to CPA residents, and if requested, a sexual assault crisis counselor will be allowed to visit with the resident while the resident is a resident of a CPA facility, and accompany the resident at any other point in time where support to the resident will be provided (hospital, court, probation, parole). A YWCA sexual assault crisis counselor will be available to the resident and CPA staff to answer any questions, and consult on cases regarding the best care and service delivery. CPA understands that communication between the resident and a YWCA sexual assault crisis counselor is considered privileged communication in accordance with CGS 52-146k. Communication regarding the resident and services provide can occur if the resident grants permission to YWCA to waive the privilege of confidential communication. Services will be coordinated by both agencies to meet the needs of the resident.

Resident Interviews: Total of ten (10) random residents, 2 Black, 4 White and 4 Hispanic 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? 90% said yes, when probed they indicated that they do not know because they never had to use the services. 10% said they did know.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies, Materials, Observations, and Interviews:

- Third Party Reporting Policy
- WRP Resident Handbook
- Agency Website
- Investigation Packages Past 12 Months – 0
- Number of Sexual Abuse Investigations – 0
- Number of Sexual Harassment Investigations – 0
- Number Report for Prosecution - 0
- Online PREA Audit: Pre-Audit Questionnaire Community
- Formal and Informal Interviews

115.254 (a)

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.

Policy: CPA's Policy: CPA shall ensure a method exists 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.

- All reports of sexual abuse and sexual harassment received from third parties shall be responded to according to CPA policy by agency staff.
- Any staff receiving a third-party report of sexual abuse or sexual harassment shall forward such report to their immediate supervisor who will in turn forward to the Program Manager and/or PREA Coordinator who will follow the proper PREA reporting guidelines.
- Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents;
- If a third-party file such a request on behalf of a resident, CPA 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, CPA shall document the residents' decision.

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).

Discussion: The agency/facility has established a method for receiving reports of sexual abuse and sexual harassment from third parties, and ensure that the reports are handle the same way as other reports of sexual abuse or sexual harassment, including ensuring that any identified or potential victims are safe and receive necessary support services, and that reports are thoroughly investigated.

The agency/facility publicize information on third-party reporting, through websites; by posting in public areas of the facility lobby or visitation area and pamphlets.

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.

Discussion: Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months = 0
- The total number of sexual abuse investigations =0
- The total number of sexual harassment investigations =0
- The number of criminal sexual abuse referred for prosecution = 0

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Zero Tolerance Policy • Overarching PREA Policy • Employee Training Policy • PREA Training Curriculum 2022 • Staff and Agency Reporting Duties Policy • PREA Incident Check List • PREA Incident Report Word 2022 • CPA Confidentiality Policy • CPA Code of Ethics • List of Residents Under the Age of 18 – 0 • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <p>115.261 (a)</p> <p>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>Policy: CPA's Policy: CPA 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>1. Reporting Duties: All staff must immediately report to the PREA Coordinator, the Program Manager/supervisory designee, the HR Director, or any supervisor or manager or senior management staff any knowledge, suspicion, or information regarding:</p> <ul style="list-style-type: none"> <input type="checkbox"/> An incident of sexual abuse or sexual harassment that occurred in the program; <input type="checkbox"/> Retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment; <input type="checkbox"/> Any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation. <p>o All reports of sexual abuse and sexual harassment that are received from third parties must be received and responded to according to policy by all staff.</p> <p>o As soon as practical, CPA must report all allegations of sexual abuse, including third party and anonymous reports, to the local authorities for further investigation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Call 911 to obtain transportation for the resident to Hartford Hospital which is PREA compliant; <input type="checkbox"/> When a resident state they have been sexually abused, staff must request that the resident not take any action that could destroy physical evidence, including washing, drinking or eating, unless medically indicated; If toileting needs to take place, the resident should be instructed to not wipe; <input type="checkbox"/> The Program Manager/supervisory designee must contact Connecticut Sexual Assault Crisis Services to arrange for a sexual assault advocate to go to the hospital where the resident is being transported. <p>o All allegations of sexual harassment must be reported for investigation to the PREA Coordinator:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Allegations of sexual harassment between residents will be reported for investigation by HTH or WRP; <input type="checkbox"/> Allegations of sexual harassment of residents by staff will be reported for investigation by the Administrative Office of CPA. <p>o Upon receiving an allegation that a resident was sexually abused while residing at HTH or WRP, the staff receiving this information must immediately notify the PREA Coordinator, the Program Manager or supervisory designee, the HR Director, or a supervisor, manager, or senior management staff.</p> <ul style="list-style-type: none"> <input type="checkbox"/> The person receiving such notice will immediately notify the PREA Coordinator, if the PREA Coordinator was not initially

notified;

The PREA Coordinator will notify the Administration of CPA as soon as possible, but not longer than by the end of the business day of the day the report of the allegation was received;

The senior management of CPA must:

1. Institute the Incident Report process; and
2. Call the local authorities to begin a criminal investigation.

o Upon receiving an allegation that a resident was sexually abused the Supervisor/Manager receiving this information must immediately notify the PREA Coordinator and document such report and notification in the facility log:

The PREA Coordinator will notify the Administration of CPA as soon as possible, but not later than by the end of the business day of the day the report of the allegation was received.

1. The PREA Coordinator will keep a record of the details of the notification, including:

- All persons notified;
- Date and time of notification;
- Date and time notice of allegation was received;
- Any details of the allegation.

o If the allegations of sexual abuse are reported to staff after the alleged victim has been transported to a medical facility, staff must:

Notify the receiving facility of the allegation of sexual abuse and the victim's potential need for medical or social services unless the victim has requested otherwise;

Complete an Incident Report in accordance with CPA procedures.

o Apart from reporting to designated supervisors or agency 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.

Facility Staff: The Program Manager question, are all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) reported directly to designated facility investigators? Yes. All reports of sexual abuse and sexual harassment that are received from third-party, and anonymous sources must be received, responded to and investigated according to policies.

Facility Staff: Total of six (6) random staff were interviewed, three from HTH program and three from the WRP program. 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 report everything.

115.261 (b)

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.

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.

Staff are required to maintain confidentiality of any PREA related issues.

115.261 (c)

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.

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 Staff: Agency coordinator/facility PREA compliance manager 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 reports and complete a report to DCF. Further, if the alleged victim is considered a vulnerable adult, then as mandated reporters, the agency notify the appropriate agency of the allegation.

The facility does not housed residents under the age of 17 and under.

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.

The agency policy provides information for third parties to report allegations of sexual abuse and sexual harassment. 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).

Discussion: The agency/facility is aware of reporting and receiving timely information about sexual abuse, sexual harassment, retaliation, and staff neglect, or violations of responsibilities that may have contributed to an incident or retaliation.

The agency/facility has a reporting policy. The policy requires staff members, including medical and mental health staff to immediately report any knowledge, suspicion, or information of any incident in any facility, even in a facility that is not a part of the agency.

The facility complies with the state or local mandatory reporting laws and report sexual abuse allegations concerning any victim considered to be vulnerable adults.

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	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Agency Protection Duties Policy • PREA Screening Policy • List of Residents in Segregation that was/are PREA Related Past 12 Months – 0 • Number of Target Resident Interview in Segregation PREA Related- 0 • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <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 potential victim and potential abuser are not housed together in the same bedroom.</p> <p>Policy: CPA's Policy: CPA shall conduct due diligence in ensuring all reasonable efforts to keep residents safe are consistently maintained.</p> <p>1. Assessment:</p> <p>All residents will be screened to assess their risk of being sexually abused. Staff will follow the instructions on the assessment form for making this assessment by asking each resident questions about their perceived risk of being abused. Staff will also consider their own assessment of risk factors.</p> <p>Such assessment will first take place during the intake process (within 72 hours of resident's arrival at the program).</p> <p>Within a set time period, not to exceed 30 days from the resident's arrival at the program, staff will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received since the intake process.</p> <p>A resident's risk level shall be reassessed when warranted due to a referral request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.</p> <p>The completed assessments will be retained with the HTH/WRP daily paperwork as well as in the resident's file.</p> <p>2. Addressing Risk:</p> <p>Substantial Risk of Imminent Sexual Abuse - When the program learns by any means of notice listed in this policy or by any other means that a resident is subject to a substantial risk of imminent sexual abuse, staff must take immediate action to protect the resident which may include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consultation with Referral Source; <input type="checkbox"/> Direct sight and sound supervision; <input type="checkbox"/> Single room housing if available; <input type="checkbox"/> Placement in a room with a staff member close enough to intervene quickly. <p>Any resident found to be at risk will be segregated during transportation in a CPA vehicle.</p> <p>Central Office Staff: Agency head/designee 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/facility employs all available measures to protect a resident that is subject to a substantial risk of imminent sexual abuse. The following protective actions are employed by the agency/facility:</p> <ul style="list-style-type: none"> • Consultation with referral source, • Removing alleged resident abusers from contact with victims, • Removing alleged staff abusers from contact with victims, • Monitoring resident rooms, including by director observation,

- Transferring potential victims/abusers to other facilities,
- Segregation during transportation in transport vehicles,
- Actively monitoring the conduct and treatment of residents or staff who have reported abuse and of residents who have reported to have suffered abuse for signs of retaliation.

Facility Staff: The Program Manager question, when you learn that a resident is subject to a substantial risk of imminent sexual abuse, what protective action does the facility take? When the facility learns by any means of notice listed in policy or reported by resident or staff that a resident is subject to a substantial risk of imminent sexual abuse, staff will take immediate action to protect the resident which may include:

- Line staff will monitor the allege residents until supervisor respond with additional instructions.
- Staff will keep the allege resident from the allege abusers.

Facility Staff: Total of six (6) random staff were interviewed, three from HTH program and three from the WRP program. 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.

Discussion: There have been no incidents of retaliation during the past twelve months.

Discussion: Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months = 0
- The total number of sexual abuse investigations =0
- The total number of sexual harassment investigations =0
- The number of criminal sexual abuse referred for prosecution = 0

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Policy Zero Tolerance 2022 • Overarching PREA Policy • Policy 115.263 • Staff Training Certificate • PREA Training Curriculum 2022 • Investigation Packages Past 12 Months – 0 • Number of Sexual Abuse Investigations – 0 • Number of Sexual Harassment Investigations – 0 • Number Report for Prosecution - 0 • List of Residents arriving at the facility that reported allegations while at another facility – 0 • List of Residents reported allegations to another facility that occurred while at your facility - 0 • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <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>Policy: CPA's Policy: CPA shall respond to allegations that a resident was sexually abused while confined at another facility.</p> <p>1. Reporting Protocol:</p> <p>Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Program Manager/PREA Coordinator of the program that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.</p> <p>2. Timely Reporting:</p> <p>Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>3. Documentation:</p> <p>CPA shall document that is has provided such notification.</p> <p>4. Investigation Responsibilities:</p> <p>The facility head or agency office that receives such notification is responsible for ensuring the allegation is investigated in accordance with PREA Standards.</p> <p>Central Office Staff: Agency head/designee 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/facility responds immediately to all allegations of sexual abuse or sexual harassment whether it occurs at our facility are the resident reported to another facility after leaving our facility. The PREA Team would be notified immediately. All appropriate staff would be notified.</p> <p>Central Office Staff: Agency head/designee question, what happens when your agency receives such allegations? All appropriate staff would be notified. If an allegation came from another agency/facility, staff would notify the PREA coordinator/compliance manager designated person from that agency.</p> <p>Facility Staff: The Program Manager question, are there examples of another facility or agency reporting such allegations? There have not been any incidents where another facility or agency or residents reported sexual abuse.</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>

Policy requires if the alleged incident occurred while the resident resided in another facility, 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.

115.263 (c)

The agency shall document that it has provided such notification.

Discussion: Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months - 0
- The total number of sexual abuse investigations - 0
- The total number of sexual harassment investigations - 0
- The number of criminal sexual abuse referred for prosecution - 0

Notification:

- Reporting from another Facility – 0
- Reporting to another Facility - 0

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 Staff: Agency head/designee question, what happens when your agency receives such notification of allegations?

All allegations go through the PREA coordinator or the PREA team who then make appropriate collateral contacts to those needing to be informed of the situation.

Discussion: The agency/facility will refer reports of sexual abuse that occurred in another facility back to that facility and receive report from other agency/facilities about sexual abuse reported to have occurred in this facility and they ensure that the allegation is investigated

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • PREA Check Sheet • Policy 264 • PREA First Responder Duties • PREA Incident Report Word 2022 • First Responder Cards • Investigation Packages Past 12 Months – 0 • Number of Sexual Abuse Investigations – 0 • Number of Sexual Harassment Investigations – 0 • Number Report for Prosecution - 0 • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <p>115.264 (a)</p> <p>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:</p> <ul style="list-style-type: none"> • Separate the alleged victim and abuser; • Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; • If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing 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. <p>Policy: CPA's Policy: CPA shall take immediate action upon learning a resident was sexually abused via the Staff First Responder.</p> <p>1. Allegation of Sexual Abuse:</p> <p>Upon learning a resident was sexually abused, the first staff member to respond must:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not leave the victim alone; <input type="checkbox"/> Call the Person in Charge to request the assistance from the Residential Supervisor, Program Manager, or senior management staff; <input type="checkbox"/> Call 911 to obtain transportation for the resident to Hartford Hospital; <input type="checkbox"/> Separate the alleged victim and abuser; <input type="checkbox"/> Preserve and protect the crime scene; <input type="checkbox"/> As soon as is practical contact the CT Sexual Assault Crisis Center to arrange for a sexual assault advocate to go to the hospital to meet with the resident. <p>2. Preserving the Crime Scene:</p> <p>If the abuse occurred within a time period that would still allow for the collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including as appropriate washing, brushing teeth, changing clothes, smoking, urinating, defecating, drinking or eating, unless medically indicated. If toileting needs to take place, the resident should be instructed to not wipe.</p> <p>If the abuse occurred within a time period that would still allow for the collection of physical evidence, request that the alleged abuser not take any action that could destroy physical evidence, including as appropriate washing, brushing teeth, changing clothes, smoking, urinating, defecating, drinking or eating, unless medically indicated. If toileting needs to take place, the resident should be instructed to not wipe.</p> <p>3. PREA Incident Check Sheet:</p>

The Staff First Responder will utilize the "PREA Incident Check Sheet" to ensure first responder duties are fulfilled in the required manner.

Facility Staff: Total of six (6) random staff were interviewed, three from HTH program and three from the WRP program. 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, washing, urinating, changing clothes or eating.

Discussion: Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months - 0
- The total number of sexual abuse investigations - 0
- The total number of sexual harassment investigations - 0
- The number of criminal sexual abuse referred for prosecution - 0

- 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.

Discussion: The agency/facility thru training distinguish the roles of first responders from investigators. First responders do not conduct any part of the investigation and their role is to protect the victim, separate the victim and alleged abuser, to protect and preserve the scene and any evidence that may exist at the scene or evidence on the victim and alleged abuser.

115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Policy 25 • PREA Incident Check Sheet • Investigation Packages Past 12 Months – 0 • Number of Sexual Abuse Investigations – 0 • Number of Sexual Harassment Investigations - 0 • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <p>115.265 (a)</p> <p>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>Policy: CPA's Policy: CPA shall ensure a coordinated response to any incident of sexual abuse among staff first responders, investigators, and agency leadership.</p> <p>A. First Responder Duties:</p> <p>1. Allegation of Sexual Abuse:</p> <p>Upon learning a resident was sexually abused, the first staff member to respond must:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not leave the victim alone; <input type="checkbox"/> Call the Person in Charge to request the assistance from the Residential Supervisor, Program Manager, or senior management staff; <input type="checkbox"/> Call 911 to obtain transportation for the resident to Hartford Hospital; <input type="checkbox"/> Separate the alleged victim and abuser; <input type="checkbox"/> Preserve and protect the crime scene; <input type="checkbox"/> As soon as is practical contact the CT Sexual Assault Crisis Center to arrange for a sexual assault advocate to go to the hospital to meet with the resident. <p>2. Preserving the Crime Scene:</p> <p>If the abuse occurred within a time period that would still allow for the collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including as appropriate washing, brushing teeth, changing clothes, smoking, urinating, defecating, drinking or eating, unless medically indicated. If toileting needs to take place, the resident should be instructed to not wipe.</p> <p>If the abuse occurred within a time period that would still allow for the collection of physical evidence, request that the alleged abuser not take any action that could destroy physical evidence, including as appropriate washing, brushing teeth, changing clothes, smoking, urinating, defecating, drinking or eating, unless medically indicated. If toileting needs to take place, the resident should be instructed to not wipe.</p> <p>3. PREA Incident Check Sheet:</p> <p>The Staff First Responder will utilize the "PREA Incident Check Sheet" to ensure first responder duties are fulfilled in the required manner.</p> <p>B. Investigative Responsibilities:</p> <p>1. Local and/or State Authorities:</p> <p>CPA shall rely on local and/or state authorities to investigate allegations of sexual abuse.</p> <p>2. Qualifications of Local and/or State Authorities:</p> <p>CPA shall ensure the local and/or state authorities investigating the abuse have completed the required specialized training in conducting sexual abuse investigations and maintain documentation of such.</p>

C. Responsibilities of CPA Leadership:

1. Reporting Duties:

All CPA staff must immediately report to the PREA Coordinator, the Program Manager/supervisory designee, the HR Director, or any supervisor or manager or senior management staff any knowledge, suspicion, or information regarding:

- An incident of sexual abuse that occurred in the program;
- Retaliation against residents or staff who reported an incident of sexual abuse;
- Any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation.

o All reports of sexual abuse that are received from third parties must be received and responded to according to policy by all staff.

o As soon as practical, CPA must report all allegations of sexual abuse, including third party and anonymous reports, to the local authorities for further investigation.

o Upon receiving an allegation that a resident was sexually abused while residing at HTH or WRP, the staff receiving this information must immediately notify the PREA Coordinator, the Program Manager or supervisory designee, the HR Director, or a supervisor, manager, or senior management staff.

- The person receiving such notice will immediately notify the PREA Coordinator, if the PREA Coordinator was not initially notified;
- The PREA Coordinator will notify the Administration of CPA as soon as possible, but not longer than by the end of the business day of the day the report of the allegation was received;
- The senior management of CPA must:

3. Institute the Incident Report process; and

4. Call the local authorities to begin a criminal investigation if they have not already been contacted.

o Upon receiving an allegation that a resident was sexually abused the Supervisor/Manager receiving this information must immediately notify the PREA Coordinator and document such report and notification in the facility log:

- The PREA Coordinator will notify the Administration of CPA as soon as possible, but not later than by the end of the business day of the day the report of the allegation was received.

2. The PREA Coordinator will keep a record of the details of the notification, including:

- All persons notified;
- Date and time of notification;
- Date and time notice of allegation was received;
- Any details of the allegation.

o If the allegations of sexual abuse are reported to staff after the alleged victim has been transported to a medical facility, staff must:

- Notify the receiving facility of the allegation of sexual abuse and the victim's potential need for medical or social services unless the victim has requested otherwise;
- Complete an Incident Report in accordance with CPA procedures.

o Apart from reporting to designated supervisors or agency 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.

Discussion: 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>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Policy 266 • All Union Contracts (Collective Bargaining) - None • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <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>Policy: CPA's Policy: CPA is a private, non-profit agency. CPA staff are not unionized. CPA does not enter into collective bargaining agreements pertinent to staffing.</p> <p>Central Office Staff: Agency head/designee 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. This is not applicable. The facility does not enter into any collective bargaining agreements.</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"> • 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 • 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. <p>Discussion: The agency/facility 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	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Agency Protection Against Retaliation Policy • PREA Team 2022 • Retaliation Monitoring Documentation -0 • 90 Day Offender Sexual Abuse Review Checklist Form -0 • Investigation Packages Past 12 Months – 0 • Number of Sexual Abuse Investigations – 0 • Number of Sexual Harassment Investigations – 0 • Number Report for Prosecution - 0 • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <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>Policy: CPA's Policy: CPA shall ensure the protection of all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.</p> <p>1. Protection Measures:</p> <p>CPA shall employ all available measures to protect vulnerable residents from abuse or prevent abusers from having the opportunity to abuse by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consulting with Referral Source; <input type="checkbox"/> Removing alleged resident abusers from contact with victims; <input type="checkbox"/> Removing alleged staff abusers from contact with victims; <input type="checkbox"/> Monitoring resident rooms, including by direct observation, if necessary; <input type="checkbox"/> Transferring potential victims/abusers to other facilities, if operationally possible; <input type="checkbox"/> Segregation during transportation in transport vehicles; <input type="checkbox"/> Actively monitoring the conduct and treatment of residents or staff who have reported abuse and of residents who have reported to have suffered abuse for signs of retaliation; <input type="checkbox"/> Protecting individuals who cooperate in investigations who express fear of retaliation. <p>For at least 90 days following a report of sexual abuse, CPA shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation.</p> <p>Items CPA will monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. CPA shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of residents, such monitoring shall also include periodic status checks.</p> <p>2. Monitoring Responsibilities:</p> <p>CPA's PREA Coordinators for HTH and WRP shall be charged with monitoring retaliation. CPA must remedy any signs of retaliation detected.</p> <p>3. Unfounded Allegations:</p> <p>The program's obligation to protect against retaliation ends if any allegation is unfounded.</p> <p>Central Office Staff: Agency head/designee question, how do you protect residents and staff from retaliation for sexual abuse or sexual harassment allegations? The agency has zero tolerance for all forms of resident on residents and staff on resident sexual abuse or sexual harassment. The agency/facility has designated a PREA coordinator/compliance manager to develop, implement, and oversee the agency/facility's efforts to prevent, detect and respond to PREA allegations. The agency protects all residents and staff who report sexual abuse or sexual harassment or cooperates with sexual abuse or</p>

sexual harassment investigations from retaliation by other residents or staff. The PREA coordinator/compliance manager monitor retaliation for the agency.

The following protective actions are employed by the agency/facility:

- Consultation with referral source,
- Removing alleged resident abusers from contact with victims,
- Removing alleged staff abusers from contact with victims,
- Monitoring resident rooms, including by director observation,
- Transferring potential victims/abusers to other facilities,
- Segregation during transportation in transport vehicles,
- Actively monitoring the conduct and treatment of residents or staff who have reported abuse and of residents who have reported to have suffered abuse for signs of retaliation.

Facility Staff: The Program Manager question, what measures do you take when you suspect retaliations? The same as required by the agency.

The following protective actions are employed by the agency/facility:

- Consultation with referral source,
- Removing alleged resident abusers from contact with victims,
- Removing alleged staff abusers from contact with victims,
- Monitoring resident rooms, including by director observation,
- Transferring potential victims/abusers to other facilities,
- Segregation during transportation in transport vehicles,
- Actively monitoring the conduct and treatment of residents or staff who have reported abuse and of residents who have reported to have suffered abuse for signs of retaliation.

115.267 (b)

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.

The agency reserves the right to employ the following measures, in case of retaliations, as it sees fit:

- Housing Changes/Transfers for resident victims and/or abusers,
- Removal of alleged staff or resident abuser from contact with victims,
- Emotional support services for residents or staff who fear retaliation for reporting sexual abuse, sexual harassment, or for cooperating with alleged PREA investigations.

115.267 (c)

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.

The agency PREA coordinator 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. Allegation they would discuss with the Program Director and staff and speak to the resident(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, resident education and staff training.

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.

Discussion: Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months - 0
- The total number of sexual abuse investigations - 0
- The total number of sexual harassment investigations - 0
- The number of criminal sexual abuse referred for prosecution - 0
- The number of residents monitor for retaliation - 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.

In the event that a resident 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.

Central Office Staff: Agency head/designee question, if an individual who cooperates with an investigation expresses a fear of retaliation, how does the agency take measures to protect that individual against retaliation?

The following protective actions are employed by the agency/facility:

- Consultation with referral source,
- Removing alleged resident abusers from contact with victims,
- Removing alleged staff abusers from contact with victims,
- Monitoring resident rooms, including by director observation,
- Transferring potential victims/abusers to other facilities,
- Segregation during transportation in transport vehicles,
- Actively monitoring the conduct and treatment of residents or staff who have reported abuse and of residents who have reported to have suffered abuse for signs of retaliation.

115.267 (f)

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

In the event that a resident 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.

Discussion: The agency/facility has a policy that protect residents and staff who report sexual abuse or sexual harassment from retaliation. The agency has designated a staff member that are charged with monitoring retaliation.

Some protection measures that the agency/facility has on hand are, housing changes or transfers for resident victims or abusers; Removal of alleged staff or resident abusers from contact with victims; Provide emotional support services for resident who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations.

The agency/facility PREA coordinator/facility compliance manager serve as the PREA monitor. The monitoring last for least 90 days.

Discussion: Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months - 0
- The total number of sexual abuse investigations - 0
- The total number of sexual harassment investigations - 0
- The number of criminal sexual abuse referred for prosecution - 0

115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • PREA Incident Report Word 2022 • PREA Incident Check Sheet • PREA Team Members • Criminal and Administrative Investigations Policy • Investigation Packages Past 12 Months – 0 • Number of Sexual Abuse Investigations – 0 • Number of Sexual Harassment Investigations – 0 • Number Report for Prosecution - 0 • NIC Certificates • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <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>Policy: CPA's policy: CPA does not conduct criminal. The agency/facility do conduct administrative investigations. CPA will contact local authorities for such investigations. CPA shall request of local authorities that they use investigators who have received special training in sexual abuse investigations pursuant to PREA Standard 115.234. It will be at the discretion of the local authorities as to whether allegations of conduct that appears to be criminal be referred for prosecution. CPA will fully cooperate with investigators and endeavor to remain informed about the progress.</p> <p>1. Allegations of Abuse/Harassment:</p> <p>Upon learning of alleged sexual abuse or sexual harassment, CPA shall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Include an effort to determine whether staff actions or failures to act contributed to the abuse; <input type="checkbox"/> Document in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings, if provided to the agency by investigators. <p>2. Report Retention:</p> <p>CPA shall retain all written reports referenced above for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p>3. Departure of Abuser or Victim:</p> <p>The departure of the alleged abuser or victim from the employment or control of the program/agency shall not provide a basis for terminating an investigation.</p> <p>Central Office: PREA investigator question, how do you handle anonymous or third-party reports of sexual abuse or sexual harassment? Are they investigated differently? All allegations of sexual assault or sexual harassment are investigated regardless of method or source of reported. All third-party reports are handed exactly the same as any other report. They are not investigated differently.</p> <p>Central Office: PREA investigator question, 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? The first response to an allegation of sexual abuse/sexual harassment is to ensure the immediate safety of the victim. This include removing the proximity of the victim and the abuser, providing access to a victim's advocate, first aid and or urgent medical care all while preserving all evidence. The response team would meet, and a prompt investigation would be immediate initiated.</p> <p>115.271 (b)</p> <p>Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to standard 115.34.</p>

The PREA investigator who has completed the National Institute of Corrections, Specialized Training, PREA: Conducting Sexual Abuse Investigations in Confinement Settings.

The National Institute of Corrections (NIC) online training "PREA: Investigating Sexual Abuse in a Confinement Setting" includes the following topics:

1. Initial Response
2. Investigation
3. Determination of the Findings
4. A Coordinated Response
5. Sexual Assault Response Team
6. A Systemic Approach
7. How Sexual Abuse Investigations Are Different
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

115.271 (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.

Discussion: The investigators who handle sexual abuse and sexual harassment incidents has training in sexual abuse investigations. Investigators are responsibility of gathering and preserving evidence in the case; interview all parties to include victims, perpetrators, witnesses, etc.; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

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 agency will not conduct PREA criminal investigations. All PREA allegations within CSSD funded programs will be referred to the Connecticut State Police for investigation. All PREA allegations in DOC funded programs will be referred to State of Connecticut Department of Correction's PREA Investigation Unit for investigation.

Central Office: 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 or local police for any allegations that involve a criminal case.

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: 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. Would never require a resident to submit to polygraph testing.

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: 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. The agency/facility will make every effort to determine whether staff actions or failures to act contributed to the abuse. These efforts will 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.

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: PREA investigator question, are criminal investigations documented? What is contained in that report? Yes, criminal investigations are 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. The outside entity that is conducting the criminal investigation made add additional documentations.

115.271 (h)

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

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

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.

- 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: 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 to the criminal investigator to continue regardless of employees' status with the agency/facility.

Central Office: 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: 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. When outside agency investigates sexual abuse, the facility fully cooperates with the investigating authority. Additionally, the agency/facility would make every effort to stay informed as to the status of the investigation.

Central Office Staff: Agency coordinator/facility PREA compliance manager 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 PREA coordinated/compliance manger are responsible for maintaining regular contact with the outside agency that is investigating the allegations.

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.

Discussion: The agency/facility ensure that all allegations of sexual abuse and sexual harassment are investigated thoroughly and properly. The agency/facility when investigated can deter sexual abuse and sexual harassment by ensuring that investigations are documented and documentary evidence is preserved; investigations are completed regardless of the status of the victim or perpetrator, and all substantiated allegations that rise to the level of a criminal offense are referred for prosecution.

The administrative investigations try to determine whether staff action or failures to act contributed to the abuse. The investigations documented in a written report that describes the physical and testimonial evidence if any, the reasoning behind assessments, and investigative facts and findings.

The criminal investigations are also documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence. The agency/facility retain the investigations for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

When investigations are conducted outside of the agency/facility, the facility cooperate with the outside investigator and remain informed about the progress of the investigations.

The investigators who handle sexual abuse incidents has training in sexual abuse investigations. Investigators are responsibility of gathering and preserving evidence in the case; interview all parties to include victims, perpetrators, witnesses, etc.; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Discussion: Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months - 0
- The total number of sexual abuse investigations - 0
- The total number of sexual harassment investigations - 0
- The number of criminal sexual abuse referred for prosecution - 0

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • PREA Incident Report Word 2022 • PREA Incident Check Sheet • PREA Team Members • Evidentiary Standard for Administrative Investigations • Dorian S. Investigation Certificate • Investigation Packages Past 12 Months – 0 • Number of Sexual Abuse Investigations – 0 • Number of Sexual Harassment Investigations - 0 • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <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: PREA investigator question, what standards of evidence do you require to substantiate allegations of sexual abuse or sexual harassment? The agency/facility uses the preponderance of evidence.</p>

115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Reporting to Residents Policy • Investigation Packages Past 12 Months –0 • Number of Sexual Abuse Investigations – 0 • Number of Sexual Harassment Investigations - 0 • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <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>Policy: CPA's Policy: CPA shall ensure residents who report sexual abuse are kept informed as to the status of the allegation.</p> <p>Following an investigation into a resident's allegation of sexual abuse suffered in HTH or WRP, CPA shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>Since the local authorities are responsible for conducting such investigations, CPA shall request the relevant information from them in order to properly inform the resident.</p> <p>1. Allegation of Staff Abuse:</p> <p>Following a resident's allegation that a staff member has committed sexual abuse against the resident, CPA shall subsequently inform the resident (unless it has determined the allegation is unfounded) whenever:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The staff member is no longer posted within the resident's unit; <input type="checkbox"/> The staff member is no longer employed at the facility; <input type="checkbox"/> The agency learns the staff member has been indicted on a charge related to sexual abuse within the program; or <input type="checkbox"/> The agency learns the staff member has been convicted on a charge related to sexual abuse within the program. <p>2. Allegation of Resident Abuse:</p> <p>Following a resident's allegation that he has been sexually abused by another resident, CPA shall subsequently inform the alleged victim whenever:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or <input type="checkbox"/> The agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility. <p>3. Documentation:</p> <p>All such notifications or attempted notifications shall be documented and maintained by the PREA Coordinator.</p> <p>4. Termination of Obligation:</p> <p>CPA's obligation to report under this standard shall terminate when the resident is discharged from the program.</p> <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>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> <ul style="list-style-type: none"> 1. The staff member is no longer posted within the unit.

2. The staff member is no longer employed with the agency.
3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.273 (c)

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:

- The staff member is no longer posted within the resident's unit;
- The staff member is no longer employed at the facility;
- The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

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: 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/facilities 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 residents 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 resident-on-resident 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.

Notifications to alleged victims is to be documented by the PREA coordinator. They will continue to investigated 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

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies, Materials, Observations, and Interviews:

- Disciplinary Sanctions for Staff
- CPA PREA Sexual Harassment Sexual Abuse Activity History
- Zero Tolerance Policy
- Overarching PREA Policy
- List of Staff that Received Disciplinary Sanctions – 0
- Investigation Packages Past 12 Months – 0
- Number of Sexual Abuse Investigations – 0
- Number of Sexual Harassment Investigations - 0
- Online PREA Audit: Pre-Audit Questionnaire Community
- Formal and Informal Interviews

115.276 (a)

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Policy: CPA's Policy: CPA shall ensure prompt disciplinary action for staff who violate the agency's sexual abuse or sexual harassment policies.

1. Disciplinary Sanctions:

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

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.

2. Sexual Abuse:

Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

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.

115.276 (b)

Termination shall be the presumptive disciplinary sanction for ho have engaged in sexual abuse.

See section (a).

115.276 (c)

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.

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.

115.276 (d)

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.

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.

Discussion: During the audit period, the agency/facility did not have any disciplinary sanctions of residents.

115.277	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 735 300">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="242 329 823 555" style="list-style-type: none"> • Corrective Action for Contractors and Volunteers Policy • Volunteer and Contractor • Volunteer and Contractor Training • List of Contractors that Received Corrective Action -0 • List of Volunteers the Received Corrective Action -0 • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <p data-bbox="242 620 360 649">115.277 (a)</p> <p data-bbox="242 678 1410 739">Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p data-bbox="242 768 1434 828">Policy: CPA's Policy: CPA shall ensure a prompt response to any allegation of sexual abuse or sexual harassment by a contractor or volunteer.</p> <p data-bbox="242 857 568 887">1. Removal from Agency Duties:</p> <p data-bbox="242 916 1477 976">Any substantiated allegation of sexual abuse or sexual harassment by a contractor or volunteer shall be immediate grounds for removal from the program/agency.</p> <p data-bbox="242 1005 416 1034">2. Sexual Abuse:</p> <p data-bbox="242 1064 1481 1124">Any contractor or volunteer who engages in sexual abuse shall be immediately prohibited from contact with residents. Such conduct will be reported to local authorities and relevant licensing bodies as applicable.</p> <p data-bbox="242 1153 477 1182">3. Remedial Measures:</p> <p data-bbox="242 1211 1477 1272">CPA shall take appropriate remedial measures and 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 vendor.</p> <p data-bbox="242 1301 1485 1464">The facility staff indicated 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="242 1494 360 1523">115.277 (b)</p> <p data-bbox="242 1552 1485 1612">The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="242 1641 402 1671">See section (a).</p> <p data-bbox="242 1700 1307 1729">Discussion: During this PREA audit period, there were no corrective action of volunteer and contract staff.</p>

115.278	Disciplinary sanctions for residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 735 300">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="240 331 823 757" style="list-style-type: none"> • Disciplinary Sanctions for Resident Policy • Transitional Housing Human Services Worker Handbook • CPA PREA Information Card • MOU – Agreement between CPA and YWCA NB • WRP Resident Handbook • Zero Tolerance 2022 • PREA Training Curriculum • List of Residents the Received Disciplinary Sanctions –0 • Investigation Packages Past 12 Months – 0 • Number of Sexual Abuse Investigations – 0 • Number of Sexual Harassment Investigations - 0 • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <p data-bbox="240 819 360 846">115.278 (a)</p> <p data-bbox="240 882 1469 972">Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p data-bbox="240 1003 1469 1066">Policy: CPA's Policy: CPA prohibits all sexual activity between residents and may discipline residents for such activity. CPA will not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p data-bbox="240 1097 496 1124">1. Disciplinary Sanctions:</p> <p data-bbox="240 1155 1469 1281">HTH and WRP residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following a finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.</p> <p data-bbox="240 1312 1461 1375">The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="240 1406 1477 1469">HTH/WRP 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 data-bbox="240 1500 1201 1527">The following is a summary of potential disciplinary sanctions that may be taken by the program:</p> <p data-bbox="240 1559 1107 1585">Level 1 – Infraction: This type of action does not rise to the level of a Program Violation.</p> <p data-bbox="240 1617 1453 1680">Level 2 – Violation: This type of action is more severe than an infraction, and will be reported to the referral source on the next monthly status report or court report.</p> <p data-bbox="240 1711 1485 1774">Level 3 – Violation: This type of action is considered severe and the referral source will be notified as soon as possible with a recommendation or request for termination from the program.</p> <p data-bbox="240 1805 1385 1868">Level 4 – Violation: This is based on criminal behavior and will result in a telephone call to police and an immediate notification to the referral source requesting termination from the program.</p> <p data-bbox="240 1899 384 1926">2. Limitations:</p> <p data-bbox="240 1957 1485 2020">HTH and WRP do not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse.</p> <p data-bbox="240 2051 491 2078">3. Good Faith Reporting:</p> <p data-bbox="240 2110 1477 2172">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.</p>

115.278 (b)

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.

Central Office Staff: The agency PREA coordinator indicated, sanctions are commensurate with the nature and circumstances of the abuse committed.

115.278 (c)

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.

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.

115.278 (d)

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.

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.

115.278 (e)

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.

Central Office Staff: The agency PREA coordinator indicated, that 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. 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.

Discussion: During this audit period, there were no disciplinary sanctions for residents regarding sexual abuse or sexual harassment.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies, Materials, Observations, and Interviews:

- Facility PREA Policy
- MOU – Agreement between CPA and YWCA NB
- CPA PREA Information Card for Client
- Access to Emergency Medical and Mental Health Services Policy
- PREA First Responder Duties
- Overarching PREA Policy
- Online PREA Audit: Pre-Audit Questionnaire Community
- Formal and Informal Interviews

115.282 (a)

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.

Policy: CPA's Policy: 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 health practitioners according to their professional judgment.

CPA's HTH and WRP do not employ medical and mental health staff and will therefore rely on the services of qualified outside providers for these services for residents as necessary.

1. Staff First Responders: Pursuant to PREA Standard 115.262, staff first responders shall take preliminary steps to protect the resident victim and shall immediately notify the appropriate medical and mental health providers.
2. Timely Information and Access: Resident victims of sexual abuse shall be offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
3. Treatment: 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.

115.282 (b)

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.

The resident has access to the Connecticut Sexual Assault Crisis Services, enabling the resident to access crisis intervention services, including an advocate to accompany the resident through any forensic exam and investigatory process.

115.282 (C)

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 PREA Coordinator is responsible for ensuring the safety of the resident within the program; contacting the over-seeing Parole/Probation Officer to determine if an immediate investigation is required; and if agreed by the resident, 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 resident is released from the facility. Contact information is provided.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • MOU – Agreement between CPA and YWCA NB • Access to Emergency Medical and Mental Health Policy • Ongoing Medical and Mental Health Care for Sexual Abuse Policy • CT Acute Care Hospitals and Medical Centers • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <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 providers. 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>Policy: CPA's Policy: CPA's HTH and WRP do not employ medical or mental health care staff. All residents in need of such care shall be referred to local providers for assistance.</p> <p>1. Evaluation and Treatment:</p> <p>HTH and WRP shall refer residents in need of medical and mental health care, pertinent to sexual abuse, to local providers who are PREA compliant such as Hartford Hospital.</p> <p>2. Cost of Treatment:</p> <p>HTH and WRP shall attempt to secure treatment services for victims at no cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>3. Resident on Resident Abusers:</p> <p>HTH and WRP shall attempt to refer all known resident on resident abusers for a mental health evaluation and/or treatment within 30 days of learning of such abuse history.</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>

The facility does not evaluate and treat victims on site.

115.283 (f)

Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

The facility does not evaluate and treat victims on site.

115.283 (g)

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.

The facility does not evaluate and treat victims on site.

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.

Memorandum of Agreement between CPA and YWCA New Britain, a CONNSCS member program, provides free, confidential and empowerment 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. HTH, WRP, Mart's House are located in the service area of Harford, CT.

CPA and YWCA agree to the following:

- Identify and assign a point of contact at each organization to establish coordinator between agencies and access to SACS services for CPA residents.
- Maintain and make available to CPA residents' information about YWCA programs and the availability of sexual assault crisis counselors and community-based services.
- At CPA resident's request, allow for a sexual assault crisis counselor to accompany and support the 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 resident's placement in CPA's facility.
- To develop site specific protocol and procedure for PREA standards.
- To collaborate for the continuity of care and discharge planning for residents who are victims of sexual assault and/or abuse.
- To identify and assign designated staff in an effort to establish a cohesive and seamless delivery of services to residents in CPA facilities.

Responsibilities of the Parties:

The staff at the facility will notify the Program Director or Duty Officer, who will in turn notify the CPA PREA coordinator who will act in the capacity of liaison to the YWCA sexual assault crisis counselor.

Service of a YWCA sexual assault crisis counselor will be offered to CPA residents, and if requested, a sexual assault crisis counselor will be allowed to visit with the resident while the resident is a resident of a CPA facility, and accompany the resident at any other point in time where support to the resident will be provided (hospital, court, probation, parole). A YWCA sexual assault crisis counselor will be available to the resident and CPA staff to answer any questions, and consult on cases regarding the best care and service delivery. CPA understands that communication between the resident and a YWCA sexual assault crisis counselor is considered privileged communication in accordance with CGS 52-146k. Communication regarding the resident and services provide can occur if the resident grants permission to YWCA to waive the privilege of confidential communication. Services will be coordinated by both agencies to meet the needs of the resident.

Discussion: The agency/facility ensures that a victim of sexual abuse in the facility is provided, at no cost, unimpeded, unconditional, and timely emergency medical treatment and crisis intervention services following a sexual assault. The medical treatment is determined solely by medical and mental health professionals according to their professional judgement. Victim will be provided timely information and access to emergency contraception and sexually transmitted infections prophylaxis.

Discussion: Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months - 0
- The total number of sexual abuse investigations - 0

- The total number of sexual harassment investigations - 0
- The number of criminal sexual abuse referred for prosecution - 0

The facility does not have medical staff on site.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Overarching PREA Policy • CPA PREA Coordinators and Team • PREA Script for New Intakes • Sexual Abuse Incident Reviews • PREA Incident Report Word • PREA Sexual Harassment Sexual Abuse Activity History • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <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>Policy: CPA's Policy: CPA shall ensure a sexual abuse incident review is conducted 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>A. Timing of the Investigation:</p> <p>Reviews shall occur within 30 days of the conclusion of the investigation.</p> <p>B. Review Team:</p> <p>The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners if available and applicable.</p> <p>The review team shall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; <input type="checkbox"/> Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; <input type="checkbox"/> Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; <input type="checkbox"/> Assess the adequacy of staffing levels in that area during different shifts; <input type="checkbox"/> Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and <input type="checkbox"/> Prepare a report of its findings and recommendations for improvement and submit such report to CPA's Executive Director and PREA Compliance Manager. <p>C. Incident Review Report:</p> <p>The program shall implement the recommendations for improvement, provided adequate resources are available, or shall document its reasons for not doing so.</p> <p>Central Office Staff: Agency coordinator/facility PREA compliance manager question, if the agency/facility conducts sexual abuse incident reviews, does the facility prepare a report of its findings from the reviews, including any determinations per standard 115.286 (d) 1-5 and any recommendations for improvement? Yes. The review team include upper-level management officials with input from line supervisors, investigators, and medical or mental health practitioners if available and applicable.</p> <p>115.286 (b)</p>

Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

Central Office: The Agency PREA coordinator confirmed if the at the completion of the PREA investigation with the 30 days.

115.286 (c)

The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Staff indicated that if and when a PREA investigation is completed, the review team include Agency PREA Coordinator, Facility Program Director, Facility Administrative Investigator, Agency HR staff and first responder.

The facility does not have medical and mental health staff.

115.286 (d)

The review team shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian; gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise cause by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

See section (a).

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 would implement the recommendations for improvement or document its reason for not doing so.

115.287	Data collection
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 735 300">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="240 331 823 555" style="list-style-type: none"> • Data Collection • PREA Incident Report • Survey of Sexual Victimization 2021 • Overarching PREA Policy • PREA Sexual Harassment Sexual Abuse Activity History • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <p data-bbox="240 622 360 649">115.287 (a)</p> <p data-bbox="240 680 1477 739">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="240 770 1453 828">Policy: CPA's Policy: CPA shall collect accurate, uniform data for every allegation of sexual abuse at its programs using a standardized instrument and set of definitions.</p> <p data-bbox="240 860 384 887">A. Frequency:</p> <p data-bbox="240 918 1070 945">CPA's PREA Team shall aggregate the incident based sexual abuse data annually.</p> <p data-bbox="240 976 357 1003">B. Content:</p> <p data-bbox="240 1034 847 1061">The incident-based data collected shall include, at minimum:</p> <p data-bbox="240 1093 1458 1151"><input type="checkbox"/> 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 1182 1417 1240">CPA shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="240 1272 464 1299">C. Data Management:</p> <p data-bbox="240 1330 1453 1388">The data specified herein shall be entered into CPA's computer network by a member of the PREA Team. This system is password protected, housed within a secure network, and closely monitored by the agency's IT Department.</p> <p data-bbox="240 1420 531 1447">D. Dissemination of Reports:</p> <p data-bbox="240 1478 1449 1536">Upon request, CPA shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th of each year.</p> <p data-bbox="240 1568 1485 1662">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 1693 1422 1720">The PREA coordinator is responsible for implementing this policy and for ensuring the PREA data is securely retained.</p> <p data-bbox="240 1751 360 1778">115.287 (b)</p> <p data-bbox="240 1809 1075 1836">The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p data-bbox="240 1868 504 1895">See Section (a) response.</p> <p data-bbox="240 1926 360 1953">115.287 (c)</p> <p data-bbox="240 1984 1445 2042">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 2074 1485 2132">The PREA coordinator is responsible for ensuring that the PREA Data is collected, reviewed, stored, published, and retained in a uniform manner.</p>

These measures include, but are not limited to:

1. Collect PREA allegation data using the agency's software management system, and comply with the SSV's set of definitions;
2. Aggregate PREA allegation data annually;
3. Provide the Department of Justice;
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;
5. Ensure the annual report with aggregated PREA allegation data is published on the agency's website annually.

115.287 (d)

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 facility was listed (each PREA program). Data, for each program, included: resident on resident allegation, resident on staff allegations, staff on resident 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 (a) 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).

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies, Materials, Observations, and Interviews:

- Data Review of Corrective Action
- Survey of Sexual Victimization 2021
- PREA Sexual Harassment Sexual Abuse Activity History
- Overarching PREA Policy
- CPA Confidentiality Policy
- Agency's Website
- Online PREA Audit: Pre-Audit Questionnaire Community
- Formal and Informal Interviews

115.288 (a)

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:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Policy: CPA's Policy: CPA's PREA Team shall review data collected and aggregated pursuant to Standard 115.287.

A. Data Management:

PREA data shall be entered into CPA's computer network by a member of the PREA Team. This system is password protected, housed within a secure network, and closely monitored by the agency's IT Department.

B. Assessment:

CPA shall assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by:

- Identifying problem areas;
- Taking corrective action on an ongoing basis.

C. Annual Report:

CPA shall prepare an annual report of its findings and any associated corrective action for its programs.

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

The report shall be approved by CPA's Executive Director and made readily available to the public through the CPA website.

D. Redacting Material from Annual Reports:

CPA shall redact specific material from the reports when publication would present a clear and specific threat to the safety and security of its programs, but will include the nature of the material redacted.

The PREA coordinator is responsible for implementing this policy and for ensuring the PREA data is securely retained.

Central Office Staff: Agency head/designee 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.

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: resident on resident allegation, resident on staff allegations, staff on resident allegations, substantiated cases, unsubstantiated cases, unfounded cases, investigations pending, and policy changes.

Central Office Staff: Agency head/designee question, do you approve written annual PREA reports? Yes, the agency prepares an annual report of its findings and any associated corrective action for its facility.

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.

Central Office Staff: Agency coordinator/facility PREA compliance manager question, what types of material are typically redacted from the annual report? Does the agency/facility indicate the nature of material redacted? Yes. The agency/facility redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the program. Staff and resident names would be redacted from the report as well to protect the confidentiality of each person.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • CPA Master File Policy • CPA Confidentiality Policy • Data Storage, Publication, and Destruction Policy • PREA Sexual Harassment Sexual Abuse Activity History • Online PREA Audit: Pre-Audit Questionnaire Community • Formal and Informal Interviews <p>115.289 (a)</p> <p>The agency shall ensure that data collected pursuant to standard 115.87 are securely retained.</p> <p>Policy: CPA's Policy: CPA shall ensure data collected pursuant to Standard 115.287 are securely retained.</p> <p>A. Data Management:</p> <p>PREA data shall be entered into CPA's computer network by a member of the PREA Team. This system is password protected, housed within a secure network, and closely monitored by the agency's IT Department.</p> <p>B. Data Publication:</p> <p>CPA shall make all aggregated sexual abuse data from its programs readily available to the public at least annually via its website.</p> <p>C. Data Redaction:</p> <p>Before making aggregated sexual abuse data publicly available, CPA shall remove all personal identifiers.</p> <p>D. Data Maintenance:</p> <p>CPA shall maintain sexual abuse data collected pursuant to Standard 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. CPA's IT Director will securely dispose of the PREA data once it exceeds the 10-year mark. The IT Director will ensure such data is wiped clean from the network and is no longer available internally and/or externally.</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>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 website 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	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Notices of PREA Audit – Upload Notices Pics of Postings • Facility Last DOJ PREA Certified Audit Report • Agency/Facility Website • Facility Tour • Formal and Informal Interviews <p>115.401 (a)</p> <p>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>A review of the agency's website provided PREA audit reports according to cycles.</p> <p>The facility PREA reports are included on the agency website.</p> <p>115.401 (b)</p> <p>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>A review of the agency's website provided PREA audit reports according to cycles.</p> <p>The facility PREA reports are included on the agency website.</p> <p>115.401 (c)</p> <p>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>The PREA coordinator and the facility acknowledges this provision.</p> <p>115.401 (d)</p> <p>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>The auditor uses the required Prison Rape Elimination Act (PREA) Audit Prison and Jails standards audit instrument to enter collected information online, 28 C.F.R Part 115 Docket No. OAG-131 RIN 1105-AB34 May 17, 2012.</p> <p>115.401 (e)</p> <p>The agency shall bear the burden of demonstrating compliance with the standards.</p> <p>The PREA coordinator and facility acknowledge this provision. The agency and the facility provided requested information to bear the burden of demonstrating compliance with the standards.</p> <p>115.401 (f)</p> <p>The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditation for each facility type.</p> <p>The auditor provided the facility the Georgia County Correctional Institute Documentation Checklist. The checklist is organized by standards to help the facility thru the pre-audit, onsite and post audit phase and to provide the requested documentation by auditor.</p> <p>115.401 (g)</p> <p>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>

The auditor sample size is based on the number of residents at the facility on the first day. The random staff sample size is based on a minimum of twelve or more based on interview outcomes and facility size.

115.401 (h)

The auditor shall have access to, and shall observe, all areas of the audited facilities.

On the first day of the audit after the entrance conference, the auditor conducted a comprehensive tour of the facility. It was requested that when the auditor paused to speak to a resident or staff, that staff on the tour to please step away so the conversation might remain private. This request was well respected.

During the site review the auditor made numerous observations, including the posting of Notices of PREA Audits, PREA Related Posters, and TIP Posters (with phone numbers to call to report any concern or condition), notices advising resident that female staff routinely work in the facility, locations of showers and privacy issues, bathrooms, medical/grievance boxes, requests forms and boxes for requests, configuration of living units, capacities of dorm/bed rooms, observations of blind spots, camera deployment, the use of mirrors to mitigate blind spots, staffing levels, supervision of resident, accessibility to telephones and instructions for using the phones to report sexual abuse, main control room, dayroom, classrooms, etc..

Facility Buildings/Officers/Areas toured:

- The Main Building – Administrative Offices, Conference/Board Room, and Front Lobby.
- Counselors Offices
- Facility Hallway/Control Room
- Housing Units
- Dining Hall
- Recreational Yard
- Outside Mailbox

115.401 (i)

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

The auditor provided the facility the agency/facility with a documentation checklist. The checklist is organized by standards to help the facility thru the pre-audit, onsite and post audit phase and to provide the requested documentation by auditor.

The PREA coordinator and the facility provided the auditor all relevant documents as requested.

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 auditor has upload additional information in OMS. Other reviewed information will be maintained for the required timeframe of 15 months before destruction, if the facility does not appeal any decisions.

115.401 (k)

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

Staff Interviewed:

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

- Specialized Staff (11)
- Randomly Selected Staff (6)
- Informal Interviews (0)

The auditor requested and was provided a staff roster with non-security and security staff.

Interviews with random, informal 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.

115.401 (l)

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

Resident Interviewed:

The geographic diversity was achieved by the total number of housing units, number of housing units by gender, and the number of interviews conducted in each housing unit. Adequate gender representation was considered when the facility has both male and female resident.

- Randomly Selected Residents: (10)

The auditor requested and was provided a roster of resident listed by living units.

- Informally Interviewed Residents (1)
- Targeted Residents (0)

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

Resident were respectful and cooperative with auditor and the associate auditor. All resident wore masks and maintained social distancing practices during the formal interviews. The resident's uniforms were clean, and their hygiene satisfactory.

Interviews with resident revealed that they understand PREA safeguards and the facility's zero-tolerance policy.

Comprehensive resident PREA education is provided in written form during resident orientation, and through the handbook, kiosks, personal instruction, videos, and posters.

115.401 (m)

Resident 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.

During the pre-audit period, the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the on-site visit for confidential communications. The facility posted the notices in English and Spanish. The auditor received email, pictures confirming the posted notices and observed the posted notices on-site.

As of 3/26/22, there was no communication from a resident or staff. Staff interviews indicated that residents are permitted to send confidential information or correspondence in the same manner as if they were communicating with legal counsel.

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 reached out to the following:

- 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. They hold government officials accountable for prisoner rape; challenge the attitudes and misperception that enable sexual abuse to flourish; and make sure that survivors get the help they need.

Contact: Just Detention International (JDI) / Wilshire Blvd., Suite 340 Los Angeles, CA 90010 / Email sent: 3/25/22.

- National Sexual Violence Resource Center (NSVRC) – 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.

Contact: National Sexual Violence Resources Center (NSVRC) /2101 N. Front Street Governor's Plaza North, building #2 Harrisburg, PA 17110 / Email sent: 3/25/22.

YWCA New Britain (Local MOU) - Memorandum of Agreement between CPA and YWCA New Britain, a CONNSCS member program, provides free, confidential and empowerment 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. HTH, WRP, Mart's House are located in the service area of Harford, CT.

CPA and YWCA agree to the following:

- Identify and assign a point of contact at each organization to establish coordinator between agencies and access to SACS services for CPA residents.
- Maintain and make available to CPA residents' information about YWCA programs and the availability of sexual assault crisis counselors and community-based services.
- At CPA resident's request, allow for a sexual assault crisis counselor to accompany and support the 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 resident's placement in CPA's facility.
- To develop site specific protocol and procedure for PREA standards.
- To collaborate for the continuity of care and discharge planning for residents who are victims of sexual assault and/or abuse.
- To identify and assign designated staff in an effort to establish a cohesive and seamless delivery of services to residents in CPA facilities.

Email sent: 3/25/22.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 777 297">Supporting Documents, Interviews and Observations:</p> <p data-bbox="242 331 360 358">115.403 (a)</p> <p data-bbox="242 387 1425 448">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="242 477 786 504">The auditor certified that there is no conflict of interest.</p> <p data-bbox="242 533 507 560">Leader Auditor Biography:</p> <p data-bbox="242 591 1493 752">Adam has retired from the Georgia Department of Juvenile Justice, December 31, 2020. He has work in state government for 30 years. While in state government he has serve in the following positions: Agency PREA Coordinator, Project Manager for PREA Grants, Federal Grant Peer Reviewer, Agency Internal Auditor, Program Director of Counseling Services (DOC), and Director of Compliance Management (Prison Rape Elimination Act – PREA; American Correctional Association – ACA; and Internal Audits (OCI).</p> <p data-bbox="242 781 1445 842">Professional Certifications: Certified PREA Auditor, ACA Certified Auditor, American Society for Quality “Certified Quality Improvement Associate.</p> <p data-bbox="242 871 1243 898">PREA Audits: Conducted over 95 PREA auditors (Prisons, Jails, Community and Juvenile Facilities).</p> <p data-bbox="242 927 700 954">Non-Certified Support Staff Information: None</p> <p data-bbox="242 1019 360 1046">115.403 (b)</p> <p data-bbox="242 1075 1331 1102">Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.</p> <p data-bbox="242 1131 1358 1158">The auditor’s report stated whether agency wide policies and procedures comply with relevant PREA standards.</p> <p data-bbox="242 1189 360 1216">115.403 (c)</p> <p data-bbox="242 1247 1469 1346">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="242 1375 767 1402">The auditor has assigned a finding to each standard.</p> <p data-bbox="242 1433 360 1460">115.403 (d)</p> <p data-bbox="242 1489 1457 1550">Audit reports shall describe the methodology, sampling sizes, and basis for the auditor’s conclusions about each standard provision for each audited facility and shall include recommendations for any required corrective action.</p> <p data-bbox="242 1579 1489 1709">The auditor uses a triangular approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the entire facility and complex, determination of facility practice, interviewed staff and inmates, local and national advocates, etc. to make determinations for each standard. Each standard and/or provision is designed with documentation reviewed, online PREA Audit: Pre-Audit Questionnaire, overall findings, and interview results.</p> <p data-bbox="242 1738 1485 1798">The auditor is using the stylistic rules for the Field Training Program (FTP) Auditor Trainee Report Writing Reference Manual as best practices.</p> <p data-bbox="242 1827 1442 1888">The auditor sample size is based on the number of residents at the facility on the first day. The random staff sample size based on a minimum of twelve or more based on interview outcomes and facility size.</p> <p data-bbox="242 1917 360 1944">115.403 (e)</p> <p data-bbox="242 1975 1378 2036">Auditor shall redact any personally identifiable inmate 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="242 2065 1457 2125">The auditor has redacted personally identifiable residents from the report, and can provide such information to the agency upon request, and may provide such information to the Department of Justice.</p>

115.403 (f)

The agency shall ensure that the auditor's final report is published on the agency's website if it has one or is otherwise made readily available to the public.

The facility's final PREA reports are published on the agency website.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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