

PREA Facility Audit Report: Final

Name of Facility: Chase Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/15/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Adam T Barnett, Sr.	Date of Signature: 08/15/ 2023

AUDITOR INFORMATION	
Auditor name:	Barnett, Adam
Email:	adam30906@gmail.com
Start Date of On-Site Audit:	07/10/2023
End Date of On-Site Audit:	07/11/2023

FACILITY INFORMATION	
Facility name:	Chase Center
Facility physical address:	21 Cliff Street, Waterbury, Connecticut - 06710
Facility mailing address:	175 Addison Rd , Suite 3, Windsor, Connecticut - 06095

Primary Contact	
Name:	Kristen L Cappelletti
Email Address:	kcappelletti@csimail.org
Telephone Number:	8609861639

Facility Director	
Name:	Carly Tuthill
Email Address:	cbarney@csimail.org
Telephone Number:	203-596-0783

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

Facility Characteristics	
Designed facility capacity:	64
Current population of facility:	55
Average daily population for the past 12 months:	56
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18+
Facility security levels/resident custody levels:	Level 1
Number of staff currently employed at the	25

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Community Solutions, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	340 West Newberry Road, Suite B, Bloomfield, Connecticut - 6002
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	Fernando Muniz
Email Address:	fmuniz@csimail.org
Telephone Number:	860-683-7100

Agency-Wide PREA Coordinator Information			
Name:	Kristen Cappelletti	Email Address:	kcappelletti@csimail.org

Facility AUDIT FINDINGS
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:	2023-07-10
2. End date of the onsite portion of the audit:	2023-07-11

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:	National Sexual Violence Resource Center Justice Detention International Connecticut Alliance to End Sexual Violence

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	64
15. Average daily population for the past 12 months:	55
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:	54
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:	3
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:	1
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:	1
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:	2
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

<p>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:</p>	<p>1</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>24</p>
<p>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:</p>	<p>0</p>

<p>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:</p>	<p>1</p>
<p>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:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>11</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input 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 checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Auditor request client roster with housing assignments, race, geographically information.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

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:	5
<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:	1
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:	1
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:	0

<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 request client roster with housing assignments, race, geographically information.</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 reviewed the PAQ onsite documents and interview staff and client.</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>2</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 reviewed the PAQ onsite documents and interview staff and client.</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>1</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 reviewed the PAQ onsite documents and interview staff and client.</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 reviewed the PAQ onsite documents and interview staff and client.</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 reviewed the PAQ onsite documents and interview staff and client.</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>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</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):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
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):	5
76. Were you able to interview the Agency Head?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to interview the Agency Head:	The Agency PREA coordinator serve as designee.
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 type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

<p>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).</p>	<p>No text provided.</p>
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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.

<p>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?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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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 investigations during audit timeframe.

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

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>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 investigations during audit timeframe.</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</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>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 checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<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 checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>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

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

- Yes
- No

Non-certified Support Staff

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

- Yes
- No

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

1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Identify the name of the third-party auditing entity

Diversified Correctional Services, LLC

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • 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	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Agency Organizational Chart • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • 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 for Community

Interviews:

- Agency PREA Coordinator - 1
- Agency Head/Designee - 1
- Facility Director - 1

Compliance Determination by Provisions and Corrective Actions:

115.211 (a)

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

Compliance Determination:

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

- 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.
- The agency policy clearly defines general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassments.
- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section 2.1.
2.1 CSI maintains a zero tolerance all forms of sexual abuse, sexual harassment or other forms of unlawful harassment and is committed to providing a safe, abuse-free, and supportive environments for clients and staff. All incidents or alleged incidents of abuse and/or harassment, no matter the circumstances or whom they may involve will be treated seriously and handled in accordance with the Prison Rape Elimination Act (PREA).
- CSI Employee Handbook FY 2023 page 58, Community Solutions, Inc. is committed and required by law to preserving the safety of all clients by ensuring the facilities they live in are free of sexual harassment and sexual abuse per the Prison Rape Elimination Act. Any person who becomes aware of or suspects sexual abuse, or sexual harassment towards a client by another person is required to immediately report the incident or suspected incident, in writing, to the Program

Director, and the PREA Coordinator. If the incident involves an employee, the Program Director will inform Human Resources.

- Agency Staff Interview: Agency head/designee question, has the agency established procedures to provide Clients with disabilities and Clients who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment? Please describe such procedures. Designee response was yes, the agency has several options available to Clients with disabilities or Limited English Proficiency. Staff are trained to provide education to meet the needs of the person served. CSI also contracts with a company to provide instant upon demand interpreter services. Documents are translated as needed. See policy for Clients with Special Comprehension Problems.

Corrective Actions:

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

115.211 (b)

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

Compliance Determination:

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

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section 4.1 - 4.4.

- o The PREA Coordinator is an additional duty to the Director of Quality Improvement. The PREA Coordinator reports to both the CEO on all issues related to sexual harassment/abuse whether substantiated or not. The PREA Coordinator's duties in this section:

- o The PREA Coordinator will be the point of contact and reporting of any allegations of sexual assault or abuse.

- o The PREA Coordinator and/or at least one Human Resource staff person will be trained in conducting sexual harassment/abuse investigations and will be responsible for conducting those investigations on behalf of the agency.

o The PREA Coordinator will work with all departments to develop and implement a training plan that fulfills the PREA trainings standards, including training for appropriate staff on how to detect/assess signs of sexual abuse, evidence preservation, appropriate responses, etc.

- Policy: CSIP 20a-29 Sexual Assault and harassment – PREA This section is Community Solution’s Direct Correction to PREA’s Community Confinement Standards, Subsection 4 Prevention Planning.

- PREA Coordinator

o The PREA Coordinator’s responsibilities include:

o Ensure compliance with the Prison Rape Elimination Act policies and standards.

o Develop and implement a PREA training plan.

o Monitor intake screening procedures.

o Ensure all incidents of sexual abuse are referred to the appropriate law enforcement authorities.

o Ensure reports and investigations are conducted on all incidents of sexual abuse or sexual harassment.

o Maintain data collection of incidents and coordinate reporting of such to referrals/funders.

o Review all incidents and take appropriate actions to prevent any future occurrences.

- Agency Staff Interview: Agency head/designee question, has the agency identified an agency PREA coordinator with enough time to manage all PREA related responsibilities? The agency has a PREA coordinator that has enough time to manage the agency’s PREA process.

- Agency Staff Interview: The PREA Coordinator question, do you feel that you have enough time to manage all your PREA-related responsibilities? Yes.

- Agency Staff Interview: The PREA Coordinator question, discuss how you coordinate your agency’s efforts to comply with the PREA standards. She ensures that facilities and teams are trained and regularly reviews PREA standard. She works with Human Resources to ensure that they have the most up to date information for staff orientation and onboarding. In addition, she provides or coordinates on-going training. She reviews incidents and updates policies and practices as necessary. In addition, she complete PREA reports, review data and generally and constantly communicate PREA related information.

- Agency Staff Interview: The PREA Coordinator 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? She updates policies, procedures and facilitates training to ensure compliance.

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

	<p>coordinator has direct access to the head of the agency and regular communication with the senior leadership team.</p> <p>Corrective Actions:</p> <ul style="list-style-type: none"> • N/A. There are no corrective actions for this provision. <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • Executed Agency Contract • 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 • CDOC Administrative Directive Number 3.13, Contracts Administration • Online PREA Audit: Pre-Audit Questionnaire for Community <p>Interview:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator - 1 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.212 (a)</p>

A public agency that contracts for the confinement of its Clients 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.

Compliance Determination:

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

- 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 or renewing the contract.
- 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, due to COVI-19 the audits may be behind or audited for the upcoming year.
- 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.
- Policy: DOC Administrative Directive 6.12, Client 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 Clients 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.
- 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 cliental 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 cliental services shall comply with CTDOC policies and procedures as they relate to PREA standards for contracted cliental community programs, as such policies and procedures are delineated and maintained in the CTDOC Parole and Community Services Cliental Provider Manual."

• Agency Staff Interview: The PREA Coordinator question, does your agency/facility contract with other private agencies or other entities, including other government agencies, to house your clients? No. The agency/facility does not contract with another entity for the confinement of its clients.

Corrective Actions:

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

115.212 (b)

Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

Compliance Determination

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

• The agency/facility does not contract with another entity for the confinement of its clients.

Corrective Action:

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

115.212 (c)

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.

Compliance Determination:

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

• 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

	<p>house their clients.</p> <p>Corrective Actions:</p> <ul style="list-style-type: none"> • N/A. There are no corrective actions for this provision. <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Staff Training Checklist with Signatures • Pat Search Training Tracker with Staff Signatures • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • CSI Policy 20a-08 DOC Supervision & Accountability • CSI Policy 20a - 11 DOC Searches • PREA Refresher PP - May 2022 • Sexual Assault Services • Sexual Physical Assault-PREA Overview 2016 Slides Only • Annual Staffing Plan Assessment • Master Staffing Plan Assessment 2023 • Master Staffing Plan Assessment 2022 • Deviation Log 2022 • Deviation Log 2023 • Facility Onsite Review/Observations • 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 • Online PREA Audit: Pre-Audit Questionnaire for Community <p>Interviews:</p>

- Agency PREA Coordinator - 1
- Facility Program Director - 1

Compliance Determination by Provisions and Corrective Actions:

115.213 (a)

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 Clients against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, agencies shall take into consideration:

- (1) The physical layout of each facility.
- (2) The composition of the client population.
- (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (4) Any other relevant factors.

Compliance Determination:

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

- 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 consider the justifications for the requests.
- The facility has cameras to supplement supervision of Clients. They are in and out of the facility to help eliminate blind spots and to assist in monitoring during security.
- 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 Clients. 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.
- Policy: CSIP 20a-29 Sexual Assault and harassment - PREA This section is Community Solution's Direct Correction to PREA's Community Confinement Standards, Subsection 4 Prevention Planning.
- B STAFFING PLAN
 - o Each CSI program shall develop a staffing plan to provide adequate staffing levels

and where applicable, video monitoring to ensure staff and client safety and to protect Clients against sexual abuse. When developing the staffing plan, the facility shall consider the layout, composition of the client population, and any other relevant factors.

o Anytime there are deviations in the staffing plan, the Program Director or designer shall document the deviation and justify the reason.

o Whenever necessary, but at least once a year, the PREA Coordinator shall, in conjunction with the Program Director, Chief Operating Officer and funding source shall assess, determine, and document whether adjustments are needed to the staffing plan, video and other monitoring technology, and the resources the facility has available to adhere to the staffing plan.

- Agency Staff Interview: The PREA Coordinator 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 is reviewed annually. Staffing plans are submitted to the PREA coordinator for review. However, Community Solutions does not control the staffing plan. Staffing patterns are determined by the funder at the time of contract implementation. If significant areas of concern are found, CSI would submit for a contract amendment to adjust the staffing plan.

- 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. The agency/facility does meet the minimum staff requirements. However, the agency/facility generates video monitoring based on program need. If/when, concerns arise by staff/clients/supervisors; changes and or new implementation are requested for approval by the funding source.

- The staffing plan minimum requirements are determined by the funder, Department of Corrections. The number of Clients in the program will determine the minimum number of staff that should always remain on the floor. 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 continues to add cameras as money becomes available. Staff complete hourly headcounts/rounds as an additional means of supervision.

Corrective Actions:

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

115.213 (b)

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

Compliance Determination:

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

- 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.
- Agency Staff Interview: The PREA Coordinator was asked: who reviews and follows 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 by the facility supervisors.

Corrective Actions:

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

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 was 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 ensure adherence to the staffing plan.

Compliance Determination:

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

- The facility has cameras located in and around the facility that are always monitored. The cameras in the facility cover the inside of the visiting room, rear, front, and building inside front lobby and recreation areas. There are no cameras in clients' rooms.
- The facility has identified blind spots within the facility that are accessible to clients. To ensure the safety of the clients in the areas of the blind spots, staff are directed to be observant of those areas and are not allowed to have one on one contact outside of the camera's view. Staff are briefed on the locations of all blind spots and those identified areas are checked during supervisory security checks and unannounced rounds.
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse: The facility for any reports of sexual abuse with the utmost seriousness but by providing adequate staffing levels helps with keeping the security always

	<p>supervised, which prevents instances of sexual abuse.</p> <ul style="list-style-type: none"> • Any other relevant factors: Having a developed and clear staffing plan ensures that there is necessary coverage on each shift. • 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 client population given the facility layout and characteristics, classifications of Clients, and security needs and programming. The staffing plan considers sick leave, vacation, FMLA, callouts, training days, military leave, etc... • The agency/facility makes 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 adjusts as needed to resource the facility available to ensure adherence to the staffing plan. The agency PREA coordinator/Facility Compliance Manager is a part of 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 are prohibited from alerting other staff members of PREA to unannounced rounds. <p>Corrective Actions:</p> <ul style="list-style-type: none"> • N/A. There are no corrective actions for this provision. <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making the Compliance Determination:
	<p>Documentation:</p> <ul style="list-style-type: none"> • Employee Data Sheet • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance

- CSI Adult Residential Reentry Services
- CT DOC Searches Conducted in the Community
- CSI Policy 20a - 11 DOC Searches
- AWA DOC Client Handbook 2022
- CSI Policy 20a-04 DOC Services & Programming
- Sexual Assault Services
- Sexual Physical Assault-PREA Overview 2016 Slides Only
- Pat & Pocket Search Steps
- Online PREA Audit: Pre-Audit Questionnaire for Community

Interviews:

- Random Sample of Staff - 12
- Random Sample of Residents - 16 (8 Target)
- Non-Medical Staff Cross Gender Strip or Visual Searches - 1

Compliance Determination by Provisions and Corrective Actions:

115.215 (a)

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.

Compliance Determination:

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

- 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. Clients 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 Clients living areas and their privacy.
- There have been no strip searches or body cavity searches, and these are prohibited, nor have there been any searches involving “touch.” Clients have privacy while changing clothing because of doors on their rooms. Policy requires Clients and staff to be 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 client, even in exigent circumstances.
- Policy: CSIP 20a-29 Sexual Assault and harassment - PREA This section is Community Solution’s Direct Correction to PREA’s Community Confinement Standards, Subsection 4 Prevention Planning.
 - o All Clients shall be able to shower, perform bodily functions, and change clothing

without being viewed by staff of the opposite gender. Staff of the opposite gender are required to announce their presence when entering an area where Clients are likely to be showering, performing bodily functions, or changing clothing.

o CSI Cross gender strip searches and body cavity searches are prohibited. If exigent circumstances arise and a strip search or a cross gender strip search must be conducted for safety or security reasons, the incident shall be immediately reported to the PREA Coordinator and documented via incident report. All staff shall be trained to conduct all strip searches in a professional and respectful manner.

o Staff shall not search or physically examine a transgender or intersex client for the sole purpose of determining genital status.

- Policy: CSI Policy 20-12 Operations Adult Work Release: Searches, Section 2.5 and 2.6.

o Pat and Pocket Searches in Consideration of Sexual Identity; Transgender staff identifying as a female may conduct a search of a male client. Transgender female staff identifying as a male are also permitted to Pat and Search females. This applies to both DOC and FBOP programs. In determining the appropriate sex staff to conduct a Pat and Pocket Search for a client who professes a sexual orientation that differs from their biological anatomy (someone considered transgender).

Transgender can be defined as a person whose gender identity or expression falls outside cultural norms associated with their assigned sex. Transgender Clients will be able to designate their preference for which sexed staff is to conduct their pat and pocket searches. For example, if a client identifies as female, she should be asked if she prefers male or female staff to conduct pat searches on her person. This should be clearly documented and kept in the file. This choice will be the designation for the client's entire length of stay. The Transgender person may have a preference, but in absence of the preferred gendered staff being available, the transgender person could be searched by a staff member that they deem is cross-gender to them. The Pat Search and UA Designation form must be thoroughly and legibly completed. If a transgender client is coming to the facility, the Director should have a discussion in advance with the RRM and/or CTS staff or DOC Parole. This is particularly important if the referral is a transgender female designated to an all-male facility or vice-versa. They may not be appropriate for the facility. Clients being placed in an all-female facility will not have the opportunity to choose a designated staff gender as only female staff are available. This section applies to both DOC and FBOP programs.

o Strip Searches / Visual Cavity Search - Cliential Only: A strip search involves the removal of clothing by the client, a thorough search of the clothing and other personal articles, and visual examination of the client's body. All clothing and items in the possession of the client are examined as part of the strip search. Under no circumstances will any staff member carry out a strip search or a physical intrusion/body cavity search. As well, staff are prohibited from physically examining a transgender or intersex client for the sole purpose of determining the client's genital status. Violation of this guideline by staff will result in disciplinary action.

Corrective Actions:

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

115.215 (b)

As of August 20, 2015, or August 20, 2017, for a facility whose rated capacity does not exceed fifty Clients, the facility shall not permit cross-gender pat-down searches of female Clients, absent exigent circumstances. Facilities shall not restrict female Clients' access to regularly available programming or other out-of-cell opportunities to comply with this provision.

Compliance Determination:

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

The facility does not permit cross-gender part-down searches.

- The number of pat-down searches of female Clients that were conducted by male staff: 0.
- The number of pat-down searches of female Clients conducted by male staff that did not involve exigent circumstance (s): 0.

Corrective Actions:

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

115.215 (c)

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 Clients.

Compliance Determination:

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

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

Corrective Actions:

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

115.215 (d)

The facility shall implement policies and procedures that enable Clients 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 Clients are likely to be showering, performing bodily functions, or changing clothing.

Compliance Determination:

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

- During the site review, the auditor observed the facility critical function of cross-gender viewing. The auditor observes areas where clients may be in a state of undress, showers, toilet, and changing of clothing. The areas observed were housing units, showers, and bedrooms areas.
- During the site review, the auditor observed the facility critical function of cross-gender announcements. The auditor observes staff announcing their present when entering housing unit/living areas of the opposite gender. The phrase most used by staff is, knock on the door and say “female”.
- During the site review, the auditor observed the facility critical function of cross-gender viewing. The auditor viewed the placement and angle of electronic surveillance monitoring from the check-in area. The cameras do not show client naked, using showers or toilets on camera monitors. The auditor requested that the staff zoom in on randomly selected living hall focusing on the showers and toilets. There were no clients’ being viewed on monitors.
- During the site review, the auditor observed the facility critical function of the physical storage area of any information/documentation collected and maintained as hard copy. The hard copies of the PREA Screening are kept in the clients’ files and maintained in lock file cabinet and rooms. There was no confidential client information located in places where other clients or staff can review.
- During the site review, the auditor informally interviewed clients regarding staff of the opposite gender announcing the present when entering their rooms. All clients indicated yes that staff announced their present.
- All staff announce their presence prior to entering a client room. Staff of the opposite gender only enter a bathroom for exigent circumstances and announce their presence prior to entering a bathroom. Clients have the right to shower, perform bodily functions, and change clothing without staff viewing the client.
- Observation: The auditor observes staff of the opposite gender announce their

presence when entering client rooms and bathrooms.

- Facility Random Staff Interview: Twelve (12) staff were randomly interviewed. The random staff representing working on all shifts. Eleven (11) females and one (1) male. They were asked: Have you received training on how to conduct cross-gender pat-down searches and searches of transgender and intersex Clients in a professional and respectful manner, consistent with security needs? Twelve interviewed random staff who reported that they have been trained in conducting cross-gender searches. Most of the interviewed staff could articulate that they are to search in a professional and respectful manner and that they receive training that is conducted during orientation.

- Facility Random Staff Interview: Twelve (12) staff were randomly interviewed. The random staff representing working on all shifts. Eleven (11) females and one (1) male. They were asked: Are Clients able to dress, shower, and use the toilet without being viewed by staff of the opposite gender? One hundred percent of staff interviewed stated that Clients are allowed to dress, shower, use the restroom without being viewed by staff of the opposite gender.

- During the facility tour, the showers and restroom were observed. The showers and restroom are in the halls. The showers and restrooms are single rooms.

- Facility Random Staff Interview: Twelve (12) staff were randomly interviewed. The random staff representing working on all shifts. Eleven (11) females and one (1) male. They were asked: "Do you or other staff announce your presence when entering a housing unit that houses Clients of the opposite gender (from yourself)?" All staff reported that opposite gender staff announce their presence when entering the client room. The staff reported that they will make announcement by saying "female staff" or knock of the client's door. During the facility tour the auditor observed staff on the tour announcing their presence by knocking on the client's door.

- Client Interviews Interview: Total of sixteen (16) clients, 6 Black, 7 White, 2 Hispanic and 1 other was interviewed. Eight of the sixteen were targeted. They were asked: Do female staff announce their presence when entering your housing area? Sixteen said female staff announce their presence, by saying something like "female staff" or knocking on the door.

- Client Interviews: Total of sixteen (16) clients, 6 Black, 7 White, 2 Hispanic and 1 other was interviewed. Eight of the sixteen were targeted. Client was asked, are you and other Clients ever naked in full view of female staff (not including medical staff such as doctors, nurses)? Sixteen of the interviewed Clients stated they were never naked in full view of female staff while showering, dressing, or while using the restroom.

Corrective Actions:

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

115.215 (e)

The facility shall not search or physically examine a transgender or intersex client for the sole purpose of determining the client's genital status. If the client's genital status is unknown, it may be determined during conversations with the client, 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.

Compliance Determination:

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

- Facility Random Staff Interview: Twelve (12) staff were randomly interviewed. The random staff representing working on all shifts. Eleven (11) females and one (1) male. They were asked: "Are you aware of the policy prohibiting staff from searching or physically examining a transgender or intersex for the purpose of determining that client's genital status?" All staff reported yes that they were aware of the policy prohibiting staff from searching or physically examining a transgender person or intersex for the purpose of determining the client's genital status. Some staff were able to further articulate that such a determination would be addressed through medical.

Corrective Actions:

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

115.215 (f)

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

Compliance Determination:

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

- The agency/facility prohibit cross-gender pat-down searches of female client, absent exigent circumstances. If an exigent circumstance occurs the facility will document the process. The facility does not restrict access to programming and other opportunities to comply with this provision.
- The facility also has a policy prohibiting cross-gender strip searches and cross-

	<p>gender visual body cavity searches. Again, if an exigent circumstance occurs the facility will document the process.</p> <ul style="list-style-type: none"> • The facility policy, procedures and practices allow Clients 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 client housing unit, room, bathroom, or shower; thus, allowing the client to cover up. • During the audit period, the facility did have one transgender people or intersex Clients. <p>Corrective Actions:</p> <ul style="list-style-type: none"> • N/A. There are no corrective actions for this provision. <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • AWR DOC Client Handbook 02-2022 English • AWR DOC Client Handbook 02-2022 Spanish • CSI CT English PREA Brochure 2 -2023 • CSI CT Spanish PREA Brochure 2-2023 • CSI 20a-20 DOC Special Comprehension Needs & Limited English • CSI -PREA-Tri-Fold Brochure English • PREA Reporting Nos 07-2022 - English. • PREA Reporting Nos 07-2022 - Spanish.

- Propio Language Service Agreement for Interpretation Service with Community Solutions, Inc.
- List of Residents who are Blind, Deaf, or Hard of Hearing ----- 0
- List of Residents who are LEP ----- 2
- List of Residents with Cognitive Disabilities ----- 0
- American with Disabilities Policy and Procedure
- Online PREA Audit: Pre-Audit Questionnaire for Community

Interviews:

- Agency Head/Designee - 1
- Random Sample of Staff - 12
- Target Resident LEP - 2

Compliance Determination by Provisions and Corrective Actions:

115.216 (a)

The agency shall take appropriate steps to ensure that Clients with disabilities (including, for example, Clients 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 Clients 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.

Compliance Determination:

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

- The agency provides written materials in formats or through methods that ensure effective communication with Clients/Clients, who have intellectual disabilities, limited reading skills or who are blind or have low vision.
- 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 following the law. The contractor warrants that it shall hold the state harmless from any liability which may be imposed upon the state because of any failure of the contractor to follow this ADA.”
- Policy: CSI Policy 20-22 Operations Adult Work Release: Clients with Special

Comprehension Problems. Section 3.1 Impaired Comprehension, 4.1 - 4.8 Limited English Proficiency, 5.1 Providing Written Translation, 6.1 Clients who cannot read due to Blindness and 7.1 - 7.2 LEP Client in Relation to PREA.

- IMPAIRED COMPREHENSION:

- o If a client's behavior leads staff to suspect impaired comprehension, or has a documented background, or referral material indicating the same, staff should ensure comprehension by asking the client to repeat back what has been said to him or her. In all cases, it is the responsibility of the staff person who is communicating with such clients to ensure comprehension.

- LIMITED ENGLISH PROFICIENCY

- o Staff will accommodate any client unable to comprehend and/or speak English including those who are deaf through internal and/or external sources. Such clients will be assisted in achieving a level of comprehension necessary for their positive functioning in the program. This may be accomplished using alternative language or sign language interpreters and/or translated forms. CSI maintains a list of bilingual staff, who can assist with interpretation as needed. The Case Manager assigned to any client who has a limited ability to read, speak or understand English must seek resources to ensure the client can engage in program planning and work towards achieving desired goals toward re-entry.

- o All referral packets should be reviewed for special needs, medical concerns and any related accommodation that may be necessary to provide services to the perspective client. Such a review should be completed upon receipt of the packet to ensure adequate time to prepare for the client's arrival. The Program Director or designer shall assign the case and engage in planning discussions. It is essential that every effort be made to have accommodation in place prior to the client's arrival, so that required time frames for the completion of the intake, orientation, assessments, and ISP are upheld in accordance with contracted requirements.

- o Should an interpreter be required to provide programming to a client, the program shall look internally for resources. If the program does not employ staff with competency in the preferred language, then the Area Director and/or Assistant Chief Operations Officer shall be contacted to explore other options with CSI programs. When internal resources have been exhausted, external resources may be sought.

- o CSI may engage external sources as needed with the approval from the Area Director. The Area Director shall communicate with the referral to formulate interpreter options and determine payment responsibility.

- CSI has contracted an interpreter service to provide phone interpreting. The process is as follows:

- o Log-In information shall be provided once approval by the Area Director has been granted.

- o The approval process shall include the parameters for usage. Some examples for

usage would include - assessments including SVAT and PREA Education, ISP & Feedback, a weekly or bi-weekly case management session, medical purposes... Staff should be conservative in determining a need for usage as costs are incurred on a minute-by-minute basis.

- o Staff will be trained in how to access the interpreting service upon hire. Re-training shall be provided as requested or when an LEP client is admitted to the program.
- o The program must track usage of the service. A record of date, time, minutes used, purpose, client and supervising staff shall be documented and submitted to the Program Director for billing purposes.
 - Children and other clients/patients/Clients will not be used to interpreting, to ensure confidentiality of information and accurate communication.
 - The use of other clients to interpret is limited to emergency situations and to casual contact where no privileged information may be revealed.
 - Any session or interaction conducted in a language other than English shall be documented in the client's case file.
 - PROVIDING WRITTEN TRANSLATIONS
- o When translation of vital documents is needed the Program Director will submit documents for translation into frequently encountered languages to the Area/State Director for processing. Original documents being submitted for translation will be in final, approved form.
- o CSI will provide translation of other written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.
 - CLIENTS WHO CANNOT READ DUE TO BLINDNESS
- o For those clients who are blind or have low vision, staff shall read and explain all documents concerning the program services, policies, and procedures.
 - LEP CLIENTS IN RELATION TO PREA
- o CSI shall ensure that Clients with limited English or comprehension skills are fully able to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse or harassment. Through the methods indicated above, CSI shall ensure that Clients receive meaningful access and can contribute to the prevention and detection of sexual abuse and harassment. Clients will be provided avenues in a manner that is understood for responding to sexual abuse and/or harassment. Such avenues may include sign or language interpreters, or forms translated into an understandable format by the client. The method will be determined by the individual need of the client.
- o CSI will not rely on client interpreters, client readers, or other types of client assistants except in limited circumstances where an extended delay in obtaining an effective translation could compromise the client's safety, the performance of first-response duties under PREA 115.264 or the investigation of the client's allegations. If a client interpreter must be used, the purpose and justification shall be documented.
 - Agency Staff Interview: Agency head/designee question, has the agency

established procedures to provide Clients with disabilities and Clients who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment? Please describe such procedures. Designee response was yes, the agency has several options available to Clients with disabilities or Limited English Proficiency. Staff are trained to provide education to meet the needs of the person served. CSI also contracts with a company to provide instant upon demand interpreter services. Documents are translated as needed. See policy for Clients with Special Comprehension Problems.

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

Corrective Actions:

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

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 Clients who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Compliance Determination:

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

- The agency has taken other steps to ensure Clients/Clients 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 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.
- Agency Staff Interview: The PREA Coordinator question, how does the facility provide PREA for Clients with disabilities and Clients who are limited English proficient? The agency/facility takes appropriate steps to ensure Clients who are LEP or have disabilities, including Clients 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.
- Target Clients Interview: Two clients were interviewed regarding LEP. The facility provided an in-house translator. The clients were asked: Does the facility provide information about sexual abuse and sexual harassment that you are able to

understand? Both clients said yes. Information is provided in a Spanish format and staff works with them.

Corrective Actions:

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

115.216 (c)

The agency shall not rely on client interpreters, client readers, or other types of client assistants except in limited circumstances where an extended delay is obtaining an effective interpreter could compromise the client's safety, the performance of first-response duties under 115.264, or the investigation of the client's allegations.

Compliance Determination:

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

- The agency/facility has access to professional translations services. Prior to entry into the facility/program, Clients are screened out about certain disabilities because of the nature of the program, which is work release, however when a disabled client is admitted the facility "meets them at the point of their needs."
- Facility Random Staff Interviews: Twelve (12) staff were randomly interviewed. The random staff representing working on all shifts. Eleven (11) females and one (1) male. They were asked: Does the agency ever allow the use of client interpreters, client readers, or other types of client assistants to assist Clients with disabilities who are limited English proficient when making an allegation of sexual abuse or sexual harassment? Five (5) random staff reported that client interpreters are allowed. One (1) staff member reported that they would initially allow another client, however, if it is a PREA issue they would stop and get a supervisor. Staff also indicated that they would use interpreter in a emergency.

Corrective Actions:

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

Overall Findings:

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

115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Employee Data Sheet • Personnel Files • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • CSI Policy Personnel Polices – Corrective Action & Disciplinary Procedures • Employee Handbook 2023 • Online PREA Audit: Pre-Audit Questionnaire for Community <p>Interviews:</p> <ul style="list-style-type: none"> • Human Resources (HR) Administrator - 1 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.217 (a)</p> <p>The agency shall not hire or promote anyone who may have contact with Clients, and shall not enlist the services of any contractor who may have contact with Clients, 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>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • 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.”

- Policy: CSIP 20a-29 Sexual Assault and harassment – PREA This section is Community Solution’s Direct Correction to PREA’s Community Confinement Standards, Subsection 4 Prevention Planning.

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

- o All staff must continue to disclose any sexual misconduct 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.

- o All volunteers and contractors shall have a criminal background check completed prior to having contact with any client. Any volunteer or contractor involved in sexual misconduct 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 shall not be enlisted to provide services to any Clients.

- o CSI 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.

- Agency Staff Interview: 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 Clients and all employees, who may have contact with client, who are considered for promotions? Do you do this for any contractor who may have contact with Clients 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 employment verification, education verification, state, county and/or federal criminal background checks, fingerprint screening, motor vehicle background check, child abuse/neglect background checks, credit, federal and state exclusionary lists, and pre-employment medical and drug screening.

Corrective Actions:

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

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 Clients.

Compliance Determination:

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

- Agency Staff Interview: 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 Clients? The HR staff indicated yes that they consider any prior incidents of sexual abuse or sexual harassment.
- The agency/facility provided an HR package for each staff member. The HR package includes:
 - o HR Form 5.7 Pre-Employment Background Disclosure Form
 - o Spread Sheet with staff hired date, date initial background check and the 5-year backgrounds.
 - o PREA Questions
 - o Background Checks
 - o PREA Acknowledgment Payco fillable

Corrective Actions:

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

115.217 (c)

Before hiring new employees, who may have contact with Clients, 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.

Compliance Determination:

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

- Employees are required to complete a criminal background and protective services check at least every five years on their anniversary date.
- Agency Staff Interview: 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 Clients? 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.

Corrective Actions:

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

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 Clients.

Compliance Determination:

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

- In the past 12 months, the number of contracts for services where criminal background checks were conducted on all staff covered by in the contract who might have contact with Clients:1
- The agency/facility provided an HR package for each staff member. The HR package includes:
 - o HR Form 5.7 Pre-Employment Background Disclosure Form
 - o Spread Sheet with staff hired date, date initial background check and the 5-year backgrounds.
 - o PREA Questions
 - o Background Checks
 - o PREA Acknowledgment Payco fillable

Corrective Actions:

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

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 Clients or have in place a system for otherwise capturing such information for current employees.

Compliance Determination:

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

- CSI Employee Handbook FY 2023 page 61, Community Solutions, Inc. employees are required to complete a criminal background and protective services check at least every five years on their anniversary date.
- Employees who are required to drive as a function of their job responsibility are required to complete a motor vehicle record check on an annual basis.
- The agency reserves the right to conduct additional criminal background, protective services, and motor vehicle record checks at any point throughout the period of employment.

Corrective Actions:

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

115.217 (f)

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

Compliance Determination:

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

- Agency Staff Interview: does the agency/facility ask all applicants and employees who may have contact with Clients 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 found in the employment application.
- Agency Staff Interview: 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.

Corrective Actions:

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

115.217 (g)

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

Compliance Determination:

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

- The agency/facility PREA coordinator indicated that any material omissions regarding false information from staff will be grounds for termination.

Corrective Actions:

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

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.

Compliance Determination:

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

- 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.
- Agency Staff Interview: 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

	<p>allows sharing dates of employment and position.</p> <ul style="list-style-type: none"> • 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. <p>Corrective Actions:</p> <ul style="list-style-type: none"> • N/A. There are no corrective actions for this provision. <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • Facility Onsite Review/Observations • Online PREA Audit: Pre-Audit Questionnaire for Community <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head/Designee - 1 • Agency PREA Coordinator - 1 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.218 (a)</p> <p>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 Clients from sexual abuse.</p> <p>Compliance Determination:</p>

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

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 4 Prevention Planning.

o CSI will ensure any substantial modification of existing facility will consider the effect of the design or modification in protecting Clients from sexual abuse. Any video equipment upgrade will also consider the Program's ability to protect Clients from sexual abuse.

- Agency Staff Interview: 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 Clients from sexual abuse? Facility-physical plant design and/or modifications are planned with safety and security in mind. Client protection is the number one responsibility and priority. Physical plants would be modified to ensure that the risk of sexual abuse is minimized. For instance, blind spots would be eliminated, and the use of video cameras would be maximized.

- Facility Staff Interview: Program Manager question, if there are any substantial expansions or modification since last PREA audit, how the facility considered the effect of the expansion or modification upon the facility's ability to protect Clients from sexual abuse? Since the last PREA audit, the facility has repaired cameras within the facility. These cameras provide coverage of the entire facility, and it eliminates blind spots so that clients are always monitored for their safety.

Corrective Actions:

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

115.218 (b)

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 Clients from sexual abuse.

Compliance Determination:

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

- The PREA coordinator 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.

- There have been no major upgrades or modifications to the physical plant nor

	<p>have there been any upgrades to the monitoring technology.</p> <ul style="list-style-type: none"> • Agency Staff Interview: Agency head/designee question, how does the agency use monitoring technology to enhance the protection of Clients from incidents of sexual abuse? In facilities that have cameras, they are used to monitor the facility and prevent clients and/or staff from going into unauthorized areas or committing code of conduct violations. Cameras and video recording help to verify allegations and are relied upon in investigations. <p>Corrective Actions:</p> <ul style="list-style-type: none"> • N/A. There are no corrective actions for this provision. <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Letter to Saint Francis • Letter to Saint Mary's • Waterbury Police Department Letter • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • MOU The CT Alliance To End Sexual Violence • CSI 20a-03 DOC Confidentiality • CSI Policy 20a-04 DOC Services & Programming • CSI Policy 20a-08 DOC Supervision & Accountability • CSI Policy 20a - 52 DOC Evidence Protocol • PREA Reporting Nos 07-2022 English • PREA Reporting Nos 07-2022 Spanish • Sexual Assault Services • Online PREA Audit: Pre-Audit Questionnaire for Community

Interviews:

- Agency PREA Coordinator - 1
- Random Sample of Staff - 12
- Residents who Reported Sexual Abuse - 0
- Residents who Reported Sexual Harassment - 0
- One Pending Investigations (July 7, 2023)
- SANE/SAFE Staff - 0

Compliance Determination by Provisions and Corrective Actions:

115.221 (a)

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.

Compliance Determination:

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

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards Subsection 5 Prevention Planning.

o Upon notification of any incident of sexual abuse or sexual assault, staff shall secure the scene of the incident, and at a minimum does not allow the alleged victim or alleged abuser to shower, toilet, eat, drink, or change clothes.

o Upon notification, the PREA Coordinator or designee will contact the appropriate law enforcement agency who will conduct and coordinate the investigation. The PREA Coordinator or designer shall, in conjunction with law enforcement staff make transportation arrangements for the alleged victim to receive appropriate medical care at a local hospital where SAFE/ SANE staff are available.

o Community based victim services will be made available to victims in addition to Department of Correction Medical and Mental Health Services as needed.

- Policy: CSI Evidence Protocol & Forensic Medical Examination Protocol

o After notification by the victim, but before examination by medical personnel, the victim should not wash hands or other body parts, brush teeth, drink or eat, change clothes, urinate, or defecate. The agency ensures that these requirements are explained to any youth who reports being a victim of sexual abuse in a language that is easily understandable. The goal is to preserve potential evidence during medical and forensic examinations.

o Any client who reports being a victim of sexual assault, whether at the time of intake or at any time during an institutional stay, will be evaluated by a health professional trained in evidence collection and referred to a community facility for evidence gathering and treatment. The medical and psychological trauma of a sexual assault are minimized as much as possible by prompt and appropriate health intervention. All such evaluations will be provided free of cost to the client. CSI shall offer all Clients who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost. Examinations shall be performed by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners where possible. If such a professional cannot be made available, the examination can be performed by other qualified medical practitioners. The Program will document its efforts to conduct appropriate examinations.

- Facility Random Staff Interviews: Twelve (12) staff were randomly interviewed. The random staff representing working on all shifts. Eleven (11) females and one (1) male. They were asked: “do you know and understand the agency’s protocol for obtaining unusable physical evidence if a client alleges sexual abuse?” During the on-site audit all twelve staff could clearly articulate the agency’s protocols. The staff that were aware of the protocols, were able to describe the process and steps required to protect physical evidence, which included take immediate action, stay with the client, separate the victim from the perpetrator, isolate/secure the scene and secure evidence, notify supervisor, secure evidence in a bag, don’t allow the client to shower, bath, brush teethe, and overall treat as a crime scene. Most of the direct care staff also reported that they would send the victim to outside medical for an initial evaluation of his/her medical condition.

Corrective Actions:

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

115.221 (b)

The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011.

Compliance Determination:

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

- The protocol is required to be developmentally appropriate for youth where

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

Corrective Actions:

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

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 provide SAFEs or SANEs.

Compliance Determination:

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

- During the site review, the auditor observed the facility signages regarding access to outside confidential (emotional support services) information were posted in all areas frequented by clients in the facility, including housing/living units. This information is posted throughout the building. The information is provided in English and Spanish and is legible.
- During the site review, the auditor observed the facility signages regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in clients housing/living units, programming areas and visitation area. The information is provided in English and Spanish and is legible.
-
- 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.
- The number of forensic medical exams conducted during the past 12 months:0.
- The number of exams performed by SANEs/SAFEs during the past 12 months:0.
- The number of exams performed by a qualified medical practitioner during the past 12 months:0.
- 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.

Corrective Actions:

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

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. To 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 if 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.

Compliance Determination:

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

- Victims are offered a victim advocate to accompany them during the forensic exam if requested.
- Memorandum of Agreement between Community Solutions, Inc and The Connecticut Alliance to End Sexual Violence. The Alliance of end Sexual Violence is a coalition of Connecticut's nine community based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training programs.

Connecticut Alliance to End Sexual Violence agree to the following:

- o Identify and assign a point of contact at each organization to establish coordinator between agencies and access to SACS services for CSI clients. Response to client's request to work SACS will be made and executed within a reasonable amount of time.
- o Display sexual assault crisis hotline posters in English and Spanish at CSI and The Alliance. CSI will share information with clients about SACS program and the availability of sexual assault crisis counselors and community-based services.
- o At CSI client'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 client's placement is the CSI facility.
- o At the Alliance and CSI there will be a dedicated and confidential space for SACs to meet with clients.
 - o To develop site specific protocol and procedure for maintaining PREA standards.
 - o To collaborate for the continuity of care and discharge planning for clients who are victims of sexual assault and/or abuse.
 - o To identify and assign designated staff to establish a cohesive and seamless delivery of services to clients in CSI facilities.
- o The facility provided a copy of sexual Assault Crisis Services available to include the National Office for Victims of Crimes: National Sexual Violence Resource Center and Rape, Abuse & Incest National Network.
- The facility has a PREA flyer posted with the following information:
 - o You have the right and are encouraged to report any instance of sexual harassment or sexual abuse.
 - o Report incidents to any staff member, including the Program Director. You can contact any person you feel safe in discussing these matters.
 - o You will be protected against any retaliation, do not hesitate to report.
 - o Confidentiality shall be maintained up to the extent the law allows.
 - o Your safety is important to Us you can also contact:
 - ◊ Sexual Assault Crisis Service Hotline 860-547-1022 / Office 860-2419217
 - ◊ The Connecticut Alliance to end Sexual Violence Hotline 1-888-999-5545 / Office 860-282-9981
 - ◊ National Office for Victims of Crimes: National Sexual Violence Resource Center 877-739-3895; Rape, Abuse & Incest National Network 800-656-4673.
 - Agency Staff Interview: The PREA Coordinator question, in what ways does the agency or facility attempt to make available a victim advocate from a rape crisis center? The agency/facility has an active MOU with the CT Alliance to end Sexual Abuse. These services are offered to Clients at no charge.

Corrective Actions:

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

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

because:

- Agency Staff Interview: The PREA Coordinator question, if a rape crisis center provides victim advocate services, how do you ensure that it meets the qualifications described in standard 115.221? Programs will offer options to Clients and encourage that a client seek advocacy services. A client can choose who or if they want to pursue victim advocacy services and staff will assist with the referral process.

Corrective Actions:

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

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.

Compliance Determination:

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

- Facility Random Staff Interviews: Twelve (12) staff were randomly interviewed. The random staff representing working on all shifts. Eleven (11) females and one (1) male. They were asked: "do you know who is responsible for conducting sexual abuse investigations?" During the on-site audit, staff answers varied from the Director, PREA Coordinator, or local police department.

Corrective Actions:

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

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.

Compliance Determination:

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

- The state entity outside of the agency conducting PREA investigations are subject

to the same requirements of PREA standards. The Department of Justice does not investigate cases with this program.

Corrective Actions:

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

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.

Compliance Determination:

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

- The agency/facility has a Memorandum of Agreement with the CT Alliance to End Sexual Abuse.
- Agency Staff Interview: The PREA Coordinator question, if requested by the victim, does a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and provided emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews? Yes. 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.

Corrective Actions:

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

Overall Findings:

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

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- Waterbury Police Department Letter
- PREA (Prison Rape Elimination Act) Policies and Procedures
- CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance
- CSI Policy 20a-52 DOC Evident Protocol
- MOU The CT Alliance To End Sexual Violence
- Sexual Abuse and Sexual Harassment Allegations Investigations Overview
- PREA Investigation Information Tally Packages for past 12 months ----- 0
- Online PREA Audit: Pre-Audit Questionnaire for Community

Interviews:

- Agency Head/Designee - 1
- Investigator - 1

Compliance Determination by Provisions and Corrective Actions:

115.222 (a)

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

Compliance Determination:

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

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 4 Prevention Planning.
 - o All incidents of sexual abuse or sexual harassment will be investigated. Any incident involving potential criminal behavior will be immediately reported to local or state law enforcement as appropriate for criminal investigation. The PREA Coordinator shall ensure any report of sexual abuse or sexual harassment determined to be a non-criminal matter by law enforcement will be investigated at the facility level.
 - o The PREA Coordinator will also ensure the CT Department of Correction (Parole), or Federal Bureau of Prisons (FBOP) is notified of any incidents of sexual abuse or sexual harassment. This information shall be made available on the CT DOC website.
- Agency Staff Interview: 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? Response was yes, administrative investigations are handled like regular investigations except they use a PREA investigator and determine if staff actions or failures contributed to the abuse. Criminal investigations are completed by law enforcement. Once an allegation is received, it is reported to the Program Director who reports to the Area Director, PREA Coordinator and Parole if applicable. The investigation is immediately initiated, and directives are provided by the PREA Coordinator. The course of each investigation may vary according to circumstances, but immediacy and timeliness are always prevalent within the course of the investigation.

- Agency Staff Interview: Staff who conduct investigations question: Does agency policy require that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations? Yes, the facility will make the referral to the State Police Department. If the allegation does not involve potential criminal behavior, then the agency initiates an administrative investigation for all allegations of sexual abuse or sexual harassment. If the allegation is suspected to be criminal in nature, then the State Police are contracted to open a criminal investigation.

- In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received:0.

- In the past 12 months, the number of allegations resulting in an administrative investigation:0.

- In the past 12 months, the number of allegations referred for criminal investigation:0.

Corrective Actions:

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

115.222 (b)

The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The agency shall publish such a 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.

Compliance Determination:

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

- 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.

- Agency Staff Interview: 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.

- Agency Staff Interview: The PREA Coordinator 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? 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 Clients) or Court Support Services Division (Probation Clients).

Corrective Actions:

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

115.222 (c)

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

Compliance Determination:

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

- The facility indicated that the local police department conducted criminal investigations and followed the guidelines of the State of CT.

Corrective Actions:

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

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.

Compliance Determination:

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

- The state entity outside of the agency conducting PREA investigations are subject to the same requirements of PREA standards. The Department of Justice does not investigate cases with this program.

Corrective Actions:

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

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.

Compliance Determination:

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

- The facility reported that the Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment.
- Below are the Sexual Abuse, Sexual Harassment Allegations, and Investigations Overview:
 - o The Total number of investigations for the past 12 months = 0
 - o The total number of sexual abuse investigations = 0
 - o The total number of sexual harassment investigations = 0
 - o The number of criminal sexual abuse referred for prosecution = 0
- Community Solutions Inc. 2022 Annual PREA Report section “Outcome of PREA Investigations” listed the following:
 - o Chase - Staff to Client Substantiated 2022 (1); Staff to Client Unfounded (2).

Corrective Actions:

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and

online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.231 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- Personnel Files
- Sexual Physical Assault PREA Overview 2016 Slides
- PREA Monthly Staff Mtg. Agendas with additional Documents
- PREA Training Process
- PREA (Prison Rape Elimination Act) Policies and Procedures
- CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance
- Employee Handbook 2023
- PREA Refresher PP-May 2022
- PREA Reporting Nos 07-2022
- Sexual Assault Services
- Sexual Physical Assault - PREA Overview 2016 Slides Only
- Staff Training Checklist with Signatures
- Pat Search Training Tracker with Staff Signatures
- Staff Roster
- Online PREA Audit: Pre-Audit Questionnaire for Community

Interviews:

- Random Sample of Staff - 12

Compliance Determination by Provisions and Corrective Actions:

115.231 (a)

The agency shall train all employees who may have contact with Clients on:

- 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.
- Clients' right to be free from sexual abuse and sexual harassment.
- The right of Clients 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 Clients, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming Clients; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Compliance Determination:

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

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section 11.1 - 11.4.

- o All staff, volunteers and interns must be trained to recognize and report abuse prior to their working with clients (PREA 115.231, 115.232). PREA compliance, concerns, issues shall be an on-going agenda item at program staff meetings. Each member of staff shall be required to attend an annual refresher PREA training.

- o All clients must be advised during their initial intake on the company policy against abuse and how to report abuse. Clients who have transferred from a different Facility will receive refresher information about PREA during intake (115.233).

- o PREA specific training during orientation and subsequent house meetings will include: CSI's zero tolerance policy on sexual abuse and harassment; prevention, detection, reporting, and responses to sexual abuse or assault allegations or observations; the rights of clients and staff in reporting allegations and to be free from retaliation; the dynamics of sexual abuse and harassment in confinement; how to detect and respond to signs of threatened and actual abuse; how to avoid inappropriate relationships with clients, appropriate communication with clients (including lesbian, gay, bisexual, and transgender clients); and how to comply with relevant laws regarding reporting of sexual abuse. Client attendance at house meetings will be documented in the facility's shift log. (PREA 115.231, 115.232, 115.233).

- o CSI shall provide each employee with refresher training annually 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 which will be conducted during monthly staff meetings.

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 6.

- o EMPLOYEE TRAINING

- o During employee orientation and annually thereafter, staff shall receive the following PREA training:

- a. The facility's zero tolerance for all forms of sexual abuse and sexual harassment.
- b. How to fulfill their responsibilities regarding prevention, detection, reporting, and response.
- c. The client's right to be free from of sexual abuse and sexual harassment.
- d. The client's and staff member's right to be free from retaliation for reporting sexual abuse and sexual harassment.
- e. The dynamics of sexual abuse and sexual harassment in clidential settings, including determining which Clients are most vulnerable,
- f. The common reactions of sexual assault or sexual abuse victims.
- g. How to avoid inappropriate relationships with Clients.
- h. How to communicate effectively and professionally with all Clients, and
- i. How to comply with relevant laws related to the mandatory reporting of sexual abuse to authorities.

◇ Staff shall sign a training document acknowledging that they understand the training.

◇ PREA training addresses factors pertaining to both males and females.

- Facility Random Staff Interviews: Twelve (12) staff were randomly interviewed. The random staff representing working on all shifts. Eleven (11) females and one (1) male. They were asked: "have you received PREA training? And what are some of the topics?" Twelve staff indicated yes that they received PREA training. Staff were aware of the Zero Tolerance Policy, employee and client rights, signs, and symptoms of sexual abuse, reporting and responding. One hundred percent of the direct care staff reported being knowledgeable of the topics they had been trained in. When probed, staff were able to describe the training on zero tolerance, client and staff rights, dynamics of sexual abuse and sexual harassment, prevention, and response protocol as well supportive services available to Clients. Staff indicated they have received training on working with vulnerable populations (LGBTQI, prior history of sexual victimization). The staff reported receiving training in person and online.

- During documentation review, the auditor reviewed staff acknowledgement statements of training.

Corrective Actions:

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

115.231 (b)

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

Compliance Determination:

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

- The agency/facility has incorporated in their training topic that are tailored to gender.

Corrective Actions:

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

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.

Compliance Determination:

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

- All current employees have received the required PREA training.

Corrective Actions:

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

115.231 (d)

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

Compliance Determination:

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

- The PREA coordinator provided multiple pages of training rosters with staff signatures documenting that they received and understood the PREA training they received.
- The agency/facility trains all employees who may have contact with Clients on PREA training topics. Employees receive this training prior to having contact with Clients. The agency/facility provides 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

	<p>PREA practices. The PREA training is documented through rosters (staff signatures or electronic verification), meeting minutes, shift briefing notes.</p> <ul style="list-style-type: none"> • Refresher training occurs every year when the certified PREA audit is not conducted. This is provided for staff meetings, shift briefing, and management meetings. • The agency/facility provided an HR package for each staff member. The HR package includes: <ul style="list-style-type: none"> o HR Form 5.7 Pre-Employment Background Disclosure Form o Spread Sheet with staff hired date, date initial background check and the 5-year backgrounds. o PREA Questions o Background Checks o PREA Acknowledgment Payco fillable <p>Corrective Actions:</p> <ul style="list-style-type: none"> • N/A. There are no corrective actions for this provision. <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA Contractor Acknowledgement (sample) • PREA Contractor Acknowledgement ----- 1 • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • Employee Handbook 2023 • List of Volunteers ----- 0 • List of Contractors ----- 1 • Online PREA Audit: Pre-Audit Questionnaire for Community

Interviews:

- Volunteers - 0
- Contractors - 1

Compliance Determination by Provisions and Corrective Actions:

115.232 (a)

The agency shall ensure that all volunteers and contractors who have contact with Clients have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Compliance Determination:

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

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section 11.1 - 11.4.

- o All staff, volunteers and interns must be trained to recognize and report abuse prior to their working with clients (PREA 115.231, 115.232). PREA compliance, concerns, issues shall be an on-going agenda item at program staff meetings. Each member of staff shall be required to attend an annual refresher PREA training.

- o All clients must be advised during their initial intake on the company policy against abuse and how to report abuse. Clients who have transferred from a different Facility will receive refresher information about PREA during intake (115.233).

- o PREA specific training during orientation and subsequent house meetings will include: CSI's zero tolerance policy on sexual abuse and harassment; prevention, detection, reporting, and responses to sexual abuse or assault allegations or observations; the rights of clients and staff in reporting allegations and to be free from retaliation; the dynamics of sexual abuse and harassment in confinement; how to detect and respond to signs of threatened and actual abuse; how to avoid inappropriate relationships with clients, appropriate communication with clients (including lesbian, gay, bisexual, and transgender clients); and how to comply with relevant laws regarding reporting of sexual abuse. Client attendance at house meetings will be documented in the facility's shift log. (PREA 115.231, 115.232, 115.233).

- o CSI shall provide each employee with refresher training annually 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 which will be conducted during monthly staff meetings.

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection.

o VOLUNTEER / INTERN AND CONTRACTOR TRAINING

- ◇ All Volunteers or Interns who will be working unaccompanied by staff with Clients will receive the same training as noted above for employees.

- ◇ All Volunteers and Interns who will be working unaccompanied by staff shall sign an acknowledgment that they have received PREA training and that they understand the PREA policy.

- ◇ Contractors upon entering a CSI Cliental Facility will be briefed on CSI's PREA Policy. Contractors will be requested to sign a PREA Acknowledgement form noting that they have been provided with information on CSI's zero tolerance policy and reporting procedures.

- ◇ Volunteers. Interns or contractors who have not had background checks conducted will not have contact with Clients and will always be escorted and supervised by a staff member when in client areas. Any person with responsibilities that include working in the client's facilities without direct CSI employee supervision will undergo a background check.

- The number of volunteers and individual contractors who have contact with Clients who have been trained in agency policies and procedures regarding sexual abuse a sexual harassment prevention, detection, and response:1.

Corrective Actions:

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

115.232 (b)

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

Compliance Determination:

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

- The level and type of training provided to contractors are based on the services they provided and the level of contract they have with clients.

	<ul style="list-style-type: none"> • The facility does not have volunteers. <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</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>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The agency/facility ensure that volunteers and contractors who have contact with Clients 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. • 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 Clients and that sexual abuse and sexual harassment is always reported. • During the audit period, the facility did not have any volunteers. <p>Corrective Actions:</p> <ul style="list-style-type: none"> • N/A. There are no corrective actions for this provision. <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- Client PREA Education Checklist
- PREA (Prison Rape Elimination Act) Policies and Procedures
- CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance
- AWR DOC Client Handbook 02-2022 English
- AWR DOC Client Handbook 02-2022 Spanish
- CSI CT English PREA Brochure 2 1-2023
- CSI CT Spanish PREA Brochure 2 1-2023
- CSI 20-40 AWR - Incident Reporting
- CSI 20a - 04 DOC Services & Programming
- CSI 20a - 20 Special Comprehension Needs & Limited English
- CSI PREA Tri Fold Brochure English
- MOU CT Alliance to End Sexual Violence
- PREA Reporting Nos 07-2022 English
- PREA Reporting Nos 07-2022 Spanish
- Sexual Assault Services
- Orientation Checklist
- Resident Roster
- Online PREA Audit: Pre-Audit Questionnaire for Community

Interviews:

- Random Sample of Residents - 16 (8 Target)
- Intake Staff - 2

Compliance Determination by Provisions and Corrective Actions:

115.233 (a)

During the intake process, Clients 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.

Compliance Determination:

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

- During the site review, the auditor observed the facility signages regarding the PREA Audit Notices which were posted throughout the facility and were visible to staff, clients in the facility, and visitors. The notice was posted in the living units, common areas, facility entrance and visitation areas, and staff break areas. The information is provided in English and Spanish and is legible.

- During the site review, the auditor observed the facility signages regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in clients housing/living units, programming areas and visitation area. The information is provided in English and Spanish and is legible.
- The facility has critical information continuously available to clients through posters, PREA handouts and meetings/sessions with case managers or counselors.
- During the facility tour, clients that were pull to the side for an informal interview, stated that they received sexual abuse and sexual harassment information by staff and PREA information is posted in the living unit.
- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section 11.2 - 11.3.
 - o All clients must be advised during their initial intake on the company policy against abuse and how to report abuse. Clients who have transferred from a different Facility will receive refresher information about PREA during intake (115.233).
 - o PREA specific training during orientation and subsequent house meetings will include: CSI's zero tolerance policy on sexual abuse and harassment; prevention, detection, reporting, and responses to sexual abuse or assault allegations or observations; the rights of clients and staff in reporting allegations and to be free from retaliation; the dynamics of sexual abuse and harassment in confinement; how to detect and respond to signs of threatened and actual abuse; how to avoid inappropriate relationships with clients, appropriate communication with clients (including lesbian, gay, bisexual, and transgender clients); and how to comply with relevant laws regarding reporting of sexual abuse. Client attendance at house meetings will be documented in the facility's shift log. (PREA 115.231, 115.232, 115.233).
- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 6.
 - o CLIENT EDUCATION
 - ◇ During intake orientation, all Clients will receive a client handbook, and a facility handout containing information about PREA. All Clients shall sign an acknowledgment that they have received the handbook and the PREA handout which contain the following information:
 - ◇ The facility's zero tolerance policy regarding sexual abuse and sexual harassment; how to report incidents or suspicions of sexual abuse, sexual harassment; their rights to be free from sexual abuse and sexual harassment; their rights to be free from retaliation for reporting such incidents; and agency policy and procedures for responding to such incidents.
 - ◇ The client handbook, PREA handout, and all related material will be made

available various formats to ensure those Clients with limited English proficiencies, deaf, visually impaired, or otherwise disabled Clients will be able to participate in all aspects of PREA.

- Agency Staff Interview: The PREA Coordinator question, what type of PREA education is provided to the Clients? The Clients 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 Clients to privately report sexual abuse or sexual harassment and reporting sexual abuse and sexual harassment and remain anonymous.

- Facility Staff Interview: Intake staff was question; do you provide Clients with information about the zero-tolerance policy and how to report incidents or suspicions of sexual or sexual harassment? Yes. Upon their intake, the PREA checklist is reviewed with the client which includes educating them on the zero-tolerance policy regarding sexual harassment, how report incidents, protection of retaliation for reporting incidents of sexual harassment, and sexual abuse, CSI policies and procedures for responding to incidents of sexual harassment, and the clients were shown where PREA information is posted throughout the facility. In addition, a PREA brochure is given to each client which contains all the necessary information about PREA including contact information for reporting.

- Client Interviews: Total of sixteen (16) clients, 6 Black, 7 White, 2 Hispanic and 1 other was interviewed. Eight of the sixteen were targeted. They were asked: When you first came here, did you get information about the facility's rules against sexual abuse and harassment? Sixteen Clients stated they were given some information related to PREA at admission.

When asked how that information was given, Clients indicated they were given a PREA brochure or pamphlet and handbook. Some said they were given a sheet with information on it. Others said they were given the information orally. They also said the information is on the walls in the facility.

- Client Interviews: Total of sixteen (16) clients, 6 Black, 7 White, 2 Hispanic and 1 other was interviewed. Eight of the sixteen were targeted. They were asked: When you came here, were you told about:

- o Your right to not be sexually abused or sexually harassed? Sixteen interviewed Clients stated they had been made aware of their rights.

- o How to report sexual abuse or sexual harassment? Sixteen interviewed Clients stated they had been made aware of how to report.

- o Your right not to be punished for reporting sexual abuse or sexual harassment? Sixteen interviewed Clients stated they are aware of their rights not to be punished for reporting.

o About how long after coming here did you get the information above? When asked this question, there were a wide variety of answers. Fourteen Clients said they received the information the same day they were admitted. Two said they thought it occurred within the first week of admission.

- The facility provides basic, critical information to every client 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. Clients can report externally and internally, including phone numbers and addresses they would need to report.

- The facility provides Client's education, both critical information at intake and more comprehensive education within 30 days upon client arrival or transfer from a different facility. If a client is released and returns to the facility, gets the information again.

Corrective Actions:

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

115.233 (b)

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

Compliance Determination:

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

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

Corrective Actions:

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

115.233 (c)

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

Compliance Determination:

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

- The facility provides PREA information to the Clients regarding sexual safety and PREA be accessible regardless of ability and language. Clients who are limited

English proficient, are deaf, visually impaired, disabled, including Clients 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 Clients.8

Corrective Actions:

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

115.233 (d)

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

Compliance Determination:

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

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

Corrective Actions:

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

115.233 (e)

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

Compliance Determination:

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

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

Corrective Actions:

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

Overall Findings:

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

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • Employee Handbook 2023 • KC 1 Investigator PREA Training Cert (DOC CT) • KC Investigator PREA Training (American Jail Association) • Sexual Abuse and Sexual Harassment Allegations Investigations Overview • PREA Investigation Information Tally Packages for past 12 months ----- 0 • Online PREA Audit: Pre-Audit Questionnaire for Community <p>Interviews:</p> <ul style="list-style-type: none"> • Investigator - 1 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.234 (a)</p> <p>In addition to the general training provided to all employees pursuant to standard 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The facility does not conduct criminal investigations. • 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; interviewing all parties to include victims, perpetrators, witnesses, etc.; and reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator.

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 6.

- SPECIALIZED TRAINING: INVESTIGATIONS - It is the policy of CSI that any criminal act is referred and reported to local law enforcement and the CT DOC (Parole) or FBOP.

- The Agency PREA Coordinator conducts administrative investigations into the facilities. A review of the PREA Investigation Instruction Outline conducted by the Connecticut Department of Corrections Training and Staff Development revealed the following topics:

- o Prison Rape Elimination Act (Definitions, Policies and reporting procedures, Standards for investigations in a confinement setting, Protection from retaliation).
- o Basic Investigation Steps (Coordinated response, Sexual Assault Response Team, Mental Trauma, Client and staff culture, Reporting writing, Miranda vs Garrity).
- o Interviewing (Personal Biases, Initial Interview, Soft vs Hard Interview, Interviewing Techniques).
- o Gender and Communication (Relational language, Rules language, Understanding the victim, Abuse history, Effects of trauma, Aftermath of abuse/PTSD, Your demeanor/body language).
- o Changing the Reporting Culture (Creating a reporting culture, Code of Silence, Red Flags/signs of abuse, Role of Medical and Victims' advocates).

- The agency PREA Coordinator also completed PREA investigation training conducted by the American Jail Association Titled "Searching for the Truth: Conducting Sexual Abuse Investigations in Confinement for PREA Training Program. This training included the following topics:

- o PREA Standards Specific to Investigations
- o Statistical Overview of Sexual Abuse on Client in Confinement
- o Dynamics of Sexual Abuse of Clients in Confinement
- o Interviewing Victims of Sexual Abuse
- o Legal Issues
- o Evidence Collection
- o Assuring Quality Investigations
- o Writing the Report
- o Extinguish Burning Issues

- Agency Staff Interview: Staff who conduct investigations question, "Did you receive specialized training regarding conducting sexual abuse investigations in confinement settings?" Staff indicated yes, she received training by both the CT DOC PREA Director and attended an investigator training facilitated by the American Jail Association.

Corrective Actions:

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

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.

Compliance Determination:

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

- Agency Staff Interview: Staff who conduct investigations question, what topics were included in your training? Techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, although not applicable to my position as PREA Coordinator. The authorities performing the criminal investigation would maintain responsibility. Also included would be evidence collection protocols, securing the scene and documentation.

Corrective Actions:

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

115.234 (c)

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

Compliance Determination:

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

- The facility maintains documentation of all investigations.
- The number of investigators currently employed who have completed the required training:1.

Correction Actions:

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

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.

	<p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The facility indicates that the Department of Justice does not investigate sexual abuse at this facility. The local police Department investigate criminal cases. • Below are the Sexual Abuse, Sexual Harassment Allegations, and Investigations Overview: <ul style="list-style-type: none"> o The Total number of investigations for the past 12 months = 0 o The total number of sexual abuse investigations = 0 o The total number of sexual harassment investigations = 0 o The number of criminal sexual abuse referred for prosecution = 0 • Community Solutions Inc. 2022 Annual PREA Report section “Outcome of PREA Investigations” listed the following: <ul style="list-style-type: none"> o Chase - Staff to Client Substantiated 2022 (1); Staff to Client Unfounded (2). <p>Corrective Actions:</p> <ul style="list-style-type: none"> • N/A. There are no corrective actions for this provision. <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • Employee Handbook 2023 • List of Medical Staff ----- 0

- List of Mental Health ----- 0
- Online PREA Audit: Pre-Audit Questionnaire for Community

Interviews:

- Specialized Staff: Medical - 0
- Specialized Staff: Mental Health - 0

Compliance Determination by Provisions and Corrective Actions:

115.235 (a)

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:

- 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.

Compliance Determination:

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

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 6.
- SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE - CSI does not employ medical staff. All medical and mental health services are referred to the local hospital, appropriate community service organization or the CTDOC.
- The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy:0.
- The percentage of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy:0.

Corrective Actions:

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

115.235 (b)

If medical staff employed by the agency conduct forensic examinations, such

medical staff shall receive the appropriate training to conduct such examinations.

Compliance Determination:

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

- The facility does not conduct forensic examinations. Forensic examinations if needed will be conducted at the local hospital.

Corrective Actions:

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

115.235 (C)

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.

Compliance Determination:

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

- The program does not have any medical or mental health staff.

Corrective Actions:

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

115.235 (d)

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.

Compliance Determination:

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

- The program does not have any medical or mental health staff. If a client needs the services of medical, they will be transferred to the local hospital.

Corrective Actions:

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

	<p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • CSI Policy 20a-03 DOC Confidentiality • CSI Policy 20a-03 DOC Services & Programming • CSI Policy 20a-08 DOC Supervision & Accountability • CSI Policy 20a- 20 DOC Special Comprehension Needs & Limited English Proficiency • PREA Screening Tool for Males (Example) • PREA Initial Assessments • CSI PREA Reassessment Screening • Resident Roster • Online PREA Audit: Pre-Audit Questionnaire for Community <p>Interviews:</p> <ul style="list-style-type: none"> • Random Sample of Residents - 16 (8 Target) • Staff who Perform Screening for Risk of Victimization and Abusiveness - 2 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.241 (a)</p> <p>All Clients shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other Clients or sexually abusive toward other Clients.</p> <p>Compliance Determination:</p>

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

- 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 client housing and program assignments. Transgender or intersex Client's 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 Clients. The screening process occurs in a setting that ensures privacy as possible given the potentially sensitive information that is discussed. The screening location has adequate space, privacy, and time to conduct a quality screening of the client for the desired information. Staff receive LGBTI training on effective and professional communication during the staff PREA training.

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 6.

- SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS

- o All Clients shall be assessed upon admission to the CSI program. Intake screening shall be conducted immediately upon arrival but no later than 72 hours after arrival.

- o Client screening shall be completed utilizing the PREA intake screening assessment and shall at a minimum consider:

- o
 - ◇ The client's age, physical build.

- o
 - ◇ Any physical, mental, or development disabilities.

- o
 - ◇ If the client has been previously incarcerated, or whether the client has previously experienced sexual victimization.

- o
 - ◇ The Clients have their own perception of vulnerability.

- o
 - ◇ If the client is perceived as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.

- o
 - ◇ Any prior convictions for sex offenses against an adult or child.

- o The client shall be reassessed no later than 30 days from arrival at the facility. Reassessment shall be noted in the Progress Notes of the client's file. Clients shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the client's risk of sexual victimization or abusiveness.

- o Clients will not be disciplined for refusing to answer or discuss information requested by the intake form.

- o Risk Factors for victimization include Clients that are:

- o
 - ◇ Transgender/transsexual

- o
 - ◇ Sex offenders

- o
 - ◇ Homosexual

- o
 - ◇ Bisexual person

- o
 - ◇ Younger than the general population

- ◊ Frail, small of stature or petite
- ◊ Mentally ill
- ◊ Developmentally disabled.
- ◊ Physically, mentally, cognitively, or communicatively impaired
- ◊ First time offender
- ◊ Has a history of sexual abuse/victimization?
- o Risk factor for predation:
 - ◊ History of previous behavior
 - ◊ Long history of incarceration
 - ◊ Large physical build
 - ◊ Aggressive demeanor.

• Facility Staff: Staff who perform PREA screening for risk of victimization response to, do you screen Clients upon admission to your facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other Clients? Yes, Clients are screened upon admission into the facility for risk of sexual abuse victimization or sexual abusiveness toward other Clients.

Corrective Actions:

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

115.241 (b)

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

Compliance Determination:

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

- Facility Staff: Staff who perform PREA screening for risk of victimization response to, do you screen Clients for risk of sexual victimization or risk of sexually abusing other client within 72 hours of their intake? Yes. However, Clients must be screened within 72 hours of admission within the program but are screened within the first 24 hours.
- The screening occurs within 72 hours of arrival at the facility which includes transfer Clients from other facilities.

Corrective Actions:

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

115.241 (c)

Such assessments shall be conducted using an objective screening instrument.

Compliance Determination:

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

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

Corrective Actions:

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

115.241 (d)

The intake screening shall consider, at a minimum, the following criteria to assess Clients for risk of sexual victimization:

- Whether the client has a mental, physical, or developmental disability.
- The age of the Clients.
- The physical build of the client.
- Whether the client has previously been incarcerated.
- Whether the client’s criminal history is exclusively nonviolent.
- Whether the client has prior convictions for sex offenses against an adult or child.
- Whether the client is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- Whether the client has previously experienced sexual victimization.
- The Clients own perception of vulnerability; and

Compliance Determination:

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

- 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 known to the facility or agency.

- The Risk for Victimization or Abusiveness objective screening instrument for adult males addresses the following:

o Primary Likelihood Checklist:

o Consider current commitment only: Yes / No / N/A

◊ Under age 28

- ◊ Is or perceived Gay/Bisexual/Transgender/Intersex/Gender Nonconforming
 - ◊ First time incarcerated
 - ◊ Non-violent offenses
 - ◊ Mental, physical, or developmentally disabled
 - ◊ Non-muscular/small stature
 - ◊ Non convictions for sexual offenses against adults or children
- o Which total is greater: Yes or No? Yes = Likely Victim or No Likely Predator
- o Additional Potential Victim Checklist: Yes/ No/ NA
- ◊ Feminine features (hairless face, long hair, high pitch voice, etc.)
 - ◊ Victim of sexual/physical abuse in the past
 - ◊ If previously incarcerated – ever been placed in protective custody (adult/juvenile)
 - ◊ Unfamiliar with prison environment
 - ◊ Verbalizes fear for personal safety.
 - ◊ If gay, flamboyant in appearance
- Staff Summary
- If the offender has at least three of the above 6 questions checked as “yes” then complete the following question regarding race. Otherwise, check N/A.
- Total: Yes + No + N/A must equal 7.
- o Additional Potential Predator checklist: Yes/No/NA
- o Evidence of physical violence in the commission of crime (consider current commitment only)
- o History of physical/sexual abuse in the past, inside prison/jail
- o If previously incarcerated- ever been placed in disciplinary segregation for assaultive/violent behavior
- o Has a disciplinary record from a previous incarceration?
- Staff Summary
- If the offender has at least one of the above 4 questions checked as “yes” then complete the following questions regarding sentence length or race. Otherwise, check N/A.
- An offender’s EOS is greater than 1.3 years or 16 months away.
 - Total: Yes + No + NA must equal 6.
- Victim Continuum
- # of yes responses on Primary Likelihood Checklist
- (+) # of yes responses on Potential Victim Checklist
- Offender’s Score on Victim Continuum
- o Likely Victim = 0 – 4
- o More Likely = 5 – 9

o Highly Likely = 10 - 14

- If score is 10-14, then flag this offender as PREA Victim

Predator Continuum

of no responses on Primary Likelihood Checklist

(+) # of yes responses on Potential Victim Checklist

Offender's Score on Predator Continuum

o Likely Predator = 0 - 4

o More Likely = 5 - 9

o Highly Likely = 10 - 13

- If score is 10-13, then flag this offender as PREA Predator

Note: Offenders convicted of a sexual offense against a minor will potentially have both additional checklists completed.

- The Risk for Victimization or Abusiveness objective screening instrument for adult females addresses the following:

- Primary Likelihood Checklist:

o Consider current commitment only: Yes / No / N/A

◇ Under age 28

◇ Is or perceived Lesbian/Bisexual/Transgender/Intersex/Gender Nonconforming

◇ First time incarcerated

◇ Non-violent offenses

◇ Mental, physical, or developmentally disability

◇ Non-muscular/small stature

◇ Non convictions for sexual offenses against adults or children

o Which total is greater: Yes or No? Yes = Likely Victim or No Likely Predator

- Additional Potential Victim Checklist: Yes/ No/ NA

o Victim of sexual/physical abuse in the past

o If previously incarcerated - ever been placed in protective custody (adult/juvenile)

o Unfamiliar with prison environment

o Verbalizes fear for personal safety.

o If Lesbian - then "openly" Lesbian (admits to being Lesbian)

- Staff Summary

If the offender has at least three of the above 5 questions checked as "yes" then complete the following question regarding race. Otherwise, check N/A.

- Total: Yes + No + N/A must equal 6.

Additional Potential Predator checklist: Yes/No/NA

- o Evidence of physical violence in the commission of crime (consider current commitment only)
- o History of physical/sexual abuse in the past, inside prison/jail
- o If previously incarcerated- ever been placed in disciplinary segregation for assaultive/violent behavior
- o Has a disciplinary record from a previous incarceration?

- Staff Summary

If the offender has at least one of the above 4 questions checked as “yes” then complete the following questions regarding sentence length or race. Otherwise, check N/A.

- Offender’s EPRDD is greater than 0.8 years or 10 months away.
- Total: Yes + No + NA must equal 6.

Victim Continuum

of yes responses on Primary Likelihood Checklist
(+) # of yes responses on Potential Victim Checklist
Offender’s Score on Victim Continuum

- o Likely Victim = 0 - 4
- o More Likely = 5 - 9
- o Highly Likely = 10 - 13

- If score is 10-13, then flag this offender as PREA Victim

- Predator Continuum

of no responses on Primary Likelihood Checklist
(+) # of yes responses on Potential Victim Checklist
Offender’s Score on Predator Continuum

- o Likely Predator = 0 - 4
- o More Likely = 5 - 9
- o Highly Likely = 10 - 13

- If score is 10-13, then flag this offender as PREA Predator

Note: Offenders convicted of a sexual offense against a minor will potentially have both additional checklists completed.

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

Corrective Actions:

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

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 Clients for risk of being sexually abusive.

Compliance Determination:

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

- Client Interviews: Total of sixteen (16) clients, 6 Black, 7 White, 2 Hispanic and 1 other was interviewed. Eight of the sixteen were targeted. When you came here, were you told about: They 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, whether you have ever been sexually abused, whether you identify with being gay, lesbian, or bisexual, and whether you think you might be in danger of sexual abuse here? Fourteen Clients interviewed stated they recalled being asked the PREA related questions. Clients that said they were asked the PREA related questions, were asked the same day as admission or within one week. Of those who recalled being asked the questions, they also stated the questions were asked in private by staff.

- Clients were asked a follow-up question; do you know if staff asked you these types of questions again while you have been here (reassessment)? All the interviewed Clients indicated they were asked those questions again.

Corrective Actions:

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

115.241 (f)

Within a set time, not to exceed 30 days from the client's arrival at the facility, the facility will reassess the client's risk of victimization or abusiveness based upon any

additional, relevant information received by the facility since the intake screening.

Compliance Determination:

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

- CSI – PREA Re-Assessment Screening Tool meet the requirements that includes:
 - o Date of Birth
 - o Physical Build
 - o Physical Disabilities
 - o Mental Disabilities
 - o Developmental Disabilities
 - o Sexual Orientation
 - o Have you ever been the victim of sexual abuse?
 - o Have you ever sexually abused another person?
 - o Do you feel vulnerable to being sexually abused in this facility?
 - o Have you ever been convicted of a sexual offense?
 - o Have there been any PREA related issues since your last screening?
 - o Comments – Any added information presented by referral or previous placement.
 - o Housing Placement
 - o History of convictions for violent offenses
 - o History of Institutional violence
 - o Is criminal history exclusively non-violent?
 - o Comments, concerns regarding job placement, community time or other supervision needs.

- Clients are rescreened within 30 days of their arrival at the facility. Clients are also reassessed when warranted by the circumstances where additional information may be presented. This information new referrals, incident reports, safety of the Clients, or any relevant information.

Corrective Actions:

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

115.41 (g)

A client’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 client’s risk of sexual victimization or abusiveness.

Compliance Determination:

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

- Facility Staff Interview: Staff who perform PREA screening for risk of victimization

response to, do you reassess a client's risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the client's risk of sexual victimization or abusiveness? Yes, the process is completed within 30 days. The Clients' risk level is reassessed as needed due to a referral, request, incident, of sexual abuse, or receipt of additional information that bears on the Clients' risk of sexual victimization or abusiveness.

Corrective Actions:

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

115.241 (h)

Clients 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.

Compliance Determination:

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

- Facility Staff Interview: Staff who perform PREA screening for risk of victimization response to, are Clients disciplined in any way for refusing to respond to (or for not disclosing complete information related to) the following requirements in the standards. No.
- Clients are not required to answer questions that they are not ready to disclose or share information on. The Clients are not disciplined for not answering any of the sensitive questions.

Corrective Actions:

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

115.241 (i)

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

Compliance Determination:

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

- Agency Staff Interview: The PREA Coordinator question, has the agency/facility outlined who should have access to a client's risk assessment within the facility to

	<p>protect sensitive information from exploitation? Yes. The agency/facility has confidentiality protocols which outline who should have access to a client's risk assessment within the facility to protect sensitive information from exploitation. Protocols ensure sensitive information is not exploited to the client's detriment by staff or other Clients.</p> <ul style="list-style-type: none"> • Facility Staff Interview: Staff who perform PREA screening for risk of victimization response to, has the agency outlined who can have access to a client's risk assessment within the facility to protect sensitive information from exploitation? Yes. The agency/facility has outlined who can have access to the Clients' risk assessment within the facility to protect sensitive information from exploitation. • The sensitive information from the screening information is protected. The information is controlled and is disseminated to key staff and any additional staff on a case-by-case basis or as needed. <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance CSI Policy 20a-03 DOC Confidentiality • CSI Policy 20a-03 DOC Services & Programming • CSI Policy 20a-08 DOC Supervision & Accountability • Resident Roster • List of Transgender and Intersex Residents ----- 1 • List of Bisexual Gay and Lesbian ----- 0 • Online PREA Audit: Pre-Audit Questionnaire for Community

Interviews:

- Agency PREA Coordinator - 1
- Transgender and Intersex Residents - 1
- Gay, Lesbian and Bisexual Residents - 0
- Staff who Perform Screening for Risk of Victimization and Abusiveness - 2

Compliance Determination by Provisions and Corrective Actions:

115.242 (a)

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 Clients at elevated risk of being sexually victimized from those at elevated risk of being sexually abusive.

Compliance Determination:

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

- The facility uses PREA information to make determinations for all clients regarding housing, bed, work, education, and program assignments. The information is used to maintain separation between clients at risk of being sexually victimized and clients likely to commit sexual abuse.
- The facility physical layout also considers in the determinations of housing assignments.
- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 6.
- USE OF SCREENING INFORMATION
 - o The facility shall make individual determinations on a case-by-case basis about how to ensure the safety of all Clients and shall utilize the screening information to determine housing, work, education, and programming assignments.
 - o Transgender and intersex Clients' own views with respect to his or her safety shall be given thoughtful consideration in housing assignments. Transgender and intersex Clients shall be given the opportunity to shower separately from other Clients and shall not be placed in a dedicated unit solely based on their identification status.
- Facility Staff Interview: 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 Clients safe from being sexually victimized or from being sexually abuse? The agency uses the information collected during intake to house Clients in a safe manner. This way a known predator will not be housed with a known victim. This included education and programming.

- The facility uses PREA information to make determinations for all Clients regarding housing, bed, work, education, and program assignments. The information is used to maintain separation between Clients at risk of being sexually victimized and Clients likely to commit sexual abuse.

- The facility physical layout also considers in the determinations of housing assignments.

Corrective Actions:

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

115.242 (b)

The agency shall make individualized determinations about how to ensure the safety of each client.

Compliance Determination:

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

- The facility uses the PREA screening information from standard 115.41 to make individualized determinations for all Clients regarding housing, bed work, education, and program assignments. These determinations are to maintain separation between Clients' persons at risk of being sexually victimized and Clients likely to commit sexual abuse.

Corrective Actions:

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

115.242 (c)

In deciding whether to assign a transgender or intersex client to a facility for male or female Clients, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the Clients health and safety, and whether the placement would present management or security problems.

Compliance Determination:

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

- 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.

- Upon intake, room options would be a discussion point. Case managers and/or Intake staff would ask if the client was comfortable being housed in a room with 2-3 other Clients. If the client voiced his/her concerns, consideration would be given to providing a single room if available. If at any time, a client felt unsafe, their housing option would be reviewed to ensure safety.
- Abusive Clients will not be housed with a known victim or a vulnerable client. Prior to a client identified above arriving at the program, program leadership and the funding agency have a discussion to confirm that this is the best fit and safest location for the client. When the client arrives, the program can accommodate the client so that the client is and feels safe. If the accommodation is possible then the program will comply and if the accommodation is not possible then program leadership will discuss with DOC a solution or transfer to another program for the client. The program ensures that the client can shower alone and if the client requests it, use the bathroom facilities by themselves.
- Agency Staff Interview: The PREA Coordinator question, how does the agency or facility determine housing and program assignments for transgender or intersex Clients? The facility ensures all Clients are screened to assess their risk of being sexually abused or being sexually abusive toward other Clients using an objective assessment/screening instrument.
- Staff were asked, where does the facility place vulnerable or abusive Clients in open housing units? Staff indicated that Clients are at risk of being sexually abused and those who are likely to abuse other Clients are bunked on opposite sides of the dormitory. The vulnerable client is bunked near the door that enters the housing unit or closest to the staff location.

Corrective Actions:

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

115.242 (d)

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

Compliance Determination:

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

- Agency Staff Interview: The PREA Coordinator question, are a transgender or intersex client's own view with respect to his or her own safety given thoughtful consideration in placement and programming assignments? Yes. Clients who identify as transgender or intersex views are discussed when making all decisions about their personal safety.

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

- As a part of the housing and programming determinations involving a transgender or intersex client, staff indicated that they would consider the Clients' own views regarding his or her safety.

Corrective Actions:

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

115.242 (e)

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

Compliance Determination:

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

- 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 is closed to all residents or use another part of the facility.

- Central Office Staff: Agency PREA coordinator question, are transgender and intersex residents given the opportunity to shower separately from other residents? If yes, how are they given the opportunity? Yes, the 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. Most of the facilities have at least one single bathroom. If so, transgender or Intersex may request to use that bathroom.

- 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.

- The facility did not have transgender people and intersex residents during the audit period.

Corrective Actions:

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

115.242 (f)

The agency shall not place lesbian, gay, bisexual, transgender, or intersex residents

in dedicated facilities, units, or wings solely based on 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.

Compliance Determination:

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

- The agency does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely based on identification or status.
- Observation: During the site review, the auditor observed the facility critical function where cross-gender viewing of Transgenders and Intersex residents may occur. The auditor viewed the placement and angle of electronic surveillance monitoring in the main control room. The cameras do not show people in confinement naked using showers or toilets. The auditor requested that the control room operator zoom in on randomly selected living units focusing on the showers and toilets. There were no residents' midsections being viewed on monitors.
- 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 found by the auditor.
- 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 found by the auditor.
- Central Office Staff: Agency PREA coordinator question, how does the agency/ facility ensure against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wing solely based on 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. The facility programs are not big enough to designate separate units or wings, but our program staff are trauma informed and work with the resident to ensure the comfort and safety of the resident.

	<p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • CSIP 20a-27 DOC Grievance Procedure • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • AWR DOC Client Handbook 02-2022 English • AWR DOC Client Handbook 02-2022 Spanish • CSI CT English PREA Brochure 2 1-2023 • CSI CT Spanish PREA Brochure 2 1-2023 • CSI 20-40 AWR - Incident Reporting • CSI 20a - 04 DOC Services & Programming • CSI 20a - 20 Special Comprehension Needs & Limited English • CSI PREA Tri Fold Brochure English • MOU CT Alliance to End Sexual Violence • PREA Reporting Nos 07-2022 English • PREA Reporting Nos 07-2022 Spanish • Sexual Assault Services • Resident Roster • Investigation Packages Past 12 Months ----- 0 • One Pending Investigations (July 7, 2023) • Resident Phones (Observed) Cell Phones • Online PREA Audit: Pre-Audit Questionnaire for Community <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator - 1

- Random Sample of Staff - 12
- Random Sample of Residents - 16 (8 Target)
- Residents who Reported Sexual Abuse - 0
- Residents who Reported Sexual Harassment - 0

Compliance Determination by Provisions and Corrective Actions:

115.251 (a)

The agency shall provide multiple internal ways for Clients to privately report sexual abuse and sexual harassment, retaliation, by other Clients or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Compliance Determination:

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

- Clients shall also be notified that any staff member must accept and promptly document any report made verbally, in writing, anonymously, or from a third party.
- 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.
- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 7
- CLIENT REPORTING
 - o At intake, all Clients will be advised of all reporting options available to report sexual abuse, sexual harassment, retaliation, staff neglect, or other violations that may have contributed to an incident through the Client Handbook issued upon arrival.
 - o Clients shall also receive information on how to privately report any such information to the public or private agencies while remaining anonymous. At the time of intake and orientation, the client shall be provided with numbers and addresses for victim advocate services along with toll free rape crisis hot line numbers. Also, the information is posted throughout the program facilities.
- Agency Staff Interview: The PREA Coordinator question, how does the agency or facility provide at least one way for Clients to report abuse or harassment to a public or private entity or office that is not part of the agency? At the time of intake, Clients are oriented and educated on PREA and methods of reporting. Posted throughout the facility are fliers with contact numbers, which include DOC, BOP, Local agencies, and hospitals that the client can access at any time.

- Agency Staff Interview: The PREA Coordinator question, do these procedures enable receipt and immediate transmission of client's reports of sexual abuse and sexual harassment to agency officials that allow the client to remain anonymous upon request? Yes, information is made available, so that Clients do not have to request from staff. They can contact other organizations as they feel appropriate. There is no obligation for agencies to report back to CSI programs. Anonymity and confidentiality remain between the client and the persons/agency to whom they are reporting.
- Facility Random Staff Interview: Twelve (12) staff were randomly interviewed. The random staff representing working on all shifts. Eleven (11) females and one (1) male. They were asked: "how can Clients privately report sexual abuse and sexual harassment, retaliation by other Clients 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?" The interviewed staff reported that the Clients can privately report by using the hotline number, notify staff, family, or friends. Such reports can be made verbally or in writing. All the interviewed staff reported that if a client makes a report verbally or in writing, sexual abuse or harassment, the allegations are responded to immediately and they would immediately document the allegation.
- Client Interviews: Total of sixteen (16) clients, 6 Black, 7 White, 2 Hispanic and 1 other was interviewed. Eight of the sixteen were targeted. They were asked: How would you report any sexual abuse or sexual harassment that happened to you or someone else? They were all asked is there someone who does not work at this facility who you could report to about sexual abuse or sexual harassment? Sixteen interviewed Clients could name more than one way they could report if they needed to. Clients said they would call the PREA Hotline. Some Clients said they could report to a trusted staff. Ten interviewed Clients said they could also report to a family member outside the facility.
- The agency/facility has multiple internal ways of Clients to privately report sexual abuse, sexual harassment, retaliation by other Clients or staff for reporting sexual abuse and sexual harassment, and staff violated their responsibilities that may have contributed to the sexual abuse.
- During the facility tour, clients that were pulled to the side for an informal interview stated that they can report sexual abuse and sexual through a grievance or call the hotline on the poster from their cell phones.
- During the site review, the auditor observed the facility signages regarding the PREA Audit Notices which were posted throughout the facility and were visible to staff, clients, and visitors. The notice was posted in the living units, common areas, facility entrance and visitation areas, and staff break areas. The information is provided in English and Spanish and is legible.
- During the site review, the auditor observed the facility signages regarding access to outside confidential (emotional support services) information were posted in all areas frequented by clients in the facility, including housing/living units. This

information is posted near the phones. The information is provided in English and Spanish and is legible.

- During the site review, the auditor observed the facility signages regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in the clients housing/living units, programming areas and visitation area. The information is provided in English and Spanish and is legible.
- During the site review, the auditor observed the facility provides clients access to writing instruments, paper, and forms to report with.
- The client can file a written report without giving his/her name or the name of the abuser (s). This information could also include an assault that occurred at any other Correctional Facility, Detention Center, County Facility or while under community supervision, prior to or during his/her committed time.
- The agency/facility has multiple internal ways of clients can privately report sexual abuse, sexual harassment, retaliation by other clients or staff for reporting sexual abuse and sexual harassment, and staff violated their responsibilities that may have contributed to the sexual abuse.
- Clients are informed of the different ways to report, methods, and how to access the internal and external reporting process.
- The facility has toll-free hotline numbers available to clients. The clients can use their cell phones to report.

Corrective Actions:

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

115.251 (b)

The agency shall also provide at least one way for Clients 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 client reports of sexual abuse and sexual harassment to agency officials, allowing the client to remain anonymous upon request.

Compliance Determination:

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

- Externally, Clients 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.
- Memorandum of Agreement between Community Solutions, Inc and The Connecticut Alliance to End Sexual Violence. The Alliance of end Sexual Violence is a

coalition of Connecticut's nine community based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training programs.

- Connecticut Alliance to End Sexual Violence agree to the following:

- o Identify and assign a point of contact at each organization to establish coordinator between agencies and access to SACS services for CSI clients. Response to client's request to work SACS will be made and executed within a reasonable amount of time.

- o Display sexual assault crisis hotline posters in English and Spanish at CSI and The Alliance. CSI will share information with clients about SACS program and the availability of sexual assault crisis counselors and community-based services.

- o At CSI client'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 client's placement is the CSI facility.

- o At the Alliance and CSI there will be a dedicated and confidential space for SACS to meet with clients.

- o To develop site specific protocol and procedure for maintaining PREA standards.

- o To collaborate for the continuity of care and discharge planning for clients who are victims of sexual assault and/or abuse.

- o To identify and assign designated staff to establish a cohesive and seamless delivery of services to clients in CSI facilities.

- The facility provided a copy of sexual Assault Crisis Services available to include the National Office for Victims of Crimes: National Sexual Violence Resource Center and Rape, Abuse & Incest National Network.

- The facility has a PREA flyer posted with the following information:

- o You have the right and are encouraged to report any instance of sexual harassment or sexual abuse.

- o Report incidents to any staff member, including the Program Director. You can contact any person you feel safe in discussing these matters.

- o You will be protected against any retaliation, do not hesitate to report.

- o Confidentiality shall be maintained up to the extent the law allows.

- o Your safety is important to Us you can also contact:

- o Sexual Assault Crisis Service Hotline 860-547-1022 / Office 860-2419217

- o The Connecticut Alliance to end Sexual Violence Hotline 1-888-999-5545 / Office 860-282-9981

- o National Office for Victims of Crimes: National Sexual Violence Resource Center 877-739-3895; Rape, Abuse & Incest National Network 800-656-4673.

Corrective Actions:

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

115.251 (c)

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

Compliance Determination:

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

- Facility Random Staff Interviews: Twelve (12) staff were randomly interviewed. The random staff representing working on all shifts. Eleven (11) females and one (1) male. They were asked: “when a client alleges sexual abuse or sexual harassment, can he or she do so verbally, in writing, anonymously, and from third parties?” The interviewed staff reported that the Clients can privately report by using the hotline number, notify staff, family, or friends. Such reports can be made verbally or in writing. All the interviewed staff reported that if a client makes a report verbally or in writing, sexual abuse or harassment, the allegations are responded to immediately and they would immediately document the allegation.
- Client Interviews: Total of sixteen (16) clients, 6 Black, 7 White, 2 Hispanic and 1 other was interviewed. Eight of the sixteen were targeted. They were asked: Do you know if you are allowed to make a report without having to give your name? Fourteen interviewed Clients said they knew they could make an anonymous report. Two Clients said they did not know whether they could or not. The interviewer explained how they could make an anonymous report.
- Client Interviews: Total of sixteen (16) clients, 6 Black, 7 White, 2 Hispanic and 1 other was interviewed. Eight of the sixteen were targeted. They were asked: Can you make reports of sexual abuse or sexual harassment either in person or in writing? They were also asked if a friend or relative could make a report for them so they could remain anonymous. Sixteen of the interviewed Clients could make reports of sexual abuse in person to staff and in writing.
- Client Interviews: Total of sixteen (16) clients, 6 Black, 7 White, 2 Hispanic and 1 other was interviewed. Eight of the sixteen were targeted. They 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? Sixteen Clients stated they have never reported that they were sexual abused or sexually harassed while in this facility and that that was because it had never happened. Several Clients, during the interviews reported that they have not heard of any allegations of either sexual abuse or sexual harassment at this facility.
- Clients sign a 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 Clients 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.

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

Corrective Actions:

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

115.251 (d)

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

Compliance Determination:

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

- The auditor found this provision in compliance because policy requires a copy of any grievance alleging PREA violations it would be sent to be investigated by PREA Investigators.
- Facility Random Staff Interviews: Twelve (12) staff were randomly interviewed. The random staff representing working on all shifts. Eleven (11) females and one (1) male. They were asked: "how can staff privately report sexual abuse and sexual harassment of Clients?" The interviewer reported that staff can privately report by using the hotline number, notify supervisor, notify the warden, or notify the PREA staff. Such reports can be made verbally or in writing. All the interviewed staff could also articulate at least one method in which staff could make a private report. Most staff reported they would notify their supervisor.
- Below are the Sexual Abuse, Sexual Harassment Allegations, and Investigations

	<p>Overview:</p> <ul style="list-style-type: none"> o The Total number of investigations for the past 12 months = 0 o The total number of sexual abuse investigations = 0 o The total number of sexual harassment investigations = 0 o The number of criminal sexual abuse referred for prosecution = 0 <ul style="list-style-type: none"> • Community Solutions Inc. 2022 Annual PREA Report section “Outcome of PREA Investigations” listed the following: <ul style="list-style-type: none"> o Chase - Staff to Client Substantiated 2022 (1); Staff to Client Unfounded (2). <p>Corrective Actions:</p> <ul style="list-style-type: none"> • N/A. There are no corrective actions for this provision. <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • CSI Policy 20a-27 DOC Grievance Procedures • Grievances that are PREA Related ----- 0 • Sexual Abuse and Sexual Harassment Allegations Investigations Overview • PREA Investigation Information Tally Packages for past 12 months ----- 0 • Online PREA Audit: Pre-Audit Questionnaire for Community <p>Interviews:</p> <ul style="list-style-type: none"> • Formal and Informal Interviews - 2 <p>Compliance Determination by Provisions and Corrective Actions:</p>

115.252 (a)

An agency shall be exempt from this standard if it does not have administrative procedures to address client grievances regarding sexual abuse.

Compliance Determination:

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

- Policy: CSI Policy 20-28 Operations Adult Work Release: Grievance Procedures section 1.1.
- To help ensure the fair and consistent implementation of company policies and to provide clients with a mechanism for addressing their concerns, the facility will adhere to an established procedure for handling client grievances. All staff and clients will have grievance procedures reviewed with them at time of hire (staff) or intake (clients). The review is documented on respective orientation form utilized for staff or clients. The quantity and nature of grievances are aggregated and analyzed annually by the Program Director, Area Director/Supervising Program Director, and Chief Operations Officer.
- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 7 Prevention Planning.
- EXHAUSTION OF ADMINISTRATIVE REMEDIES: PREA related issues are subject to the grievance procedure.
- Agency Staff Interview: The PREA Coordinator question, what happens to and client grievance regarding sexual abuse and sexual harassment? When a client submits a grievance alleging sexual abuse and/or sexual harassment, the program immediately submits the grievance to the PREA investigator or the office responsible for investigating PREA allegations.
- Facility Staff Interview: The facility Program Manager indicated that all PREA issues that come through the formal grievance process are sent directly to the investigator for processing and investigation.

Corrective Actions:

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

115.252 (b)

- The agency shall not impose a time limit on when a client 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 an incident of sexual abuse.
- The agency shall not require a client 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 client lawsuit on the grounds that applicable status of limitations has expired.

Compliance Determination:

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

- Staff indicated that all PREA issues that come through the formal grievance process are sent directly to the investigator for processing and investigation. This process eliminates all grievance timelines.

Corrective Actions:

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

115.252 (c)

The agency shall ensure that:

- A client 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 complaint.

Compliance Determination:

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

- The agency/facility do not required Clients 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.

Corrective Actions:

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

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 shall not include time consumed by Clients in preparing any administrative appeal.
- The agency may claim an extension of time to respond, of up to 70 days, if the normal time for response is insufficient to make an appropriate decision. The agency shall notify the client 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 client does not receive a response within the time allotted for reply, including any properly noticed extension, the client may consider the absence of a response to be a denial at that level.

Compliance Determination:

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

- In the past 12 months, the number of grievances filed that alleged sexual abuse:0.
- In the past 12 months, the number of grievances alleging sexual abuse reached a final decision within 90 days after being filed:0.
- In the past 12 months, the number of grievances alleging sexual abuse involved extensions because final decision was not reached within 90 days:0.
- The number of grievances that took longer than a 70-day extension period to resolve:0.

Corrective Actions:

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

115.252 (e)

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

Compliance Determination:

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

- The number of grievances alleging sexual abuse filed by Clients in the past 12 months in which the client declined third-party assistance, containing documentation of the client's decision to decline:0.

Corrective Actions:

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

115.252 (f)

- The agency shall establish procedures for the filing of an emergency grievance alleging that a client is subject to a substantial risk of imminent sexual abuse.
- After receiving an emergency grievance alleging a client 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 client is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Compliance Determination:

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

- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months:0.
- The number of those grievances in 115.252 -3 that has an initial response within 48 hours:0.
- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months reached final decisions within 5 days:0.

Corrective Actions:

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

115.252 (g)

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

Compliance Determination:

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

- Staff indicated that the agency may discipline a client for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the Clients filed the grievance in bad faith. The facility had not used this process within the past 12 months.
- In the past 12 months, the number of client grievances alleging sexual abuse that resulted in disciplinary action by the agency against the client for having filed the

	<p>grievance in bad faith:.0</p> <ul style="list-style-type: none"> • When a client 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. • Below are the Sexual Abuse, Sexual Harassment Allegations, and Investigations Overview: <ul style="list-style-type: none"> o The Total number of investigations for the past 12 months = 0 o The total number of sexual abuse investigations = 0 o The total number of sexual harassment investigations = 0 o The number of criminal sexual abuse referred for prosecution = 0 • Community Solutions Inc. 2022 Annual PREA Report section “Outcome of PREA Investigations” listed the following: <ul style="list-style-type: none"> o Chase - Staff to Client Substantiated 2022 (1); Staff to Client Unfounded (2). <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • AWR DOC Client Handbook 02-2022 English • AWR DOC Client Handbook 02-2022 Spanish • CSI CT English PREA Brochure 2 1-2023 • CSI CT Spanish PREA Brochure 2 1-2023 • CSI 20-40 AWR - Incident Reporting

- CSI 20a – 04 DOC Services & Programming
- CSI 20a – 20 Special Comprehension Needs & Limited English
- CSI PREA Tri Fold Brochure English
- MOU CT Alliance to End Sexual Violence
- PREA Reporting Nos 07-2022 English
- PREA Reporting Nos 07-2022 Spanish
- Sexual Assault Services
- Sexual Abuse and Sexual Harassment Allegations Investigations Overview
- PREA Investigation Information Tally Packages for past 12 months ----- 0
- Online PREA Audit: Pre-Audit Questionnaire for Community

Interviews:

- Random Sample of Residents – 16 (8 Target)
- Residents who Reported Sexual Abuse – 0
- Residents who Reported Sexual Harassment - 0

Compliance Determination by Provisions and Corrective Actions:

115.253 (a)

The facility shall provide Clients with access to outside victim advocates for emotional support services related to sexual abuse by giving Clients 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 Clients and these organizations and agencies, in as confidential a manner as possible.

Compliance Determination:

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

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution’s direct correlation to PREA’ Community Confinement Standards, Subsection 7.

- CLIENT ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES

- o Clients are provided contact information to outside victim advocates and support services when requested. CSI has access to Connecticut Alliance to End Sexual Violence through an MOU with the CTDOC. Any client may call the CT Alliance to End Sexual Violence at any time. Delaware FBOP RRC has access to Lifeline and Christiana Care Services.

- o Client phone calls are not monitored or recorded. All calls are confidential.

- Agency Staff Interview: The PREA Coordinator question, does the agency/facility maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that can provide Clients with confidential

emotional support services related to sexual abuse? Yes. The agency/facility has an active MOU with the CT Alliance to End Sexual Abuse. These services are offered to Clients free of charge.

- Client Interviews: Total of sixteen (16) clients, 6 Black, 7 White, 2 Hispanic and 1 other was interviewed. Eight of the sixteen were targeted. Clients were asked, does the facility give you mailing addresses and telephone numbers for these outside services? Interviewed Clients reported that there are numbers and mailing addresses posted in the facility. Most of the Clients said they do not know the details of the services but feel they could confidentially communicate with the services if needed.

- A review of documentation indicated that outside information regarding services was available to Clients at intake, PREA brochures, and posters.

- The facility has determined which rape crisis center that are available to provide emotional support services to Clients. The facility has an agreement/MOU with YWCA New Britain, a member center of the Connecticut Alliance to End Sexual Violence.

- If a client is placed in some type of restricted housing, they will have access to emotional support services.

- The facility does not house Clients 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.

- During the facility tour, clients that were pull to the side for an informal interview, stated that outside sexual abuse and sexual harassment information is on the PREA brochure and posters, however, the never had to use it, so they did not know the process.

- During the site review, the auditor observed the facility signages regarding the PREA Audit Notices which were posted throughout the facility and were visible to staff, persons confined in the facility, and visitors. The notice was posted in the living units, common areas, facility entrance and visitation areas, and staff break areas. The information is provided in English and Spanish and is legible.

- During the site review, the auditor observed the facility signages regarding access to outside confidential (emotional support services) information were posted in all areas frequented by clients in the facility, including housing/living units. The information is provided in English and Spanish and is legible.

- During the site review, the auditor observed the facility signages regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in clients in the facility housing/living units, programming areas and visitation area. The information is provided in English and Spanish and is legible.

- During the site review, the auditor observed the facility provides clients access to

writing instruments, paper, and forms to report with.

Corrective Actions:

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

115.253 (b)

The facility shall inform Clients, 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.

Compliance Determination:

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

- In addition to the contact information, the sheet states, “Each Member Sexual Assault Crisis Program” provides hotline services 24 hour/day, 7 days a week; 24-hour crisis counseling; information and referral; advocacy for children and non-abusing parent; short term counseling for victims and their family and/or friends and support groups.

Corrective Actions:

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

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 Clients 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.

Compliance Determination:

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

- Memorandum of Agreement between Community Solutions, Inc and The Connecticut Alliance to End Sexual Violence. The Alliance of end Sexual Violence is a coalition of Connecticut’s nine community based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training programs.
- Connecticut Alliance to End Sexual Violence agree to the following:

- o Identify and assign a point of contact at each organization to establish coordinator between agencies and access to SACS services for CSI clients. Response to client's request to work SACS will be made and executed within a reasonable amount of time.
 - o Display sexual assault crisis hotline posters in English and Spanish at CSI and The Alliance. CSI will share information with clients about SACS program and the availability of sexual assault crisis counselors and community-based services.
 - o At CSI client'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 client's placement is the CSI facility.
 - o At the Alliance and CSI there will be a dedicated and confidential space for SACS to meet with clients.
 - o To develop site specific protocol and procedure for maintaining PREA standards.
 - o To collaborate for the continuity of care and discharge planning for clients who are victims of sexual assault and/or abuse.
 - o To identify and assign designated staff to establish a cohesive and seamless delivery of services to clients in CSI facilities.
- The facility provided a copy of sexual Assault Crisis Services available to include the National Office for Victims of Crimes: National Sexual Violence Resource Center and Rape, Abuse & Incest National Network.
 - The facility has a PREA flyer posted with the following information:
 - o You have the right and are encouraged to report any instance of sexual harassment or sexual abuse.
 - o Report incidents to any staff member, including the Program Director. You can contact any person you feel safe in discussing these matters.
 - o You will be protected against any retaliation, do not hesitate to report.
 - o Confidentiality shall be maintained up to the extent the law allows.
 - o Your safety is important to Us you can also contact:
 - ◊ Sexual Assault Crisis Service Hotline 860-547-1022 / Office 860-2419217
 - ◊ The Connecticut Alliance to end Sexual Violence Hotline 1-888-999-5545 / Office 860-282-9981
 - ◊ National Office for Victims of Crimes: National Sexual Violence Resource Center 877-739-3895; Rape, Abuse & Incest National Network 800-656-4673.
 - Client Interviews: Total of sixteen (16) clients, 6 Black, 7 White, 2 Hispanic and 1 other was interviewed. Eight of the sixteen were targeted. They were asked: Do you know if there are services available outside of this facility for dealing with sexual abuse, if you needed it? Four (4) interviewed Clients said no, when probe, Clients said they never had a need to use the outside services. Continuing to probe regarding PREA information, Clients said they were given PREA information and/or they saw PREA information on the walls or the PREA hotline numbers, but they never used it.

	<ul style="list-style-type: none"> • A review of documentation indicated that outside information regarding services was available to clients at intake, PREA brochures, and posters. <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • CSI CT Spanish PREA Brochure • CSI CT English PREA Brochure • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • Agency Website • PREA Reporting Nos 07-2022 English • PREA Reporting Nos 07-2022 Spanish • Sexual Abuse and Sexual Harassment Allegations Investigations Overview • PREA Investigation Information Tally Packages for past 12 months ----- 0 • Online PREA Audit: Pre-Audit Questionnaire for Community <p>Interviews:</p> <ul style="list-style-type: none"> • Informal Interviews - 4 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.254 (a)</p> <p>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 client.</p>

Compliance Determination:

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

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 7.
- THIRD PARTY REPORTING: Any third-party reports of sexual abuse may be made via telephone, fax, email, or in person. The facility email address, telephone and facsimile numbers are available publicly on CSI's website.
- 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).
- 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 publicizes 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.
- Below are the Sexual Abuse, Sexual Harassment Allegations, and Investigations Overview:
 - o The Total number of investigations for the past 12 months = 0
 - o The total number of sexual abuse investigations = 0
 - o The total number of sexual harassment investigations = 0
 - o The number of criminal sexual abuse referred for prosecution = 0
- Community Solutions Inc. 2022 Annual PREA Report section "Outcome of PREA Investigations" listed the following:
 - o Chase - Staff to Client Substantiated 2022 (1); Staff to Client Unfounded (2).

Corrective Actions:

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

	<p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • CSIP 20a-03 DOC Confidentiality • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • List of Residents Under the Age of 18 ----- 0 • Online PREA Audit: Pre-Audit Questionnaire for Community <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator - 1 • Random Sample of Staff - 12 • Specialized Staff: Medical - 0 • Specialized Staff: Mental Health - 0 <p>Compliance Determination by Provisions and Corrective Actions:</p> <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 it is part of the agency; retaliation against Clients 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>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p>

- The various ways staff indicated that they could make a report included but was not limited to: Report to supervisor; Report to the PREA “person” and the Director; and complete an incident report.
- Staff consistently described a process for reporting any information related to sexual abuse incidents as: reporting immediately, isolate the client from other clients, don’t allow the client to bath, shower, or brush teeth, preserve evidence; and report to someone else for the investigation.
- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section 5.1 - 5.7.
 - o Any employee who wants to report an incident of sexual or other unlawful harassment or circumstance of retaliation should promptly report the matter to his or her supervisor. If the supervisor is unavailable or the employee believes it would be inappropriate to contact that person, the employee should immediately contact the next supervisor in the chain of command. Employees can raise concerns and make reports without fear of reprisal.
 - o Any supervisor or manager who becomes aware of possible physical/sexual abuse, other unlawful harassment or retaliation should promptly advise the next supervisor in the chain of command, who will conduct a formal investigation in a timely and confidential manner. If the report is that of a criminal nature the Connecticut State Police shall be contacted to investigate the report, while an administrative investigation concurs simultaneously.
 - o Staff witnessing abusive activity, where all parties affirm that their participation was consensual, are still reported.
 - o Clients may report abuse verbally or in writing to any staff member. Clients may report sexual abuse/assault at any time regardless of when the alleged event occurred. Persons with Limited English Proficiency or other impairments to comprehension or communication will be provided every reasonable assistance in reporting an incident. Under limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client’s safety, the performance of first response duties or the investigation of the client’s alleged actions, CSI staff may rely on client interpreters, client readers, or other types of client assistants (PREA 115.216(c), 115.261). Reports may be made anonymously by telephone or using the Suggestion/Complaint Box. The victim or a third party may make the complaint but regardless of who makes the complaint, it must be taken seriously and reported. Pending investigation is mandatory that every reasonable effort be taken to protect the victim from further abuse. This may include isolation of the victim until further measures can be taken, transfer of the victim or alleged abuser, etc.
 - o Staff must notify the Program Director, Duty Officer or PREA Coordinator as soon as possible, but no later than the end of their scheduled shift. An Incident Report must also be submitted by the end of their scheduled shift. Staff can make this report privately. Care must be taken so that unauthorized people are not privy to the

information. Entries are not made in the Program Log unless specifically directed by the Program Director. Should the report of abuse be against the Program Director, staff will report the incident to the Area Director or PREA Coordinator. The PREA coordinator will get copies of all associated documentation including but not limited to, the initial incident report (PREA 115.251, 115.261).

o Where a person wishes to file a criminal complaint, nothing in the policy precludes or in any way impinges upon that person's right to contact law enforcement (Dial 911) and make such a complaint.

- Staff are responsible for detecting sexually, physical, or psychological abusive behaviors and intervening.

o Unchecked sexual acting out (e.g., swatting someone on the buttocks, sexually suggestive comments, etc.) can lead to more serious sexual offending (e.g., rape).

o Through actively paying attention to client "gossip," listening to client comments to staff, reading case files, watching clients interact, being observant for unexplained physical injuries, being alert for changes in client behavior (e.g., eating, sleeping, hygiene, or work habits, etc.), and monitoring isolated areas of the facility, staff are able to better detect abusive behavior, and possibly deter problems before they occur, or before they escalate.

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 7.

- STAFF REPORTING: Staff members shall be provided a method to privately report sexual abuse or sexual harassment of Clients. Methods of reporting shall include in-person, phone, mail, email, fax, or any means by which the staff person feels comfortable in reporting to supervisory level staff, the PREA Coordinator. Staff are expected to report any knowledge or suspicion of abuse or misconduct. The methods of reporting are expected to vary based on the situation and the individual involved. Should there be any question as to the most appropriate method, the PREA Coordinator or Supervisor should be contacted.

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 8.

- STAFF AND AGENCY REPORTING DUTIES

o All staff are required to report any instance of alleged or actual sexual abuse or sexual harassment, retaliation, or staff neglect to their Program Director, next level supervisor or the PREA Coordinator immediately. Staff members shall not reveal any information related to the report to anyone other than the extent necessary.

o The PREA coordinator or designer will ensure appropriate law enforcement is contacted on all criminal matters for investigation. The CTDOC or the FBOP as appropriate shall also be notified of any incidents or allegations of sexual abuse or

sexual harassment.

- Facility Staff Interview: 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 Random Staff Interview: Twelve (12) staff were randomly interviewed. The random staff representing working on all shifts. Eleven (11) females and one (1) male. They 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 Clients or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation?" Twelve staff indicated a clear understanding of the duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against Clients or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation immediately.
- The many ways staff indicated that they could make a report included, but was not limited to:
 - o Report to supervisor
 - o Report to the PREA "person" and Warden
 - o Complete an incident report.
- The interviewed staff consistently described a process for reporting any information related to sexual abuse incidents as: reporting immediately, taking the client to medical, isolate the client from other Clients, do not allow the client to bath, shower, or brush teeth, preserve evidence; and report to someone else for the investigation.

Corrective Actions:

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

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

because:

- 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 all PREA-related issues.

Correction Actions:

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

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 Clients of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

Compliance Determination:

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

- The facility complies with the state or local mandatory reporting laws and reports 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.
- Policy requires all staff to report sexual abuse.

Corrective Actions:

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

115.261 (d)

If the alleged victim is under the age of eighteen 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

because:

- Agency Staff Interview: The PREA Coordinator question, how do you respond when an allegation of sexual abuse or sexual harassment is made by someone under the age 18 or someone considered a vulnerable adult under state or local law? The agency only houses 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 is mandated reports and complete a report to DCF. Further, if the alleged victim is considered a vulnerable adult, then the agency will notify the Department of Social Services.
- Facility Staff Interview: Program 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 facility does not house clients under the age of eighteen. For a vulnerable adult, the facility contacts their referral source and/or their governing State agency.
- The facility does not house Clients under the age of 18 and under.

Corrective Actions:

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

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.

Compliance Determination:

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

- 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).
- 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 reports sexual abuse allegations concerning any victim considered to be vulnerable adults.

	<ul style="list-style-type: none"> • Interviews with staff confirmed they have been trained to take all allegations and reports seriously and to report them immediately, including those reported by third parties. The verbal reports are to be followed up with a written report before the end of the shift. <p>Corrective Actions:</p> <ul style="list-style-type: none"> • N/A. There are no corrective actions for this provision. <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • REA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • List of Residents in Segregation that was/are PREA Related Past 12 Months ----- 0 • Online PREA Audit: Pre-Audit Questionnaire for Community <p>Interviews:</p> <ul style="list-style-type: none"> • Random Sample of Staff - 12 • Agency Head/Designee - 1 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.262 (a)</p> <p>When an agency learns that a client is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the client.</p> <p>The facility screens all newly admitted Clients 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>

Compliance Determination:

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

- When a client is identified as being at risk for sexual abuse in his current housing unit, the screening staff will request that the supervisor on duty immediately move the client to an alternate unit. If alternative placement cannot be arranged, the Director and/or PREA Coordinator will develop a plan of action that will provide a safe and secure environment for the victim and ensure the plan is implemented.
- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section 4.7.
- Should the assessment / planning process or any other circumstances indicate that a client is subject to substantial risk of imminent sexual abuse, immediate action shall be taken. The first step would be to separate the Clients in question, keeping them from interacting. Supervision would need to be increased. And the referral source would need to be immediately contacted to discuss the transfer of one or both clients (PREA 115.262).
- Agency Staff Interview: Agency head/designee question, when you learn that a client is subject to a substantial risk of imminent sexual abuse what protective action does the agency take? The program supervisors, case manager and supervising PO will review the case and implement action to reduce risk. Action may include a supervision plan, transfer of rooms or even facilities. Decisions are made based on the circumstances of the case, least disruption to the client (s) and with maximum safety and security in mind.
- The agency/facility employs all available measures to protect a client that is subject to a substantial risk of imminent sexual abuse. The following protective actions are employed by the agency/facility:
 - o Consultation with referral source,
 - o Removing alleged client abusers from contact with victims,
 - o Removing alleged staff abusers from contact with victims,
 - o Monitoring client rooms, including by director observation,
 - o Transferring potential victims/abusers to other facilities,
 - o Segregation during transportation in transport vehicles,
 - o Actively monitoring the conduct and treatment of Clients or staff who have reported abuse and of Clients who have reported to have suffered abuse for signs of retaliation.
- Facility Staff Interview: The Program Manager question, when you learn that a client is subject to a substantial risk of imminent sexual abuse, what protective action does the facility take? The client would immediately be under the direct supervision of staff whether in the office or anywhere else that the client would be

safe. The PREA coordinator and the clients respective Parole Officer would be contacted immediately as well. The facility would then follow directives from the PREA coordinator as well as the Parole Officer. While doing so, the facility would document everything accordingly in SecurManage but also by writing an Incident Report.

- Facility Staff Interview: Twelve (12) staff were randomly interviewed. The random staff representing working on all shifts. Eleven (11) females and one (1) male. They were asked: if you learn a client is at risk of imminent sexual abuse, what actions do you take to protect the client? Staff stated they would protect the Clients by removing them from the alleged abuser, contacting supervisor for additional instructions.

- In the past 12 months, the number of times the agency or facility determined that a client was subject to a substantial risk of imminent sexual abuse:0.

- In the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before acting:0.

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

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

- o The Total number of investigations for the past 12 months = 0

- o The total number of sexual abuse investigations = 0

- o The total number of sexual harassment investigations = 0

- o The number of criminal sexual abuse referred for prosecution = 0

- Community Solutions Inc. 2022 Annual PREA Report section “Outcome of PREA Investigations” listed the following:

- o Chase - Staff to Client Substantiated 2022 (1); Staff to Client Unfounded (2).

Corrective Actions:

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

Overall Findings:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- PREA (Prison Rape Elimination Act) Policies and Procedures
- CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance
- Sexual Abuse and Sexual Harassment Allegations Investigations Overview
- PREA Investigation Information Tally Packages for past 12 months ----- 0
- One Pending Investigations (July 7, 2023)
- Online PREA Audit: Pre-Audit Questionnaire for Community

Interviews:

- Agency Head/Designee - 1

Compliance Determination by Provisions and Corrective Actions:

115.263 (a)

Upon receiving an allegation that a client 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.

Compliance Determination:

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

- Policy requires that any client allegation of sexual abuse occurring while confined at another facility be reported to the Director or PREA Coordinator of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation.
- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 8.
- REPORTING TO OTHER CONFINEMENT FACILITIES: Upon receiving information or allegation that a client was sexually abused while confined at another facility, the Program Director shall notify the CTDOC Parole, the FBOP (if applicable) and the facility head of the facility from which the client arrived and, if a Community Confinement facility, the head of that facility will be notified immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting such notification.

- The facility head or agency office that receives such notification is responsible for ensuring the allegation is investigated in accordance with PREA Standards.
- Agency Staff Interview: 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 PREA Coordinator. Agency/facility responds immediately to all allegations of sexual abuse or sexual harassment whether it occurs at our facility are the client reported to another facility after leaving our facility. All appropriate staff would be notified.
- Agency Staff Interview: 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. These cases are investigated administratively, and if it appears a criminal act has been committed, law enforcement is notified to conduct a criminal investigation.
- Facility Staff Interview: 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 Clients reported sexual abuse.
- During the past 12 months, the number of allegations the facility received that a client was abused while confined at another facility:0.

Corrective Actions:

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

115.263 (b)

Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

Compliance Determination:

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

- Policy requires if the alleged incident occurred while the client 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.

Corrective Actions:

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

115.263 (c)

The agency shall document that it has provided such notification.

Compliance Determination:

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

- This process of notifying facilities comes from the agency PREA coordinator's office and documented through investigations.
- Below are the Sexual Abuse, Sexual Harassment Allegations, and Investigations Overview:
 - o The Total number of investigations for the past 12 months - 0
 - o The total number of sexual abuse investigations - 0
 - o The total number of sexual harassment investigations - 0
 - o The number of criminal sexual abuse referred for prosecution - 0.
- Notification:
 - o Reporting from another Facility - 0
 - o Reporting to another Facility - 0
- Community Solutions Inc. 2022 Annual PREA Report section "Outcome of PREA Investigations" listed the following:
 - o Chase - Staff to Client Substantiated 2022 (1); Staff to Client Unfounded (2).

Corrective Actions:

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

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.

Compliance Determination:

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

	<ul style="list-style-type: none"> • Agency Staff Interview: 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. • In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities:0. • 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. <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • PREA Refresher PP - May 2022 • Sexual Abuse and Sexual Harassment Allegations Investigations Overview • PREA Investigation Information Tally Packages for past 12 months ----- 0 • Sexual Abuse Incident Coordinated Response Plan • Online PREA Audit: Pre-Audit Questionnaire for Community <p>Interviews:</p> <ul style="list-style-type: none"> • Random Sample of Staff - 12 • Residents who Reported Sexual Abuse - 0

- Residents who Reported Sexual Harassment - 0
- First Responder Security Staff - 2
- First Responder Non-Security Staff - 1

Compliance Determination by Provisions and Corrective Actions:

115.264 (a)

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

- Separate the alleged victim and abuser.
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- If the abuse occurred within a time that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- If the abuse occurred within a time that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Compliance Determination:

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

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section 6.1.
- Upon learning of an allegation that a client was physically or sexually abused, the first staff member to respond to the report shall be required to:
 - o Separate the alleged victim and abuser.
 - o Secure any crime scene until steps can be taken to collect any evidence.
 - o If the abuse occurred within a time that still allows for the collection of physical evidence, the responder is 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.
 - o If the first responder is not a security staff member, such as a volunteer or intern (contractors would always be escorted by a staff), the responder would as well be required to request that the alleged victim not take any actions that could destroy physical evidence then notify security staff.

o Program Director / Duty Officer is notified.

- Facility Random Staff Interviews: Twelve (12) staff were randomly interviewed. The random staff representing working on all shifts. Eleven (11) females and one (1) male. They were asked: "If you are the first person to be alerted that a client has allegedly been the victim of sexual abuse, what is your responsibility in that situation?" All staff reported being aware of the agency procedure for reporting any information related to a client who may be at imminent risk of sexual abuse. One hundred percent of the interviewed staff could articulate immediate notification to the supervisor. Ten of the interviewed staff also stated that they would seek to have the client moved into another area, separate involved parties, secure evidence and immediately complete an incident report.

- When probed on protecting the DNA evidence, staff indicated they would not let the Clients brush their teeth, use the bathroom, eat, or drink. When the six interviewed staff were probed on who they would not share the information with staff that they would only share with immediate supervisor or higher ups, and that they would not share with other Clients.

- In the past 12 months, the number of allegations that a client was sexually abused:0.

- Of these allegations, the number of times the first security staff member responded to the report separated the alleged victim and abuser:0.

- In the past 12 months, the number of allegations where staff were notified within a time that still allowed for the collection of physical evidence:0.

- Of these allegations in the past 12 months where staff were notified within a time that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence:0.

- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating:0

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

- o The Total number of investigations for the past 12 months - 0

- o The total number of sexual abuse investigations - 0

- o The total number of sexual harassment investigations - 0

- o The number of criminal sexual abuse referred for prosecution - 0.

- o Medical Referrals - 0

- o Mental Health Referrals - 0

- Community Solutions Inc. 2022 Annual PREA Report section "Outcome of PREA Investigations" listed the following:

	<p>o Chase - Staff to Client Substantiated 2022 (1); Staff to Client Unfounded (2).</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>115.264 (b)</p> <p>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.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The first responder for non-security will follow that same process and the security staff. • The agency/facility through training distinguishes 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. <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- PREA (Prison Rape Elimination Act) Policies and Procedures
- CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance
- CSI Policy 20a-08 DOC Supervision & Accountability
- Sexual Abuse Incident Coordinated Response Plan
- Investigation Packages for past 12 Months ----- 0
- One Pending Investigations (July 7, 2023)
- Online PREA Audit: Pre-Audit Questionnaire for Community

Interviews:

- Informal Interviews - 4

Compliance Determination by Provisions and Corrective Actions:

115.265 (a)

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.

Compliance Determination:

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

- The facility does not have medical or mental health staff therefore their responsibilities in the plan are not included. The criminal investigations are not included.
- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 8.
- COORDINATED: Coordinated response plans are available for each CSI Cliential Work Release / Reentry Center. See each program's response plan.
- Facility Staff Interview: Program Manager question, does the facility have a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse? Yes. The PREA coordinator will work alongside the investigators to ensure that all the requested information is provided. Once an incident of sexual abuse gets reported staff would first separate the victim and abuser, contact PO and PREA coordinator and then contact police or act on directives provided by the PO and PREA coordinator.

	<ul style="list-style-type: none"> • First responders understand that they are not investigators and limit the type of questions when working with alleged sexual abuse clients. <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • All Union Contracts (Collective Bargaining) - None • Online PREA Audit: Pre-Audit Questionnaire for Community <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head/Designee - 1 <p>Compliance Determination by Provisions and Corrective Actions:</p> <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 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 Clients pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Compliance Determination:</p>

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

- There are no current agreements that limit the agency's ability to remove alleged staff sexual abusers from contact with clients pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. There have not been any collective bargaining agreements since August 20, 2012.
- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 8.
- PRESERVATION OF ABILITY TO PROTECT CLIENTS FROM CONTACT WITH ABUSERS: CSI shall not enter or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged staff sexual abusers from contact with Clients pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.
- Agency Staff Interview: 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.

Corrective Actions:

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

115.266 (b)

Nothing in this standard shall restrict the entering into or renewal of agreement that govern:

- The conduct of the disciplinary process, if 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

	<p>because:</p> <ul style="list-style-type: none"> • The agency/facility is not involved in any form of collective bargaining and can remove any staff alleged to have violated an agency sexual abuse or sexual harassment policy. <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • Sexual Abuse and Sexual Harassment Allegations Investigations Overview • PREA Investigation Information Tally Packages for past 12 months ----- 0 • One Pending Investigations (July 7, 2023) • Online PREA Audit: Pre-Audit Questionnaire for Community <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head/Designee - 1 • Residents who Reported Sexual Abuse - 0 • Residents who Reported Sexual Harassment - 0 • Retaliation Monitoring Staff - 0 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.267 (a)</p>

The agency shall establish a policy to protect all Clients and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other Clients or staff and shall designate which staff members or departments are charged with monitoring retaliation.

Compliance Determination:

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

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section 9.1 – 9.4.

- o As noted above, clients and staff who report instances of physical/sexual abuse or harassment shall do so without fear of reprisal or retaliation. CSI shall take measures to monitor means of retaliation against those who have reported or cooperated with abuse or harassment investigations. The PREA Coordinator maintains responsibility for monitoring instances of retaliation.

- o CSI shall take into consideration scenarios that may allow for retaliation. Areas of consideration may include transfer of programs or work environment. Every attempt shall be made to reduce and/or eliminate contact between the abuser and abuser or the person reporting an incident to the alleged abuser.

- o For at least 90 days following a report of abuse, the PREA Coordinator shall monitor the conduct and treatment of Clients or staff who reported the abuse and or Clients who were reported to have suffered from abuse to see if there are changes that may suggest possible retaliation by Clients or staff and shall act promptly to remedy any such retaliation. Monitoring shall continue beyond the 90-day period if monitoring has suggested a continuing need.

- o Monitoring defendant/offender screening procedures and investigations, according to the PREA standards; including, but not limited to ensuring staff and client are free from retaliation for reports of sexual harassment/abuse (PREA 115.267, 115.282(b)). If an individual who cooperates with the investigation expresses fear of retaliation, CSI responds appropriately to protect against retaliation (PREA 115.267). Monitoring will occur for at least 90 days post claim and will include periodic status checks. Monitoring will terminate if the allegation is found to be unsubstantiated. Monitoring will include:

- ◊ Recent discipline reports
- ◊ Housing changes
- ◊ Periodic status checks
- ◊ Program changes, negative case notes or progress reports
- ◊ Staff reassignments
- ◊ Negative performance reviews

- Agency Staff Interview: Agency head/designee question, how do you protect Clients and staff from retaliation for sexual abuse or sexual harassment allegations?

The PREA Coordinator assumes responsibility for monitoring retaliation for at least 90 days following the incident. The PREA Coordinator would be expected to check in with the client or staff periodically as well as review any pertinent disciplinary documentation or other actions that may be construed as retaliation.

- The agency has zero tolerance for all forms of client on Clients and staff on client sexual abuse or sexual harassment. The agency/facility has designated a PREA coordinator to develop, implement, and oversee the agency/facility's efforts to prevent, detect and respond to PREA allegations. The agency protects all Clients and staff who report sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations from retaliation by other Clients or staff. The PREA coordinator/compliance manager monitor retaliation for the agency.

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

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

- Facility Staff Interview: The Program Manager question, what measures do you take when you suspect retaliations? The same as required by the agency. Such measures would include supervisions, check-ins, room changes, transfer of programs and referrals with client/staff.

Corrective Actions:

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

115.267 (b)

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

Compliance Determination:

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

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

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

Corrective Actions:

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

115.267 (c)

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of Clients 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 Clients or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any client 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.

Compliance Determination:

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

• The agency PREA coordinator will monitor the conduct and treatment of Clients 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, which may indicate potential retaliation, have transpired. This includes, but is not limited to:

- o Disciplinary reports
- o Housing status
- o Program Changes
- o Negative performance reviews or
- o 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 client(s) and advise the Program Manager to watch staff. They are instructed not to move the alleged victim unless requested. She related the agency uses the following as protection monitors, cameras, one hour counts of Clients, client education, and staff training.

- The number of times an incident of retaliation occurred in the past 12 months:0.

Corrective Actions:

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

115.267 (d)

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

Compliance Determination:

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

- Policy requires on site staff members to perform periodic status checks on the alleged victim.
- Below are the Sexual Abuse, Sexual Harassment Allegations, and Investigations Overview:
 - o The Total number of investigations for the past 12 months - 0
 - o The total number of sexual abuse investigations - 0
 - o The total number of sexual harassment investigations - 0
 - o The number of criminal sexual abuse referred for prosecution - 0.
 - o The number of Clients monitor for retaliation - 0.
- Community Solutions Inc. 2022 Annual PREA Report section "Outcome of PREA Investigations" listed the following:
 - o Chase - Staff to Client Substantiated 2022 (1); Staff to Client Unfounded (2).

Corrective Actions:

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

115.267 (e)

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

Compliance Determination:

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

- Employees will not be subjected to any kind of retaliation for reporting of any wrongdoings.
- If a client or staff member cooperates with investigators and expresses a fear of retaliation, the agency will respond appropriately to protect that individual against retaliation. The agency's obligation to monitor will terminate if the agency determines that the alleged allegation is unfounded.
- Agency Staff Interview: 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 agency would investigate the claim and take appropriate measures based on the results of the investigation.

Corrective Actions:

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

115.267 (f)

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

Compliance Determination:

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

- If a client or staff member cooperates with investigators and expresses a fear of retaliation, the agency shall respond appropriately to protect that individual against retaliation. The agency's obligation to monitor shall terminate if the agency determines that the alleged allegation is unfounded.
- The agency/facility has a policy that protect Clients 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 client victims or abusers; Removal of alleged staff or client

	<p>abusers from contact with victims; Provide emotional support services for client who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations.</p> <ul style="list-style-type: none"> • The agency/facility PREA coordinator/facility compliance manager serves as the PREA monitor. The monitoring lasts for at least 90 days. • Below are the Sexual Abuse, Sexual Harassment Allegations, and Investigations Overview: <ul style="list-style-type: none"> o The Total number of investigations for the past 12 months - 0 o The total number of sexual abuse investigations - 0 o The total number of sexual harassment investigations - 0 o The number of criminal sexual abuse referred for prosecution - 0. • Community Solutions Inc. 2022 Annual PREA Report section “Outcome of PREA Investigations” listed the following: <ul style="list-style-type: none"> o Chase - Staff to Client Substantiated 2022 (1); Staff to Client Unfounded (2). <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making the Compliance Determination:
	Documentation: <ul style="list-style-type: none"> • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • Sexual Abuse and Sexual Harassment Allegations Investigations Overview • PREA Investigation Information Tally Packages for past 12 months ----- 0 • One Pending Investigations (July 7, 2023)

- Online PREA Audit: Pre-Audit Questionnaire for Community

Interviews:

- Agency PREA Coordinator - 1
- Investigator - 1
- Residents who Reported Sexual Abuse - 0
- Residents who Reported Sexual Harassment - 0

Compliance Determination by Provisions and Corrective Actions:

115.271 (a)

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.

Compliance Determination:

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

- All allegations of sexual abuse and sexual harassment, including threats and attempts, will be immediately and aggressively investigated.
- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section 7.1 - 7.6.

o Upon receiving a complaint, staff must attempt to determine if there is the possibility that physical evidence of the act may remain (PREA 115.264). If the victim reports that the act has just occurred or it occurred in the very recent past (within the last 96 hours), staff should follow the First Responder Duties as indicated above.

o Where there is a belief that a criminal act may have taken place, the Program Director/Duty Officer directs the notification of law enforcement for criminal investigation (PREA 115.271). The PREA Coordinator will be the point of contact with the investigating agency.

o Where there is no evidence that a criminal act occurred or the victim refuses to cooperate or file a complaint, the Program Director appoints a qualified person to investigate the allegation to the point that it is reasonable to believe physical or sexual abuse/assault may have occurred. At that point, all investigative activities ceased. The referral source of the client is contacted immediately for further guidance.

o Whether the victim does or does not want to file a criminal complaint or provide information to the investigator, the Program Director assures local resources for

medical, mental health and victim advocate support are made available at no expense to the client (PREA 115.221(a)(d)(e)). The client will be informed of resources available for self-protection and emotional support as well as their continued right to notify law enforcement.

o Anyone engaging in physical/sexual abuse or other unlawful harassment will be subject to disciplinary action, up to and fully including termination of employment and/or prosecution of the law. All personnel including volunteers and interns shall participate in a PREA educational during their orientation period and annually thereafter.

o Physical/Sexual Abuse or Harassment involving an employee, contractor, volunteer, or intern against an individual in the custody of the Judicial Branch shall be reported and investigated in accordance with the agency policy.

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 9.

- CRIMINAL AND ADMINISTRATIVE AGENCY INVESTIGATIONS

o The PREA Coordinator or designee shall investigate promptly, thoroughly, and objectively all allegations of sexual abuse or sexual harassment including those from a third party.

o Any allegation determined to be criminal in nature shall be immediately reported to law enforcement for investigation. If law enforcement determines there is no criminal activity, the facility will conduct its own administrative investigation into the incident.

o An administrative investigation shall be documented listing all findings including a determination whether staff actions or failures to act contributed to the incident.

o A criminal investigation shall be conducted by law enforcement officials. Facility staff shall cooperate with and assist with any request made by law enforcement. The PREA Coordinator shall endeavor to remain informed about the progress of the investigation.

- Agency Staff Interview: PREA Coordinator question, if an outside agency investigates allegations of sexual abuse, how does the agency remain informed of the progress of a sexual abuse investigation? She would maintain contact with that organization to ensure that the investigation moves forward and that they obtain any pertinent information that impacts the programs, policies, procedures, staff...

- Agency Staff Interview: Staff who conduct investigations question, how do you handle anonymous or third-party reports of sexual abuse or sexual harassment? Are they investigated differently? No, they are not handled differently. Allegations by a third party immediately prompt an investigation, which would proceed in accordance with the circumstances.

- Agency Staff Interview: Staff who conduct investigations 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? Immediately, the case is reviewed immediately upon receipt to ensure necessary safety precautions and follow up are initiated. Circumstances would dictate the first steps. Though, she would begin notification procedures, ensure the safety of the alleged victim, and determine a course of investigation including interview and evidence collections.

- Agency Staff Interview: Staff who conduct investigations question, to describe the investigation process. The investigative process involves significant collaboration between the Program Supervisors, HR, if it involves staff, Parole, and others as appropriate. As PREA coordinator, she ensures that the investigation is kept moving and a resolution is determined as quickly as possible.

Corrective Actions:

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

115.271 (b)

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

Compliance Determination:

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

- Agency Staff Interview: Staff who conduct investigations question, “Did you receive specialized training regarding conducting sexual abuse investigations in confinement settings?” Staff indicated yes, she received training by both the CT DOC PREA Director and attended an investigator training facilitated by the American Jail Association.
- The facility does not conduct criminal investigations.

Corrective Actions:

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

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.

Compliance Determination:

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

- 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; interviewing all parties to include victims, perpetrators, witnesses, etc.; and reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator.

Corrective Actions:

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

115.271 (d)

When the quality of evidence supports 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.

Compliance Determination:

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

- According to staff, if allegations of conduct that appears to be criminal are substantiated, referral will be made to the appropriate solicitor for prosecution. Additionally, staff will be subject to Agency corrective action up to and including termination, and clients may be charged through the Agency Disciplinary System.
- The agency will not conduct PREA criminal investigations. All PREA allegations within the funded programs will be referred to the Connecticut State Police for investigation. All PREA allegations in DOC funded programs will be referred to the State of Connecticut Department of Correction's PREA Investigation Unit for investigation.
- Agency Staff Interview: Staff who conduct investigations 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 refers to CT State Police or local police for any allegations that involve a criminal case. This would be the responsibility of the authorities and corroborating statements would determine the credibility.

Corrective Actions:

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

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 client or staff. No agency shall require a client who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Compliance Determination:

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

- Agency Staff Interview: Staff who conduct investigations question, would you, under any circumstances, require a client 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 client to submit to polygraph testing.

Corrective Actions:

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

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.

Compliance Determination:

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

- All administrative investigations are documented in a written report that contains a description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

- Administrative investigations utilize the preponderance of the evidence as the standard for determining whether an allegation of sexual abuse or sexual harassment is substantiated.
- Agency Staff Interview: Staff who conduct investigations question what efforts you make during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse. As part of the investigation, She, in collaboration with Supervisors the Chief Operating Officer and Human Resources evaluate statements, circumstances and evidence to determine if staff actions failed to adhere to PREA policies and procedures.

Corrective Actions:

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

115.271 (g)

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

Compliance Determination:

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

- Investigators gather and preserve direct and circumstantial evidence, including available physical evidence, and any available electronic monitoring data, interview alleged victim (s), perpetrator (s), and witnesses, and review prior complaints and reports of sexual abuse involving the alleged or suspected perpetrator.
- All criminal investigations are documented in a written report that contains a description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.
- Agency Staff Interview: Staff who conduct investigations question, are criminal investigations documented? What is contained in that report? Yes, criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The outside entity that is conducting the criminal investigation may add additional documentation.
- The authorities document their findings. CSI documents all information abtained and received in a written report.

Corrective Actions:

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

115.271 (h)

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

Compliance Determination:

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

- According to policy, if allegations of conduct that are criminal are substantiated, referral will be made to the appropriate solicitor for prosecution. Additionally, staff will be subject to agency corrective action up to and including termination, and clients may be charged through the Agency Disciplinary System.
- Agency Staff Interview: Staff who conduct investigations question, when you discover evidence that a prosecutable crime may have taken place, do you consult with prosecutors before you conduct compelled interviews? This would be the responsibility of the authorities charged with the criminal investigation.

Corrective Actions:

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

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.

Compliance Determination:

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

- 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 retains 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 cooperates with the outside investigator and remains informed about the progress of the investigations.
- The investigators who manage sexual abuse incidents have training in sexual abuse investigations. Investigators are responsible for gathering and preserving evidence in the case; interviewing all parties to include victims, perpetrators, witnesses, etc.; and reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator.

Corrective Actions:

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

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.

Compliance Determination:

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

- Agency Staff Interview: Staff who conduct investigations 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? Parole and the authorities would proceed with their investigation. CSI would cooperate with the investigation as appropriate.
- Agency Staff Interview: Staff who conduct investigations 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? If the alleged aggressor/abuser is a staff person, the agency continues with the investigation and disciplinary action as appropriate. Also, the agency would continue to collaborate with the authorities until the investigation is concluded.

Corrective Actions:

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

115.271 (k)

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

Compliance Determination:

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

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

Corrective Actions:

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

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.

Compliance Determination:

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

- Agency Staff Interview: Staff who conduct investigations question, when an outside agency investigates an incident of sexual abuse in the facilities, what role do you play? The agency ensures that the investigation moves along. The PREA coordinator continues with communication and request of updates until the authorities determine an outcome.
- The investigator provides any information requested and assists in any way they can as requested. When an 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.
- 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 retains 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 cooperates with the outside investigator and remains informed about the progress of the investigations.
- The investigators who handle sexual abuse incidents have training in sexual abuse investigations. Investigators are responsible for gathering and preserving evidence in the case; interviewing all parties to include victims, perpetrators, witnesses, etc.; and reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator.
- Below are the Sexual Abuse, Sexual Harassment Allegations, and Investigations Overview:
 - o The Total number of investigations for the past 12 months - 0
 - o The total number of sexual abuse investigations - 0
 - o The total number of sexual harassment investigations - 0
 - o The number of criminal sexual abuse referred for prosecution - 0.
- Community Solutions Inc. 2022 Annual PREA Report section "Outcome of PREA Investigations" listed the following:
 - o Chase - Staff to Client Substantiated 2022 (1); Staff to Client Unfounded (2).

Corrective Actions:

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

Overall Findings:

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

115.272	Evidentiary standard for administrative investigations
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1295 376">Evidence Relied Upon in Making the Compliance Determination:</p> <p data-bbox="280 416 536 452">Documentation:</p> <ul data-bbox="280 488 1356 685" style="list-style-type: none"> • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • Sexual Abuse and Sexual Harassment Allegations Investigations Overview • PREA Investigation Information Tally Packages for past 12 months ----- 0 • Online PREA Audit: Pre-Audit Questionnaire for Community <p data-bbox="280 725 459 761">Interviews:</p> <ul data-bbox="280 797 520 833" style="list-style-type: none"> • Investigator - 1 <p data-bbox="280 869 1308 904">Compliance Determination by Provisions and Corrective Actions:</p> <p data-bbox="280 981 446 1016">115.272 (a)</p> <p data-bbox="280 1052 1461 1169">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 data-bbox="280 1205 715 1240">Compliance Determination:</p> <p data-bbox="280 1321 1366 1397">The facility has demonstrated compliance with this provision of the standard because:</p> <ul data-bbox="280 1478 1461 2065" style="list-style-type: none"> • The agency's 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. • Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 9 Prevention Planning. • EVIDENTIARY STANDARD FOR ADMINISTRATIVE INVESTIGATIONS: The facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual assault are substantiated. • Agency Staff Interview: Staff who conduct investigations question, what standards of evidence do you require to substantiate allegations of sexual abuse or sexual harassment? Those that are found throughout the investigation. CSI does not

	<p>impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Letter to Resident Notify of Outcome (sample) • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • Online PREA Audit: Pre-Audit Questionnaire for Community <p>Interviews:</p> <ul style="list-style-type: none"> • Investigator - 1 • Residents who Reported Sexual Abuse - 0 • Residents who Reported Sexual Harassment - 0 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.273 (a)</p> <p>Following an investigation into a client’s allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the client as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>Compliance Determination:</p>

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

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section 8.1 – 8.8.

- o Following an investigation into a client’s allegation of abuse, CSI shall notify the client as to whether the allegation was determined to be substantiated, unsubstantiated, or unfounded.

In the event the alleged abuser was a staff member, the client shall be informed (unless the allegation was determined to be unfounded) whenever:

- ◇ The staff member is no longer posted within the client’s unit.

- ◇ The staff member is no longer employed at the program.

- ◇ CSI learns that the staff member has been indicted on a charge related to sexual abuse within the program.

- ◇ CSI learns that the staff member has been convicted on a charge related to sexual abuse within the program.

- In the event the alleged abuser was a client, CSI shall inform the victim whenever:
 - o CSI learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility.

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

- FBOP Clients: When probable cause exists to believe an incident has occurred, stop the investigation, and notify the RRM for further guidance.

- o Juvenile Clients: Immediately notify the corresponding Department of Children and Families of your State.

- o DOC Clients: When probable cause exists to believe an incident has occurred, notify DOC’s PREA Unit (if sexually involved) and the Supervising Parole Officer and continue the administrative investigation.

- o CSSD Clients: When probable cause exists to believe an incident has occurred, notify CSSD and continue the investigation.

- o Previous Institutions/Facilities: When the investigation is complete notify the head of the previous institution/facility of the suspected/alleged involvement of their institution/facility in the incident (PREA 115.217 (h)).

- o All notifications or attempts shall be documented in the incident report.

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution’s direct correlation to PREA’ Community Confinement Standards, Subsection 9.

- REPORTING TO CLIENTS: It is the policy of CSI that Clients should be informed of the outcome of an investigation whether the allegation was determined to be

substantiated, unsubstantiated, or unfounded. Furthermore, any action taken against a staff member or any knowledge about convictions or criminal charges against a client abuser shall be reported to the client victim. All victim notifications will be documented in an incident report.

Corrective Actions:

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

115.273 (b)

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the client.

Compliance Determination:

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

- The PREA coordinator requests the relevant information from the investigative entity 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:
 - o The staff member is no longer posted within the unit.
 - o The staff members are no longer employed with the agency.
 - o The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
 - o The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Corrective Actions:

N/A. There are no corrective actions:

115.273 (c)

Following a client's allegation that a staff member has committed sexual abuse against the client, the agency shall subsequently inform the client (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the client'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.

Compliance Determination:

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

- The PREA coordinator requests the relevant information from the investigative entity 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:

- o The staff member is no longer posted within the unit.
- o The staff members are no longer employed with the agency.
- o The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- o The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

- Agency Staff Interview: Staff who conduct investigations question, do your agency procedures require that a client who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation? Yes. The agency/facilities procedures require notification to be made to any current client when the outcome is substantiated, unsubstantiated, or unfounded. The agency does not report to Clients the outcomes of allegations against staff that are unfounded.

Corrective Actions:

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

115.273 (d)

Following a client's allegation that he or she has been sexually abused by another client, the agency shall 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; or
- The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Compliance Determination:

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

- In the event of a client-on-client PREA allegation, the PREA coordinator or program staff, is required to inform the alleged victim whenever:
 - o The agency learns that the alleged abuser has been indicated on a charge related to sexual abuse within the facility; or
 - o The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Corrective Actions:

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

115.273 (e)

All such notifications or attempted notifications shall be documented.

Compliance Determination:

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

- Notifications to alleged victims are to be documented by the PREA coordinator. They will continue to investigate all cases.
- In the past 12 months, the number of notifications to Clients that were provided pursuant to this standard:0.

Corrective Actions:

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

115.273 (f)

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

Compliance Determination:

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

	<ul style="list-style-type: none"> • The agency PREA coordinator indicated that the agency’s obligation to report under this standard is terminated if the client is released from custody. <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Sample Termination Letter • Sexual & Physical Assault/Abuse PREA Overview of Power Point • CSI Personnel Polices – Corrective Action & Disciplinary • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • Employee Handbook 2023 • Investigation Packages for Past 12 Months ----- 0 • One Pending Investigations (July 7, 2023) • List of Staff that Received Disciplinary Sanctions ----- 0. • Online PREA Audit: Pre-Audit Questionnaire for Community <p>Interviews:</p> <ul style="list-style-type: none"> • Informal Interviews - 0 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.276 (a)</p> <p>Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p>

Compliance Determination:

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

- According to policy, if allegations of conduct that appears to be criminal are substantiated, referral will be made to the appropriate solicitor for prosecution. Additionally, staff will be subject to Agency corrective action up to and including termination.
- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 10 Discipline.
- DISCIPLINE SANCTIONS ON STAFF
 - o Any staff member found in violation of sexual assault will be terminated immediately.
 - o Any staff member found to be in violation of sexual harassment shall be subject to disciplinary sanctions up to and including termination.
 - o Any staff member found to be guilty of sexual assault will be reported to law enforcement regardless of if the staff member resigns.
- 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.

Corrective Actions:

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

115.276 (b)

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

Compliance Determination:

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

- In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies:0.
- In the past 12 months, the number of staff from the facility who have been terminated) or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies:0.

Corrective Actions:

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

115.276 (c)

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

Compliance Determination:

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

- Agency Staff Interview: The 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.
- In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than engaging in sexual abuse):0.

Corrective Actions:

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

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.

Compliance Determination:

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

- 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.

	<ul style="list-style-type: none"> • CSI Employee Handbook FY 2023 page 74, Community Solutions, Inc. Corrective Action, and Disciplinary Steps: <ul style="list-style-type: none"> o Corrective Action Conversation (Documented) o Verbal Warning (Documented) o Written Reprimand o Final Written Reprimand/Last Chance Agreement o Suspension o Demotion o Termination for Cause (Discharge) • In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0. • During the audit period, the agency/facility did not have any disciplinary sanctions of Clients. <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • Employee Handbook 2023 • List of Contractors that Received Corrective Action ----- 0 • List of Volunteers the Received Corrective Action ----- 0 • Online PREA Audit: Pre-Audit Questionnaire for Community

Interviews:

- Formal and Informal Interviews - 0

Compliance Determination by Provisions and Corrective Actions:

115.277 (a)

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

Compliance Determination:

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

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 10 Discipline.

- **CORRECTIVE ACTION FOR CONTRATORS AND VOLUNTEERS**

- o Any contractor or volunteer who engages in sexual assault, sexual abuse, or sexual harassment shall be prohibited from contact with Clients and local law enforcement will be contacted unless the activity is determined to be non-criminal. CSI shall discontinue the services of Contractors, Volunteers or Interns who have engaged in sexual abuse and/or harassment.

- o Appropriate remedial measures up to and including termination of services will be taken on violations of sexual abuse or sexual harassment by contractors or volunteer on non-criminal incidents.

- The facility staff indicated that all substantiated allegations would 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 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.

- In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of Clients:0.

Corrective Actions:

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

115.277 (b)

	<p>The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with Clients, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • During this PREA audit period, there was no corrective action of volunteer and contract staff. <p>Corrective Actions:</p> <ul style="list-style-type: none"> • N/A. There are no corrective actions for this provision. <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • AWR DOC Client Handbook 02-2022 Spanish • AWR DOC Client Handbook 02-2022 English • Investigation Packages for Past 12 Months ----- 0 • One Pending Investigations (July 7, 2023) • List of Residents the Received Disciplinary Sanctions ----- 0 • Online PREA Audit: Pre-Audit Questionnaire for Community <p>Interviews:</p> <ul style="list-style-type: none"> • Specialized Staff: Medical - 0 • Specialized Staff: Mental Health - 0

Compliance Determination by Provisions and Corrective Actions:

115.278 (a)

Clients shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the client engaged in client-on-client sexual abuse or following a criminal finding of guilt for client-on-client sexual abuse.

Compliance Determination:

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

- Sanctions for these violations take into consideration many aspects of the client’s history and assessments conducted by the staff at the facility. This also includes the clients’ mental health status.
- The agency will not sanction clients who have made an allegation in good faith, even if the investigation cannot substantiate the allegation.
- According to policy, the client has the right to refuse administrative resolution and request that the incident be referred to a disciplinary hearing, however, the Hearing Staff has the authority to levy additional sanctions and to take accrued good time if the clients is found guilty of the incident.
- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution’s direct correlation to PREA’ Community Confinement Standards, Subsection 10 Discipline.
- DISCIPLINARY SANCTIONS FOR CLIENTS: Clients will be subject to disciplinary sanctions or remanded back to the CTDOC or FBOP following an administrative finding that the client engaged in sexual assault, sexual abuse, or sexual harassment of another client. Any client criminally charged will be remanded.
- To 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.
- In the past 12 months, the number of administrative findings of client-on-client sexual abuse that have occurred at the facility:0.
- In the past 12 months, the number of criminal findings of guilt for client-on-client sexual abuse that have occurred at the facility:0.

Corrective Actions:

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

115.278 (b)

Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the client's disciplinary history, and the sanctions imposed for comparable offenses other Clients with similar histories.

Compliance Determination:

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

- Agency Staff Interview: The PREA Coordinator indicated sanctions are commensurate with the nature and circumstances of the abuse committed.

Corrective Actions:

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

115.278 (c)

The disciplinary process shall consider whether a client's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, in any, should be imposed.

Compliance Determination:

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

- Agency Staff Interview: The PREA Coordinator indicated, the disciplinary process considers whether a client's mental disabilities or mental illness contributed to the behavior.

Corrective Actions:

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

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.

Compliance Determination:

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

- Agency Staff Interview: The PREA Coordinator indicated the facility may not offer therapy or counseling, however if needed the facility will recommend outside services.

Corrective Actions:

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

115.278 (e)

The agency may discipline a client for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Compliance Determination:

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

- Agency Staff Interview: The PREA Coordinator indicated that the agency may discipline a client 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.

Corrective Actions:

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

115.278 (f)

To 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.

Compliance Determination:

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

- Agency Staff Interview: The 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 client will not be viewed as falsely reporting or lying upon a reasonable belief that the incident occurred.

Corrective Actions:

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

115.278 (g)

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

Compliance Determination:

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

- Agency Staff Interview: The PREA Coordinator indicated, the agency policy prohibits all sexual activity between Clients and will discipline client for sexual activities.
- During this audit period, there were no disciplinary sanctions for Clients regarding sexual abuse or sexual harassment.

Corrective Actions:

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

Overall Findings:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- PREA (Prison Rape Elimination Act) Policies and Procedures
- CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance
- CSI 20a-03 DOC Confidentiality
- CSI 20a-29 DOC Services & Programming
- MOU CT Alliance to End Sexual Violence
- Online PREA Audit: Pre-Audit Questionnaire for Community

Interviews:

- Residents who Reported Sexual Abuse - 0
- Residents who Reported Sexual Harassment - 0
- Specialized Staff: Medical - 0
- Specialized Staff: Mental Health - 0
- First Responder Security Staff - 2
- First Responder Non-Security Staff - 1

Compliance Determination by Provisions and Corrective Actions:

115.282 (a)

Client 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.

Compliance Determination:

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

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 11 Medical and Mental Health Care.

- ACCESS TO MEDICAL AND MENTAL HEALTH CARE:

- o Victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services at no cost to the client regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

- o CSI does not employ medical or mental health staff. Any victim of sexual assault

or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/SANE qualified staff.

Corrective Actions:

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

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.

Compliance Determination:

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

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

Corrective Actions:

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

115.282 (C)

Client 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.

Compliance Determination:

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

- The PREA Coordinator is responsible for ensuring the safety of the client within the program; contacting the over-seeing Parole/Probation Officer to determine if an immediate investigation is required; and if agreed by the client, contacting the Connecticut Alliance to End Sexual Violence so that the victim(s) of sexual abuse

	<p>will receive timely and unimpeded access to emergency medical treatment services.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>115.282 (d)</p> <p>Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • These services will be provided to the victim at no cost, regardless of cooperation with the investigation. These services, according to policy, will be available on an on-going basis, until the client is released from the facility. Contact information is provided. <p>Corrective Actions:</p> <ul style="list-style-type: none"> • N/A. There are no corrective actions for this provision. <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p>

- PREA (Prison Rape Elimination Act) Policies and Procedures
- CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance
- CSI 20a-03 DOC Confidentiality
- CSI 20a-29 DOC Services & Programming
- MOU The CT Alliance To End Sexual Violence
- Sexual Abuse and Sexual Harassment Allegations Investigations Overview
- PREA Investigation Information Tally Packages for past 12 months ----- 0
- One Pending Investigations (July 7, 2023)
- Online PREA Audit: Pre-Audit Questionnaire for Community

Interviews:

- Residents who Reported Sexual Abuse - 0
- Residents who Reported Sexual Harassment - 0
- Specialized Staff: Medical - 0
- Specialized Staff: Mental Health - 0

Compliance Determination by Provisions and Corrective Actions:

115.283 (a)

The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all Clients who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Compliance Determination:

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

- On-going medical and mental health services are afforded to any client 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.

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution’s direct correlation to PREA’ Community Confinement Standards, Subsection 11 Medical and Mental Health Care.

- ONGOING MEDICAL AND MENTAL HEALTH CARE FOR VICTIMS AND ABUSERS

- o Continued medical and mental health treatment for victims and abusers will be provided by CTDOC or local medical facilities as deemed appropriate at no cost to the client(s).

- o CTDOC policy states it will conduct a mental health evaluation within 60 days on

all known client-on-client abusers.

Corrective Actions:

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

115.283 (b)

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.

Compliance Determination:

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

- The facility does not evaluate and treat victims on site.

Corrective Actions:

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

115.283 (c)

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Compliance Determination:

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

- The facility does not evaluate and treat victims on site.

Corrective Actions:

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

115.283 (d)

Client victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Compliance Determination:

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

- The facility does not evaluate and treat victims on site. Male Facility.

Corrective Actions:

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

115.283 (e)

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.

Compliance Determination:

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

- The facility does not evaluate and treat victims on site. Male Facility.

Corrective Actions:

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

115.283 (f)

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

Compliance Determination:

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

- The facility does not evaluate and treat victims on site.

Corrective Actions:

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

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.

Compliance Determination:

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

- The facility does not evaluate and treat victims on site.

Corrective Actions:

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

115.283 (h)

All facilities shall attempt to conduct a mental health evaluation of all known client-on-client abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Compliance Determination:

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

- The facility does not evaluate and treat victims on site.
- Memorandum of Agreement between Community Solutions, Inc and The Connecticut Alliance to End Sexual Violence. The Alliance of end Sexual Violence is a coalition of Connecticut's nine community based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training programs.
- Connecticut Alliance to End Sexual Violence agree to the following:
 - o Identify and assign a point of contact at each organization to establish coordinator between agencies and access to SACS services for CSI clients. Response to client's request to work SACS will be made and executed within a reasonable amount of time.
 - o Display sexual assault crisis hotline posters in English and Spanish at CSI and The Alliance. CSI will share information with clients about SACS program and the availability of sexual assault crisis counselors and community-based services.

- o At CSI client'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 client's placement in the CSI facility.
 - o At the Alliance and CSI there will be a dedicated and confidential space for SACs to meet with clients.
 - o To develop site specific protocol and procedure for maintaining PREA standards.
 - o To collaborate for the continuity of care and discharge planning for clients who are victims of sexual assault and/or abuse.
 - o To identify and assign designated staff to establish a cohesive and seamless delivery of services to clients in CSI facilities.
- The facility provided a copy of sexual Assault Crisis Services available to include the National Office for Victims of Crimes: National Sexual Violence Resource Center and Rape, Abuse & Incest National Network.
 - The facility has a PREA flyer posted with the following information:
 - o You have the right and are encouraged to report any instance of sexual harassment or sexual abuse.
 - o Report incidents to any staff member, including the Program Director. You can contact any person you feel safe in discussing these matters.
 - o You will be protected against any retaliation, do not hesitate to report.
 - o Confidentiality shall be maintained up to the extent the law allows.
 - o Your safety is important to Us you can also contact:
 - ◊ Sexual Assault Crisis Service Hotline 860-547-1022 / Office 860-2419217
 - ◊ The Connecticut Alliance to end Sexual Violence Hotline 1-888-999-5545 / Office 860-282-9981
 - ◊ National Office for Victims of Crimes: National Sexual Violence Resource Center 877-739-3895; Rape, Abuse & Incest National Network 800-656-4673.
 - 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. Medical treatment is determined solely by medical and mental health professionals according to their professional judgement. Victims will be provided timely information and access to emergency contraception and sexually transmitted infections prophylaxis.
 - Below are the Sexual Abuse, Sexual Harassment Allegations, and Investigations Overview:
 - o The Total number of investigations for the past 12 months - 0
 - o The total number of sexual abuse investigations - 0
 - o The total number of sexual harassment investigations - 0
 - o The number of criminal sexual abuse referred for prosecution - 0.
 - The facility does not have medical staff on site.

	<ul style="list-style-type: none"> • Community Solutions Inc. 2022 Annual PREA Report section “Outcome of PREA Investigations” listed the following: <ul style="list-style-type: none"> o Chase - Staff to Client Substantiated 2022 (1); Staff to Client Unfounded (2). <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Incident Review Report Form • 2023 PREA Data Collection Workbooks • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • 2022 Annual PREA Report • Sexual Abuse and Sexual Harassment Allegations Investigations Overview • PREA Investigation Information Tally Packages for past 12 months ----- 0 • One Pending Investigations (July 7, 2023) • Online PREA Audit: Pre-Audit Questionnaire for Community <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator - 1 • Incident Review Staff Member - 1 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.286 (a)</p> <p>The facility shall conduct a sexual abuse incident review at the conclusion of every</p>

sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

Compliance Determination:

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

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 12 Data Collection and Review.

- SEXUAL ABUSE INCIDENT REVIEWS

- o The PREA Coordinator is in consultation with the Incident Review Team, which includes the CEO, COO, HR Manager, PREA Coordinator, Area Director, and other pertinent individuals. will conduct an incident review within 30 days of the conclusion of all sexual abuse investigations including allegations that are found to be unsubstantiated.

- o The Incident Review Team shall consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by a group of dynamics at the facility.

- o The Incident Review Team shall examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; assess staffing levels; assess use of monitoring equipment; and prepare a report of its findings and recommendations for improvement.

- o Based on the review of an incident, appropriate corrective actions shall be taken as determined by the Incident Review Team.

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section 10.1 - 10.7.

- o After any investigation, all facts of the event are forwarded to the Chief Operating Officer (COO) for review.

- o CSI shall conduct an Incident Review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated. Unfounded allegations do not require an Incident Review.

- o Incident Reviews shall take place within 30 days of the conclusion of the investigation. The Review Team may consist of the COO, Assistant Chief Operating Officer, PREA Coordinator, Area Director, and other pertinent staff, as necessary.

- o The Review team shall consider the actions of the event, circumstances around the event and contributing factors. The following shall be addressed through the review process:

- ◊ Policy - Is there a need to change policy or practice to better prevent, detect, or

respond to sexual abuse?

◊ Was the incident or allegation motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility.

◊ The team shall examine the area where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.

◊ The adequacy of staffing levels shall be assessed.

o A corrective action plan shall be developed as determined by the analyzation of the incident, to ensure a safe, secure environment for both Clients and staff. The action plan shall include time frames and the person responsible for implementation. The PREA Coordinator will be responsible for ensuring that the necessary action has been facilitated.

o The results of the Incident Review Process shall be documented and submitted to the CEO and other pertinent parties (PREA Unit, Referral Source...) as appropriate.

o At least annually all reported incidents from within the company and any lessons learned from referral sources and other agencies are assessed for applicability and possible procedural changes. Regarding incidents of sexual abuse or harassment data is reviewed to assess and improve the effectiveness of its sexual abuse prevention, detection, response, policies, and training. Data for review shall minimally include identification of problem areas, determining a corrective action plan and implementing corrective action (PREA 115.288).

◊ The PREA Coordinator will supervise CSI's data collection process. At least annually, the PREA Coordinator will ensure a report is prepared that details sexual abuse findings and corrective actions by program & CSI (PREA 115.287). The CEO shall approve the annual report.

◊ The annual report will include a comparison of the current year's data and corrective actions with those from prior years.

◊ The report will provide an assessment of the company's progress in addressing sexual abuse.

◊ The annual report shall be made available to the public through its website. Should CSI feel it necessary to redact information from the annual report prior to publication, redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The nature of which would be documented.

• Agency Staff Interview: The PREA Coordinator question, are these reports forwarded to you for review? Have you noticed any trends? She led the incident review process and wrote the reports.

• Agency Staff Interview: The PREA Coordinator question, what actions, if any do you take after the report has been submitted? Based upon the Team Review and findings as documented in the report. I ensure that any action plans are implemented, which could mean training, policy update, physical plant change... She would make the contacts and initiate the necessary action with the appropriate

support department.

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

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

- Community Solutions Inc. 2022 Annual PREA Report section "Outcome of PREA Investigations" listed the following:

- o Chase - Staff to Client Substantiated 2022 (1); Staff to Client Unfounded (2).

Corrective Actions:

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

115.286 (b)

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

Compliance Determination:

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

- Agency Staff Interview: The PREA Coordinator confirmed if the at the completion of the PREA investigation within the 30 days.

Corrective Actions:

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

115.286 (c)

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

Compliance Determination:

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

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

- Agency Staff Interview: The PREA Coordinator 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 includes upper-level management officials with input from line supervisors, investigators, and medical or mental health practitioners if available and applicable.

- The facility does not have medical and mental health staff.

Corrective Actions:

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

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.

Compliance Determination:

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

- Facility Staff Interview: Incident Review Team members question, do the 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; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility? They have a template form to use to document incident reviews. The template specifically addresses this consideration. The investigation itself would consider the motivation of the incident as well.
- Agency Staff Interview: The PREA Coordinator question, do the team examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes, the physical layout/space is considered during the review process and documented on the form. Action steps may be determined to address barriers.
- Agency Staff Interview: The PREA Coordinator question, do the team assess the adequacy of staffing levels in that area during different shifts? Staffing levels are considered as well as staffing performance. Staffing levels and plans are determined by contracts, so the team have limited options/ability to adjust. Should there be a pattern of need found, the facility could request from the funder a Master Staffing Plan adjustment.
- Agency Staff Interview: The PREA Coordinator question, does the team assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes, the team often find during the incident review process that there is a need to add or alter camera locations and can determine action steps to implement the need.

Corrective Actions:

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

115.286 (e)

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

Compliance Determination:

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

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

Corrective Actions:

	<p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • 2023 PREA Data Collection Workbook • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • CSI 20a-52 DOC Evidence Protocol • 2022 PREA Annual Report • Online PREA Audit: Pre-Audit Questionnaire for Community <p>Interview:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator - 1 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.287 (a)</p> <p>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>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p>

- The PREA allegation data collected, 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.

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

Corrective Actions:

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

115.287 (b)

The agency shall aggregate the incident-based sexual abuse data at least annually.

Compliance Determination:

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

- The agency PREA Coordinator has aggregated the incident data in the annual reports.

Corrective Actions:

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

115.287 (c)

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.

Compliance Determination:

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

- The PREA coordinator is responsible for ensuring that the PREA Data is collected, reviewed, stored, published, and retained in a uniform manner.

- These measures include, but are not limited to:

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

Correction Actions:

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

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.

Compliance Determination:

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

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

Corrective Actions:

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

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 Clients.

Compliance Determination:

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

	<ul style="list-style-type: none"> • The agency PREA coordinator collects and obtains incident based as well as aggregated data from all the agency facilities. <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>115.287 (f)</p> <p>Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The agency provided data from the previous calendar year to provide the DOJ request the information. The agency provided the auditor with agency 2021 Annual PREA Report. <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance

- 2022 Annual PREA Report
- Agency's Website
- Online PREA Audit: Pre-Audit Questionnaire for Community

Interviews:

- Agency Head/Designee - 1
- Agency PREA Coordinator - 1

Compliance Determination by Provisions and Corrective Actions:

115.288 (a)

The agency shall review data collected and aggregated pursuant to standard 115.87 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.

Compliance Determination:

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

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 12 Data Collection and Review.

- DATA REVIEW FOR CORRECTIVE ACTION

- o CSI shall collect accurate, uniform data for every allegation of sexual abuse that has taken place in each of its programs/facilities. Data shall be aggregated according to facility as well as the agency. A standardized tool shall be used, which answers all the questions from the most recent Survey of Sexual Violence conducted by the Department of Justice. The following shall be collected on each alleged report:

- ◊ On each alleged report, creating a total number of reports and their outcome.
- ◊ What type of alleged harassment / abuse occurred - client on client, client on staff, staff on client, staff on staff
- ◊ What Type of Client - originating referral source?
- ◊ Type of abuse or harassment - nonconsensual sexual acts, abusive sexual contact, sexual harassment, sexual misconduct...
- ◊ Was the alleged claim of sexual harassment /abuse substantiated, unfounded, or the investigation is still on going?

◇ Contributing factors - race, gang affiliation, sexual orientation, sexual orientation, physical plan issues, staff supervision, violation of Codes of Ethics

o Data shall be aggregated and presented in an annual report. The facility shall prepare an annual report of its findings and corrective actions. The report shall include a comparison of the current year's data with those of previous years and shall provide an assessment of the facility's progress in addressing sexual abuse.

o The annual report shall be approved by the CEO and shall be made readily available to the public through its website or other means upon request.

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

- Agency Staff Interview: 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? The agency uses data to review problem areas and how we can improve upon them. We may determine that we need to do additional training or revise policy, increase electronic monitoring based on trends in the data.

- Agency Staff Interview: PREA Coordinator question, does the agency review data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detention, and response policies, and training? Yes. What role does the facility and facility data play in this review? The facility data demonstrates whether there are trends or areas where she can enhance training, revise policy, increase video surveillance. She does this upon individual incident, and again with the aggregated data. Concerns and trends are addressed with an appropriate plan of action.

Corrective Actions:

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

115.288 (b)

Such a 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.

Compliance Determination:

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

- Agency Staff Interview: The 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 has 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.

Corrective Actions:

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

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.

Compliance Determination:

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

- The reviewed website contained PREA related statistics. Each Connection facility was listed (each PREA program). Data for each program included: client on client allegation, client on staff allegations, staff on client allegations, substantiated cases, unsubstantiated cases, unfounded cases, investigations pending, and policy changes.
- Agency Staff Interview: 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. The CEO approves the annual written PREA Report.

Corrective Actions:

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

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 indicate the nature of the material redacted.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

	<p>because:</p> <ul style="list-style-type: none"> • A review of the agency PREA 2022 Annual Report did not have any personal identifiers. All personal identifiers were removed from the Annual report. • Agency Staff Interview: The PREA Coordinator 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 client names would be redacted from the report as well to protect the confidentiality of each person. <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • CSIP 20a-03 DOC Confidentiality • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • Online PREA Audit: Pre-Audit Questionnaire for Community <p>Interviews:</p> <ul style="list-style-type: none"> • Facility Director - 1 <p>Compliance Determination by Provisions and Corrective Actions:</p>

115.289 (a)

The agency shall ensure that data collected pursuant to standard 115.87 are securely retained.

Compliance Determination:

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

- Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 12 Data Collection and Review.

- DATA STORAGE, PUBLICATION AND DESTRUCTION

- o CSI shall collect data and maintain records of all incidents related to sexual abuse and sexual harassment whether alleged or actual. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

- o Prior to making the data public, all personal identifiers shall be redacted. This data, minus redactions, shall also be provided to the CT DOC for inclusion in their annual report.

- o Records will be maintained for at least 10 years after the date of initial collection.

Corrective Actions:

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

115.289 (b)

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.

Compliance Determination:

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

- The agency PREA coordinator has made all aggregated sexual abuse data readily available to the public at least annually through its website. The auditor has reviewed the agency website.

Corrective Actions:

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

115.289 (c)

Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

Compliance Determination:

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

- A review of the agency website did not have any personal identifiers. All personal identifiers were removed from the Annual report.

Corrective Actions:

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

115.289 (d)

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.

Compliance Determination:

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

- The PREA coordinator maintains sexual abuse data using hard copies and computer program files for at least 10 years.

Corrective Actions:

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and

	online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance • Notices of PREA Audit - Upload Notices Pics of Postings • Facility Last DOJ PREA Certified Audit Report • Agency Website <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator - 1 • Facility Director - 1 <p>Compliance Determination by Provisions and Corrective Actions:</p> <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>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • A review of the agency’s website provided PREA audit reports according to cycles. • The facility PREA reports are included on the agency website. <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p>

115.401 (b)

During each one-year period starting on August 20, 2013, the agency shall ensure that at least one third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

Compliance Determination:

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

- A review of the agency's website provided PREA audit reports according to cycles.
- The facility PREA reports are included on the agency website.

Corrective Actions:

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

115.401 (c)

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.

Compliance Determination:

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

- The PREA coordinator and the facility acknowledge this provision.

Corrective Actions:

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

115.401 (d)

The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.

Compliance Determination:

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

- 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.

Corrective Actions:

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

115.401 (e)

The agency shall bear the burden of demonstrating compliance with the standards.

Compliance Determination:

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

- 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.

Corrective Actions:

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

115.401 (f)

The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditation for each facility type.

Compliance Determination:

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

- The auditor provided the facility a documentation checklist. The checklist is

organized by standards to help the facility through the pre-audit, onsite and post audit phase and to provide the requested documentation by auditor.

Corrective Actions:

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

115.401 (g)

The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.

Compliance Determination:

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

- The auditor sample size is based on the number of Clients 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.

Corrective Actions:

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

115.401 (h)

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

Compliance Determination:

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

- 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 client or staff, that staff on the tour 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 client

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 client, accessibility to telephones and instructions for using the phones to report sexual abuse, main control room, dayroom, classrooms, etc..

Corrective Actions:

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

115.401 (i)

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

Compliance Determination:

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

- The auditor provided the facility to the agency/facility with a documentation checklist. The checklist is organized by standards to help the facility through 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 with all relevant documents as requested.

Corrective Actions:

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

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.

Compliance Determination:

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

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

Corrective Actions:

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

115.401 (k)

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

Compliance Determination:

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

- Agency Head or Designee
 - Agency PREA Coordinator
 - Agency Human Resource Staff
 - Specialized Staff
 - Random Selected Staff
 - Informal Staff interviews
- The auditor requested and was provided with 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.

Corrective Actions:

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

115.401 (l)

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

Compliance Determination:

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

- 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 client.
- Random Select Clients:
 - The auditor requested and was provided a roster of Clients listed by living units.
 - Informal Interviews with Clients
 - Targeted Clients
- All Clients that were formally interviewed were asked the required random interview questions provided by the National PREA Resource Center.
- Clients were respectful and cooperative with the auditor and the associate auditor. All Clients wore masks and maintained social distancing practices during the formal interviews. The Clients' uniforms were clean, and their hygiene satisfactory.
- Interviews with Clients revealed that they understand PREA safeguards and the facility's zero-tolerance policy. Comprehensive client PREA education is provided in written form during client orientation, and through the handbook, kiosks, personal instruction, videos, and posters.

• **Corrective Actions:**

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

115.401 (m)

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

Compliance Determination:

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

- 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 and pictures confirming the posted notices and observed the posted notices on-site.
- As of July 9, 2023, there was no communication from a client or staff. Staff

interviews indicated that Clients are permitted to send confidential information or correspondence in the same manner as if they were communicating with legal counsel.

Corrective Actions:

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

115.401 (n)

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

Compliance Determination:

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

- The auditor reached out to the following organizations:

- o 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 (JDC) / Wilshire Blvd., Suite 340 Los Angeles, CA 90010 / Email sent.

- o 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.

- Memorandum of Agreement between Community Solutions, Inc and The Connecticut Alliance to End Sexual Violence. The Alliance of end Sexual Violence is a coalition of Connecticut’s nine community based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training programs.

- Connecticut Alliance to End Sexual Violence agree to the following:

	<p>o Identify and assign a point of contact at each organization to establish coordinator between agencies and access to SACS services for CSI clients. Response to client's request to work SACS will be made and executed within a reasonable amount of time.</p> <p>o Display sexual assault crisis hotline posters in English and Spanish at CSI and The Alliance. CSI will share information with clients about SACS program and the availability of sexual assault crisis counselors and community-based services.</p> <p>o At CSI client'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 client's placement is the CSI facility.</p> <p>o At the Alliance and CSI there will be a dedicated and confidential space for SACs to meet with clients.</p> <p>o To develop site specific protocol and procedure for maintaining PREA standards.</p> <p>o To collaborate for the continuity of care and discharge planning for clients who are victims of sexual assault and/or abuse.</p> <p>o To identify and assign designated staff to establish a cohesive and seamless delivery of services to clients in CSI facilities.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Clients, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator - 1

- Facility Director - 1

Compliance Determination by Provisions and Corrective Actions:

115.403 (a)

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.

Compliance Determination:

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

- The auditor certified that there is no conflict of interest.

Corrective Actions:

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

115.403 (b)

Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.

Compliance Determination:

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

- The auditor's report stated whether agency wide policies and procedures comply with relevant PREA standards.

Corrective Actions:

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

115.403 (c)

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

because:

- The auditor has assigned a finding to each standard.

Corrective Actions:

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

115.403 (d)

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.

Compliance Determination:

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

- The auditor uses a triangulation 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 client, 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.
- The auditor is using the stylistic rules for the Field Training Program (FTP) Auditor Trainee Report Writing Reference Manual as best practice.
- The auditor sample size is based on the number of Clients 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.

Corrective Actions:

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

115.403 (e)

Auditors shall redact any personally identifiable client 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.

Compliance Determination:

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

- The auditor has redacted personally identifiable Clients from the report and can provide such information to the agency upon request and may provide such information to the Department of Justice.

Corrective Actions:

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

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.

Compliance Determination:

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

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

Corrective Actions:

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

Overall Findings:

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

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	na

	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.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	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,	yes

	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?	
	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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	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	Hiring and promotion decisions	

(f)		
	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	na

	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.)	
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.)	na
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	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	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
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	yes

	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)).	
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	na

	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.)	
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:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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	Use of screening information	

(f)		
	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	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
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	yes

	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.)	
	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	yes

	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.)	
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	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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,	yes

	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?	
	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	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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	Criminal and administrative agency investigations	

(h)		
	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	na

	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.)	
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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
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	yes

	condition of access to programming and other benefits?	
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	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
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	na

	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.)	
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	Data collection	

(c)		
	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.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
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