

PREA Facility Audit Report: Final

Name of Facility: Cheyney House

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/11/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Adam T Barnett, Sr.	Date of Signature: 07/11/2024

AUDITOR INFORMATION	
Auditor name:	Barnett, Adam
Email:	adam30906@gmail.com
Start Date of On-Site Audit:	06/17/2024
End Date of On-Site Audit:	06/18/2024

FACILITY INFORMATION	
Facility name:	Cheyney House
Facility physical address:	155 Wethersfield Avenue, Hartford, Connecticut - 06114
Facility mailing address:	

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Facility Director	
Name:	Cheree Rhodes
Email Address:	crhodes@csimail.org
Telephone Number:	860-524-1774

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

Facility Characteristics	
Designed facility capacity:	41
Current population of facility:	39
Average daily population for the past 12 months:	41
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 facility who may have contact with	21

residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
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Name of agency:	Community Solutions, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	175 Addison Road, Suite 3, Windsor, Connecticut - 06095
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
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Name:	Kristen Cappelletti	Email Address:	kcappelletti@csimail.org
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Facility AUDIT FINDINGS	
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Summary of Audit Findings	
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The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

0

Number of standards met:

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:	2024-06-17
2. End date of the onsite portion of the audit:	2024-06-18

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	41
15. Average daily population for the past 12 months:	39
16. Number of inmate/resident/detainee housing units:	0
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:	40
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<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>0</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>0</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>19</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>0</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>10</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 checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor confirmed by reviewing faculty rosters and interview with staff.</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:	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

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

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor confirmed by review the current roster and conversation with the facility staff and residents.</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>The auditor confirmed by review the current roster and conversation with the facility staff and residents.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor confirmed by review the current roster and conversation with the facility staff and residents.</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>The auditor confirmed by review the current roster and conversation with the facility staff and residents.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor confirmed by review the current roster and conversation with the facility staff and residents.</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>The auditor confirmed by review the current roster and conversation with the facility staff and residents.</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>The auditor confirmed by review the current roster and conversation with the facility staff and residents.</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>The auditor confirmed by review the current roster and conversation with the facility staff and residents.</p>

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	7
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Gender and race.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>10</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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 type="radio"/> Yes <input checked="" type="radio"/> No
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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<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>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>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</p> <p><input type="radio"/> No</p>
<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>

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 sexual abuse investigation files in the past 12 months.

<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 sexual harassment investigation files in the past 12 months.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</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

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
<p>Auditor Overall Determination Definitions</p> <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)
<p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA • Cheyney House Organizational Chart • CSI Organizational Chart • Online PREA Audit: Pre-Audit Questionnaire Community Confinement <p>Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.211 (a)</p>

The provision requires that an agency to 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 has a written policy mandating zero tolerance toward all forms sexual abuse and sexual harassment.

Documentation review confirmed that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility included an outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy also includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Page 1, Section 1: CSI maintains a zero tolerance toward 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 Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Page 1, Section 3: Sexual Abuse General Definitions.

Corrective Actions:

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

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

115.211 (b)

The provision requires that an agency 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:

A review of the agency policy and the agency organizational chart confirmed that the agency has an upper-level agency wide PREA coordinator.

	<p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4.A PREA Coordinator: Section A: PREA Coordinator:</p> <ol style="list-style-type: none"> a. Ensure compliance with the Prison Rape Elimination Act policies and standards. b. Develop and implement a PREA training plan. c. Monitor intakes screening procedures. d. Ensure all incidents of sexual abuse are referred to the appropriate law enforcement authorities. e. Ensure reports and investigations are conducted all incidents of sexual abuse or sexual harassment. f. Maintain data collection of incidents and coordinate reporting of such to referrals/funders. g. Review all incidents and take appropriate actions to prevent any future occurrences. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA • Policy: DOC Administrative Directive 6.12, Client Sexual Abuse/Sexual Harassment Prevention and Intervention section 5 – Community Confinement • Executed DOC Contract

- Online PREA Audit: Pre-Audit Questionnaire Community Confinement

Interviews:

- Agency Contract Administrator/PREA Coordinator

Compliance Determination by Provisions and Corrective Actions:

115.212 (a)

The provision requires that a public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, to 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:

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.

Informal conversations with the PREA Coordinator and documentation review confirmed that the agency has not entered or renewed a contract for the confinement of Cheyney House residents.

Based on a review of information the facility provided in the PAQ, the number of contracts for the confinement of residents that the agency entered or renewed with private entities or other government agency on or after August 20, 2012, or since the last PREA audit, whichever is later was 1. The number of above contracts that did not require contractors to adopt and comply with PREA standards was zero.

Corrective Actions:

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

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

115.212 (b)

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

standards.

Compliance Determinations:

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

CSI does not contract with other entities for the confinement of its residents.

Informal conversation with the agency PREA Coordinator and documentation review of no contracts or agreements confirmed that the agency has not entered and contract for the confinement of residents at Cheyney House.

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

Corrective Actions:

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

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

115.212 (c)

The provision requires that 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 standards because:

CSI does not contract with other entities for the confinement of its residents.

Informal conversation with the agency contract administrator/PREA coordinator confirmed that the facility has not had any emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed because the facility does not contract with other entities to house their residents.

Informal conversations with the agency PREA Coordinator and a review of documentation with no contracts or agreements confirmed that since August 20, 2012, the agency has not entered into contracts with other private agency into contracts for housing residents for Cheyney House.

Corrective Actions:

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

	<p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.213	Supervision and monitoring
	<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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA • Cheyney MSP DOC • 2024 Annual Cheyney Staff Plan Assessment • Deviation Log Sheet • Maser Staffing Plan Assessment • Online PREA Audit: Pre-Audit Questionnaire Community Confinement <p>Site Review:</p> <p>Interviews:</p> <ul style="list-style-type: none"> • Director • PREA Coordinator <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.213 (a)</p> <p>The provision requires that for each facility, the agency develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, agencies shall take into consideration: The physical layout of each facility. The composition of the resident population. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.</p>

Compliance Determination:

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

Documentation review confirmed that this facility has a staffing plan that provides for adequate levels of staffing and has video monitoring to protect residents against sexual abuse.

A review of the physical layout of the facility are being considered when considering and updating the staffing plan.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA Section: "This section is Community Solution's Direct Correlation to PREA's Community Confinement Standards Section 4.B Staffing Plan: 1. Each CSI program shall develop a staffing plan to provide adequate staffing levels and where applicable, video monitoring to ensure staff and resident safety and to protect residents against sexual abuse. When developing the staffing plan, the facility shall take into account the layout, composition of the resident population, and any other relevant factors.

Based on a review of information the facility provided in the PAQ, since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents was 40. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated was 41.

The staffing plan minimum requirements are determined by the funder, CT Department of Corrections. The number of residents in the program determines 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.

Informal conversation with the facility manager indicated that 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 residents. They are in and out of the facility to help eliminate blind spots and to assist in monitoring residents.

Interviewed agency PREA coordinator confirmed that when assessing adequate staffing levels and the need for video monitoring, the agency considers the following: the staffing plan's minimum requirements are determined by the contract set out 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 staffing requirements can never be deviated from so the

Program Director will always ensure that the minimum staff are present on the program floor. The facility has video monitoring in blind spots throughout the program and continues to add cameras as money becomes available. Staff complete hourly headcounts/rounds as an additional means of supervision. The interviewed Program Director confirmed that the facility has a staffing plan. The staffing plan is based on the contract with the funding agency (DOC) and the facility size. The facility also has video monitoring cameras in the most vulnerable spots. The program manager ensures that the facility has monthly schedules to ensure coverage.

Interviewed Program Director confirmed that when the facility assess adequate staffing levels and the need for video monitoring the facility considers the physical layout looking for the most vulnerable spots in the program and ensure those spots have camera and/or staff checks are done more frequently in these areas; The composition of the resident population is always changing, and has a very complex population so staff ensuring that they always monitoring and staffing appropriately; The prevalence of substantiated and unsubstantiated incidents of sexual abuse, when trends are detected the facility will add staff, that may be adding an hourly staff or adding a director. However, if the facility feels at certain times extra support is needed, they will do so. To check for compliance with the staffing plan, staff check random sites, and check the payroll system.

According to the Program Director the facility documents all instances of non-compliance with the staffing plan via email with funders as they must give the ok. The facility has not had to go out of the staffing plan in a few years.

During the facility tour it was observed that two staff were on one shift and returned one staff on third shift.

Corrective Actions:

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

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

115.213 (b)

The provision requires that 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 CT DOC of deviations. They did provide the auditor with a blink copy of a deviations forms with justification if needed.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4.B Staffing Plan: 1. Anytime there are deviation in the staffing plan, the Program Director or designee shall document the deviation and justify the reason.

Based on a review of information about the facility provided in the PAQ, each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

The interviewed Program Director confirmed that if there was an instance of non-compliance with the staffing plan it would be documented. However, the Program Director ensures that the facility is always in compliance.

Informal conversation with the program manager reported that 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.

Documentation confirmed that the facility has not deviated from the staffing plan, the plan is based on DOC contract requirements and funding.

Corrective Actions:

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

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

115.213 (C)

The provision requires that whenever necessary, but no less frequently than once each year, 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:

Based on the documentation at least once every year the facility reviews the staffing plan to see whether adjustments are needed in the staffing plan; prevailing staffing patterns, the deployment of video monitoring systems and other monitoring technologies, or the allocation of facility resources to commit to the staffing plan to ensure compliance with the staffing plan

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct

	<p>Correlation to PREA’s Community Confinement Standards Section 4.B Staffing Plan: 1. Whenever necessary, but at least once a year, the PREA Coordinator shall, in conjunction with the Program Director, Area Director 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.</p> <p>The staffing plan is reviewed annually. Per protocol, the PREA coordinator would be notified in advance if there were any adjustments made to the plan. The facility uses the Annual Staffing Plan Assessment to document reviews.</p> <p>Interviewed agency PREA coordinator confirmed if the staffing plan is reviewed annually and if there was a question or adjustment regarding the PREA standards and staffing then she will be consulted.</p> <p>Informal conversation with the Program Director confirmed that the staffing plan has the number and placement of staff and some video technology that is necessary to ensure the sexual safety of the resident population given the facility layout and characteristics, classifications of residents, and security needs and programming.</p> <p>During the facility tour the auditor observed that 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, administration, inside front lobby, and recreation areas. There are no cameras in residents’ rooms.</p> <p>The facility uses an Annual Staffing Plan Assessment. A documentation review of the Annual Staffing Plan Assessment confirmed that the agency program leadership review annually and provided the Program/Supervisor, Area Director and PREA Coordinator upon completion.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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:

Documentation:

- CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA
- CSI Policy Searches
- Guidance in Cross-Gender and Transgender Pat Searches
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement

Site Review:

Interviews:

- Non-medical Staff (involved in cross-gender strip or visual searches) (0).
- Random Sample of Staff (7)
- Resident Interview Questionnaire (Female Residents) - 0
- Random Resident Interview Questionnaire (10)
- Transgender/Intersex Residents - 0

Compliance Determination by Provisions and Corrective Actions:

115.215 (a)

The provision requires that the facility 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 cross-gender strip or cross-gender visual body cavity searches of residents.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4.C Cross Gender Viewing and Searches: 2. 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.

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

searches of residents were zero.

Based on informal conversation with the Program Director the facility does not conduct strip searches or body cavity searches at all. Staff are also prohibited from conducting any form of search that involves "touching" by either gender staff. Residents have showers and toilets in between two rooms. Each room can lock its doors from inside their room.

During the onsite audit period there were no non-medical staff that were involved in the strip searches to interview.

Corrective Actions:

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

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

115.215 (b)

The provision requires that as of August 20, 2015, or August 20, 2017, for a facility whose rated capacity does not exceed 50 residents, the facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities shall not restrict female residents' access to regularly available programming or other out-of-cell opportunities 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 pat-down searches of female residents, absent exigent circumstances.

Based on a review of information the facility provided in the PAQ, the number of pat-down searches of female residents that were conducted by male staff was zero. The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance (s) was zero.

During the onsite period of the audit there were no female residents to interview. The facility only housed male residents.

Corrective Actions:

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

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

115.215 (c)

The provision requires that the facility document all cross-gender strip searches and

cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female Residents.

Compliance Determination:

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

Based on facility policy the agency prohibits cross-gender strip searches and cross-gender visual body cavity searches. If these searches do occur, staff are required to ensure that all cross-gender strip searches and cross-gender visual body cavity searches are documented.

Corrective Actions:

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

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

115.215 (d)

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

Compliance Determination:

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

The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4.B Staffing Plan: 1 – All residents 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 residents are likely to be showering, performing bodily functions, or changing clothing.

Informal conversations with the agency PREA coordinator indicated that regarding pat-down. If a discrepancy arises where staff would feel unsafe conducting a pat-down (i.e. to female transgender with male genitalia requesting female staff pat-

down and urines) then the Program Director would have a conversation with the funder to determine if this is the best fit for the resident. A solution is easier to identify for toxicology testing is providing the alternative to urine collection could also be oral swab collection.

A total of seven random staff were interviewed from different shifts. One white and six blacks, one male and six females. Seven confirmed that they and other staff announce their presence when entering a resident room of the opposite gender. Seven confirmed that residents can dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Ten random residents were interviewed by the auditor. One Black, Eight White, and One Hispanic. These residents came to the facility within the past 12 months, one came from jail, eight from prison, and one from another community facility. All residents collaborated that staff announce their presence when entering their rooms. They also reported that they are never naked in full view of female or male staff, this including when using the toilet, showering, or changing clothing. Some reported that female staff do not enter the rooms, during count time knock on the door.

Site Review:

During the site review,

- The auditor observed the facility critical function of cross-gender viewing. The auditor observes areas where residents may be in a state of undress, showers, toilet, and changing of clothing. The areas observed were housing, showers, and bathrooms.
- The auditor observed the facility critical function of cross-gender announcements. The auditor observes staff announcing their present when entering housing bedroom/living areas of the opposite gender. The auditor informally interviewed residents regarding staff of the opposite gender announcing the present when entering their bedrooms. All residents indicated yes that staff announced their presence by knocking on the door before entering.
- The auditor observed the facility critical function of cross-gender viewing. The cameras do not show residents naked, using the showers or toilets on camera monitors.
- 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 residents' files and maintained in lock file cabinets. There was no confidential resident information located in places where other residents or staff can review.

Corrective Actions:

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

A review of the appropriate documents to include the facility PAQ, interviews and

informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.215 (e)

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

Compliance Determination:

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

Informal conversations with the Program Director confirmed that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA Section: "This section is Community Solution's Direct Correlation to PREA's Community Confinement Standards Section 4.C: 3. Staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining genital status.

The facility has a practice that no staff will search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status.

The auditor and the Agency PREA Coordinator discuss what would be some additional ways to handle pat-down search preferences and urine collection for the Transgender house at the facility. When clients who identify as transgender, the Program Director meets with the client upon Intake to discuss safety concern and preference. Clients are either housed in an individual room or consideration is taken on who the clients' roommates will be to ensure safety. Regarding pat-down and urine collection, the client is asked their preference on the gender of the staff conducting the pat-down (i.e., male to female transgender with male genitalia requesting female staff pat-down and urines) then the Program Manager would have a conversation with the funder to determine if this is the best fit for the client. A solution is easier to identify for toxicology testing is providing the alternative to urine collection could also be oral swab collection.

A total of seven random staff were interviewed from different shifts. One white and six blacks, one male and six females. Seven confirmed that they are aware of the policy prohibiting staff from searching or physically examining a transgender or intersex resident for the purpose of determining that resident's genital status.

Corrective Actions:

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

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

115.215 (f)

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

Compliance Determination:

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

Informal conversations and documentation review confirmed that staff is trained to conduct cross-gender pat down searches of transgender and intersex residents. The auditor reviews the "Pat Searching of DOC Clients" power point curricula for staff training.

Based on a review of information the facility provided in the PAQ, the percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs is 100.

Documentation review of 15 staff PREA Training documentation of the PREA Employee Training & Acknowledgements, PREA - Prison Rape Elimination Act and Staff Trainer's Checklist Adult Division confirmed that staff has completed the required training.

A total of seven random staff were interviewed from different shifts. One white and six blacks, one male and six females. Seven confirmed that they have received training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. They received this training during orientation and online PowerPoint.

Corrective Actions:

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

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

Overall Findings:

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

	to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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115.216	Residents with disabilities and residents who are limited English proficient
	<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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA • CSI Propio Signed Agreement • CSI 20a - 20 DOC Special Comprehension Needs and Limited English Proficiency • Target List • Online PREA Audit: Pre-Audit Questionnaire Community Confinement <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Residents (with disabilities or who are limited English proficient) (0) • Random Sample of Staff (7) <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.216 (a)</p> <p>The provision requires that the agency take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency’s effort to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>A review of documentation that the agency has established procedures to provide disabled residents equal opportunity to participated in or benefit from all aspects of</p>

the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA Section: "This section is Community Solution's Direct Correlation to PREA's Community Confinement Standards Section 4.D Resident with Disabilities and Residents who are limited English Proficient: 2. Interpretation services will be provided as needed. When sessions or interactions are conducted in a language other than English, staff shall document that the session was held in the residents' primary language. Resident interpreter will not be utilized for any investigation aspects of reported sexual abuse or harassment except where an extended delay in obtaining an effective interpreter could compromise residents' safety or performance of first responders or investigation of residents' allegation. Any use of resident interpreters must be documented.

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: 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: 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.

Interviewed Agency Head confirmed that the agency has established procedures to provide residents with disabilities and residents who are limited English proficient equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency has all documents in Spanish, signs in the program are in Spanish, Spanish speaking staff in some of the programs, and would use a translating service if needed. If residents are unable to read, the facility has staff read and review all PREA information with resident in person.

Corrective Actions:

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

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

115.216 (b)

The provision requires that 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, 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:

Based on documentation the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Documentation review of the Language Services Contract: Propio Language Services Agreement for Interpretation Services with Community Solutions, Inc.

The auditor reviews the PREA Zero-Tolerance Policy for Sexual Harassment and Sexual Abuse brochures in Spanish and English and the Connecticut Alliance to end Sexual Violence flyer for emotional support services and who to call to report sexual abuse.

Corrective Actions:

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

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

115.216 (c)

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

Compliance Determination:

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

Based on conversations with the Program Director the facility prohibits the use of

	<p>resident interpreters, resident reader and other types of resident assistants regarding PREA.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4.D – 1. All residents will have every opportunity to participate in all aspects of sexual abuse and sexual harassment prevention, detection and response. The program shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities or limited English proficient.</p> <p>Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of instance where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the residents’ safety, the performance of first-response duties under 115.264, or the investigation of the resident’s allegations was 1.</p> <p>A total of seven random staff were interviewed from different shifts. One white and six blacks, one male and six females. Seven confirmed that the agency ever allows the use of resident interpreters, resident readers, or other types of resident assistants to assist with limited English proficiency when making an allegation of sexual abuse or sexual harassment. All staff refer to the agency interpreter contract and some report that the interpreter comes to the facility.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA
- Employee Handbook 2023
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement

Interviews:

- Administrative (Human Resources) Staff

Compliance Determination by Provisions and Corrective Actions:

115.217 (a)

The provision requires that the agency not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C 1997) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph a-2 of this section.

Compliance Determination:

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

Informal conversation with the PREA coordinator confirmed the agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who has contact with residents.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4.E – Hiring/ Promotion Decisions & Reporting to Prospective Employers: 1. 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.

Documentation review of five PREA Discourse forms confirmed that staff members

completed and signed that they understand that, if hired, transferred, or promoted as a Connection Inc. employee, they may have contact with individuals who are in the custody of the Judicial Branch or Department of Corrections and certify that the requirements of the standards is confirmed.

Corrective Actions:

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

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

115.217 (b)

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

Compliance Determination:

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

Interviewed Human Resources Staff confirmed that the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Corrective Actions:

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

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

115.217 (c)

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

Compliance Determination:

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

Documentation review requires that before it hires any new employees who may have contact with residents, conducts criminal background record checks, consistent with federal, state, and local law, makes its best efforts to contact all

prior institutional employees for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4.E – Hiring/ Promotion Decisions & Reporting to Prospective Employers: 1. All employees shall have a criminal background check completed at the time of employment, prior to any promotions, and at least once every five years thereafter.

The auditor reviewed eighteen staff records. The agency/facility provided an HR package for each staff member. All staff information was completed. 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

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks was 6.

Interviewed Human Resources Staff confirmed that the facility performs criminal record background checks and consider pertinent civil or administrative adjudications for all newly hired employees. Background checks are performed for all new hires to include FT, PT, and per diem via Paycom. Periodic criminal and driving checks are done for existing staff.

Corrective Actions:

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

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

115.217 (d)

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

Compliance Determination:

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

A review of documentation requires that a criminal background record check be

completed before enlisting the services of any contractor who may have contact with residents.

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents was 1.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4.E – Hiring/ Promotion Decisions & Reporting to Prospective Employers: 3. All volunteers and contractors shall have a criminal background check completed prior to having contact with any resident. 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 residents.

Interviewed Human Resources Staff confirmed that the agency uses the Paycom system to conduct criminal record background checks and criminal background checks are conducted every five years.

Corrective Actions:

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

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

115.217 (e)

The provision requires that 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.

Compliance Determination:

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

A review of documentation indicates that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4.E – Hiring/ Promotion Decisions & Reporting to Prospective Employers: 1. 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.

Interviewed Human Resources Staff confirmed that the agency uses the Paycom system to conduct criminal record background checks and criminal background checks are conducted every five years.

Corrective Actions:

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

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

115.217 (f)

The provision requires that 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 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 Determinations:

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

Documentation review of the Applicant Authorization and Consent for Release included staff affirmative duty to disclose misconduct.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4.E – Hiring/ Promotion Decisions & Reporting to Prospective Employers: 2. 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.

Interviewed Human Resources Staff confirmed the agency asks all applicants and employees about previous misconduct for applications for hiring and promotions and as part of the staff current review. Staff also confirm that the agency imposes upon employees a continuing affirmative duty to disclose any misconduct. This is captured in the agency’s Personal Conduct Policy.

Corrective Actions:

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

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

115.217 (g)

The provision requires that 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:

Documentation review indicates that material omissions regarding such misconduct, of the provision of materially false information, are grounds for termination.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4.E – Hiring/ Promotion Decisions & Reporting to Prospective Employers: 1. ... Material omissions regarding misconduct or providing false information shall be grounds for termination.

Corrective Actions:

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

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

115.217 (h)

The provision requires that unless prohibited by law, the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Compliance Determination:

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

Documentation of policy review confirmed that the agency will provide information on substantiated allegations of sexual abuse or sexual harassment.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4.E – Hiring/ Promotion Decisions & Reporting to Prospective Employers: 4. 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.

Interviewed Human Resources Staff confirmed when a former employee applies for work at another institution, upon request from that institution, the agency provide

	<p>information on substantiated allegations of sexual abuse and sexual harassment involving the former employee.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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> <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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Program Director <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.218 (a)</p> <p>The provision requires that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p>

The agency has not acquired a new facility or made substantial expansions or modification to existing facilities and has a policy to guide the process if the agency acquires a new facility or substantial expansions or modification.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4. F: Upgrade to Facilities and Technologies: 1. CSI will ensure any substantial modification of existing facility will consider the effect of the design or modification in protecting residents from sexual abuse. Any video equipment upgrade will also consider the Program’s ability to protect residents from sexual abuse.

The interviewed Agency Head confirmed that when designing, acquiring, or planning substantial modifications, or designing any space to be occupied by clients, PREA is taken into consideration. All spaces are evaluated for blind spots that cannot be seen through traditional video monitoring. Any blind spots are given a plan of physical monitoring to include documentation of when those areas are toured and inspected. In addition, substantial modifications to program space would be reviewed by facilities director, PREA coordinator and would be submitted to DOC prior to modification.

The interviewed Program Director confirmed that the facility has not made any major expansions or modifications within the past years.

Corrective Actions:

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

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

115.218 (b)

The provision requires that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect Residents from sexual abuse.

Compliance Determination:

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

The agency has not made any major installation or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last audit.

Interviewed Agency Head confirmed that the agency uses monitoring technology to enhance the protection of residents from resident from incidents of sexual abuse by using video monitoring in spaces occupied by residents. When opportunities for upgrading arise, the agency consistently takes advantage of those times by making

	<p>upgrades and adding cameras to spaces that may not be monitored by a camera.</p> <p>The interviewed Program Director confirmed that when putting any new cameras in the most vulnerable spots. Any blind spots the facility has, they conducted extra rounds, and the facility is first on the list for new cameras based on funding.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA • CSI Policy 20a-52 Operations DOC Adult Work Release: Evidence Protocol & Forensic Medical Examinations • Uniform Evidence Protocol • Community Solutions and Alliance MOU Signed • Letter to Saint Francis • Hartford PD Letter • Target List <p>Interviews:</p> <ul style="list-style-type: none"> • Random Sample of Staff (7) • SAFE’s/SANEs Staff (0) • PREA Coordinator • Residents who Reported a Sexual Abuse (0) <p>Compliance Determination by Provisions and Corrective Actions:</p>

115.221 (a)

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

Compliance Determination:

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

The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence.

CSI Policy 20a-52 July 2023 Operations DOC Adult Work Release Evidence Protocol and Forensic Medical Examinations section 2.1: 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 language that is easily understandable. The goal is to preserve potential evidence during medical and forensic examination.

Documentation of investigation policy review confirmed that the agency is responsible for conducting administrative sexual abuse investigations including resident-on-resident sexual abuse or staff sexual misconduct. The agency PREA coordinator is responsible for conducting administrative sexual abuse. The agency is not responsible for conducting criminal sexual abuse investigations including resident-on-resident sexual abuse or staff sexual misconduct. The Connecticut State Police or DOC is responsible for conducting criminal investigations. Each agency follows a uniform evidence protocol.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA Section: "This section is Community Solution's Direct Correlation to PREA's Community Confinement Standards Section 5. B - Policies to ensure referrals of allegations for investigation 1: All incidents of sexual abuse or sexual harassment will be investigated. Any incident involving potential criminal investigation. The PREA Coordinator shall ensure any report of sexual abuse or sexual harassment determined to be non-criminal matter by law enforcement will be investigated at the facility level.

A total of seven random staff were interviewed from different shifts. One white and six blacks, one male and six females. Seven confirmed that they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They report that if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, their responsibility in this situation would be to separate the victim from the abuser, close off the area where it takes place, do not let the victim and abuser brush their teeth, drink, use the bathroom, and change clothing. Staff would call 911 if medical is needed and their supervisor. Staff also reported to the State Police, DOC PREA

Investigation Unit or the Agency PREA Coordinator conducts PREA investigations.

Corrective Actions:

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

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

115.221 (b)

The provision requires that the protocol 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:

Informal conversation with the administrative investigator confirmed that they use the same protocol that the DOC and the Connecticut State Police Department use.

CSI Policy 20a-52 Operations DOC Adult Work Release: Evidence Protocol & Forensic Medical Examinations section 1: CSI will maintain a uniform evidence protocol that maximizes the potential of obtaining usable physical evidence for administrative proceedings, investigations and criminal prosecutions. The protocol for uniform evidence is derived from the United State Department of Justice's Office on Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.

A review of the State of Connecticut Technical Guidelines for Health Care Response to Victims of sexual Assault, in accordance with Connecticut General Statute's section 19a - 112a. Give guidance of Child & Adolescent victims, to include General Information; Initial Response - Triage and Intake; Counseling and Support; Consent for Police Notification - Mandatory Reporting Requirements; Consent for Examination; Medical Report forms and Interviews; Presence of Parent or Guardian; Medical/Evidence Collection Examination and Testing for Sexually Transmitted Infections (STI's).

Corrective Actions:

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

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

115.221 (c)

The provision requires that 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. Such examinations to 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:

The facility does offer residents who experience sexual abuse access to forensic medical examinations through the local hospital or rape crisis center. Forensic medical examinations are offered to residents without financial cost to the victim. When SANEs or SAFE are not available, a qualified medical doctor performs forensic medical examinations at the local hospital.

CSI Policy 20a-52 Operations DOC Adult Work Release: Evidence Protocol & Forensic Medical Examinations section 2.2 All such evaluations will be provided free of cost to the client. CSI shall offer all residents 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 Examiners where possible. If such professionals cannot be made available, the examination can be performed by other qualified medical practitioners. The Program will document its efforts to conduct appropriate examinations.

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

A review of the State of Connecticut Technical Guidelines for Health Care Response to Victims of sexual Assault, in accordance with Connecticut General Statute's section 19a - 112a. CT 100 Sexual Assault Evidence Collection Kit: Preparation for the Examination; The Evidence Collection Examination and Evidence Integrity - repacking, labeling, and sealing evidence containers. The examinations performed by the SAFE or SANE staff are guided by the State of Connecticut Statute.

Corrective Actions:

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

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

115.221 (d)

The provision requires that the agency 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 to make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies to 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:

CSI Policy 20a-52 Operations DOC Adult Work Release: Evidence Protocol & Forensic Medical Examinations section 2.2 All such evaluations will be provided free of cost to the client. CSI shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at and outside facility, without financial cost. Examinations shall be performed by Sexual Assault Forensic Examiners or Sexual Assault Examiners where possible. If such professionals cannot be made available, the examination can be performed by other qualified medical practitioners. The Program will document its efforts to conduct appropriate examinations.

The facility attempts to make available to the victim a victim advocate from a rape crisis center. The agency has a Memorandum of Agreement (MOA) between Community Solution Inc, and The Connecticut Alliance to End Sexual Violence. As documentation the agency provided a copy of the MOA. A review of the MOA confirmed that the Connecticut Alliance to End sexual Violence local facility will provide a victim advocate if requested by the victim.

The auditor confirmed this through the documentation review of the Connecticut Alliance to End Sexual Violence MOA.

Corrective Actions:

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

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

115.221 (e)

The provision requires that as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and support the victim through the forensic medical examination process and investigatory interviews and to provide emotional support,

crisis intervention, information, and referrals.

Compliance Determination:

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

A review of the MOA confirmed that Connecticut Alliance to End Sexual Violence at the residents' 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 residents' placement in the CSI facility.

Interviewed PREA coordinator collaborated that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member will accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. If requested by the client, a qualified agency staff member will accompany the client to the hospital, however, in most cases staff will assist the client in requesting a victim advocate by providing information and phone number for The Alliance to End Sexual Violence. The State of Connecticut provides guidelines for the health care response to victims of sexual assault based on State Statutes and Senate Bills which includes providing a victim advocate at the hospital.

Corrective Actions:

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

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

115.221 (f)

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

Compliance Determinations:

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

The State Police Department is responsible for investigating allegations of sexual abuse. The agency has requested that the State Police Department follow the requirements of PREA. The agency has provided the auditor with a copy of the PREA letter to the State Police with the request.

Documentation review of the letter to the State Police Department confirmed that the agency has requested that all PREA investigations be conducted in compliance

under standard 115.221 and give the detailed requirements.

Corrective Actions:

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

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

115.221 (g)

The provision requires that the requirements of paragraphs (a) through (f) of this section to 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:

Auditor is not required to audit this provision.

115.221 (h)

The provision requires that for the purposes of this section, a qualified agency staff member or a qualified community-based staff member to 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 uses a qualified community-based staff member with the required education concerning sexual assault and forensic examination issues in general. The agency has an MOA with the Connecticut Alliance to End Sexual Violence to provide qualified community staff members if requested by the resident.

A review of the State of Connecticut Technical Guidelines for Health Care Response to Victims of sexual Assault, in accordance with Connecticut General Statute's section 19a - 112a. The examinations performed by the SAFE or SANE staff are guided by the State of Connecticut Statute confirms that the SAFE or SANE staff meet the training requirements.

Corrective Actions:

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

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

115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <ul style="list-style-type: none"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA • NIC Online Specialized Investigation Training • Online PREA Audit: Pre-Audit Questionnaire Community Confinement <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Investigative Staff <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.222 (a)</p> <p>The provision requires that the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>Compliance Determinations: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The administrative investigations are conducted by the agency PREA coordinator and criminal investigations are conducted by the State Police Department.</p> <p>A documentation review of the PREA policy confirmed that the agency is conducting the required investigations. There were no criminal investigations to review.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA Section: "This section is Community Solution's Direct Correlation to PREA's Community Confinement Standards Section 5. B - Policies to ensure referrals of allegations for investigation 1: 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.</p> <p>Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received was two. In the past 12 months, the number of allegations resulting</p>

in an administrative investigation was two. In the past 12 months, the number of allegations referred to for criminal investigation was zero.

Interviewed Agency Head confirmed that the agency does ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. The agency has a designated PREA coordinator who monitors all administrative and criminal investigations into sexual abuse. At the end of all investigations the PREA coordinator submits a detailed report of the entire incident including the investigation portion. Criminal investigations are handed off to the State Police or controlling police department of the area where the incident occurs. Administrative investigations are done as an internal collaborative effort. These investigations include the Human Resource Department, the agency leadership and the PREA coordinator.

Corrective Actions:

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

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

115.222 (b)

The provision requires that the agency 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 to document all such referrals.

Compliance Determinations:

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

The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. The agency requires that the State Police Department has the legal authority to conduct criminal investigations. The agency requires that the PREA coordinator work with the State Police and share information with the facility.

Interviewed Investigator confirmed that the agency policy requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. The agency refers criminal allegations to the Connecticut State Police.

Corrective Actions:

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

A review of the appropriate documents to include the facility PAQ, interviews and

informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.222 (c)

The provision requires that if a separate entity is responsible for conducting criminal investigations, such a publication to 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 agency PREA coordinator provided the auditor with a copy of the PREA letter sent to the State Police. This letter describes the responsibilities of the investigating entity.

The State Police Department is responsible for investigating allegations of sexual abuse. The agency has requested that the State Police Department follow the requirements of PREA. The agency has provided the auditor with a copy of the PREA letter to the State Police with the request.

Documentation review of the letter to the State Police Department confirmed that the agency has requested that all PREA investigations be conducted in compliance under standard 115.221 and give the detailed requirements.

Corrective Actions:

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

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

115.222 (d)

The provision requires that 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 auditor is not required to audit this provision.

115.222 (e)

Compliance Determination:

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

	<p>The provision requires that 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.</p> <p>The auditor is not required to audit this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.231	Employee 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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA • PREA Refresher PP - May 2022 • PREA Training Process • Sexual Physical Assault PREA Overview 2016 Slides Only • PREA Monthly Staff Mtg Agenda • Online PREA Audit: Pre-Audit Questionnaire Community Confinement <p>Interviews:</p> <ul style="list-style-type: none"> • Random Sample of Staff (7) <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.231 (a)</p> <p>The provision requires that the agency train all employees who may have contact with residents 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. Residents' right to be free from sexual abuse and sexual harassment. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. The dynamics of sexual abuse and sexual harassment in</p>

confinement. The common reactions of sexual abuse and sexual harassment victims. How to detect and respond to signs threatened and actual sexual abuse. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Compliance Determination:

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

The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 6. A – Employee Training 1: During employee orientation and annually thereafter, staff to 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 in regard to prevention, detection, reporting and response.
- c. The residents’ right to be free from of sexual abuse and sexual harassment.
- d. The residents’ 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 residential settings, including determining which residents are most vulnerable.
- f. The common reactions of sexual assault or sexual abuse victims.
- g. How to avoid inappropriate relationships with residents.
- h. How to communicate effectively and professionally with all residents.
- i. How to comply with relevant laws related to the mandatory reporting of sexual abuse to authorities.
- j. Staff shall sign a training document acknowledging that they understand the training.
- k. PREA training address factors pertaining to both male and female.

A total of seven random staff were interviewed from different shifts. One white and six blacks, one male and six females. Seven confirmed that they received their PREA training during orientation, in-person, and online training. Staff talked about agency zero tolerance, resident rights, retaliation, detection, communication with LGBTI population, and inappropriate relationships with residents.

Corrective Actions:

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

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

115.231 (b)

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

Compliance Determination:

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

The agency policy requires PREA training to address factors pertaining to both males and females.

Corrective Actions:

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

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

115.231 (C)

The provision requires that all current employees who have not received such training to be trained within one year of the effective date of the PREA standards, and the agency to 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 to 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:

Between trainings, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment. This information is provided through online training, shift briefing notes and staff meetings.

Corrective Actions:

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

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

115.231 (d)

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

	<p>Compliance Determinations: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The agency documents that employees who may have contact with residents understand the training they have received through employment signatures and electronic verification.</p> <p>Documentation review of 15 staff PREA Training documentation of the PREA Employee Training & Acknowledgements, PREA – Prison Rape Elimination Act and Staff Trainer’s Checklist Adult Division confirmed that staff has completed the required training.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA • Online PREA Audit: Pre-Audit Questionnaire Community Confinement <p>Interviews:</p> <ul style="list-style-type: none"> • Volunteer (s) or Contractors (s) who may have Contact with Residents (0) <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.232 (a)</p>

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

Compliance Determination:

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

Volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA Section: "This section is Community Solution's Direct Correlation to PREA's Community Confinement Standards Section 6. B - Volunteer/ Intern and Contractor Training 1-3: 1. All volunteers or interns who will be working unaccompanied by staff with residents will receive the same training as noted above for employees. 2. All volunteers and interns who will be working unaccompanied by staff shall sign an acknowledgement that they have received PREA training and that they understand the PREA policy. 3. Contractors upon entering a CSI Residential 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.

Based on a review of information the facility provided in the PAQ, the number of volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response was 1.

Documentation review of the visitors register log confirmed that no volunteers or contractors entered the facility.

Corrective Actions:

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

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

115.232 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

	<p>because:</p> <p>The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contract they have with residents.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>115.232 (c)</p> <p>The provision requires that the agency maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.</p> <p>The agency/facility does not contractors or volunteers that may work with the residents.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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:

- CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA
- Head Count Roster
- PREA Education Checklist
- Propio Lanaguage Service Agreement
- Required Number of Resident Interviews
- Resident Data Sheet
- Room Roster
- Sexual Abuse, Assault and Harassment Brochures
- CSIP 20a-20 DOC Special Comprehension Need and Limited English Proficiency
- Target List
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement

Site Review:**Interviews:**

- Intake Staff
- Random Residents (10)

Compliance Determination by Provisions and Corrective Actions:**115.233 (a)**

The provision requires during the intake process, residents 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:

Residents do receive information at the time of intake about the zero-tolerance policy as required by the standard.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 5. C – Resident Education: During intake orientation, all residents will receive a resident handbook, and a facility handout containing information about PREA. All residents shall sign an acknowledgment that they have received the handbook and the PREA handout which contain the following information: Section a: 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.

Based on a review of information the facility provided in the PAQ, the number of residents admitted during past 12 months who were given this information at intake was 120.

The residents received the intake information through brochures and Intake package. The facility has the following brochures in English and Spanish title "Sexual Abuse, Assault & Harassment".

The auditor has reviewed the above brochure and has a copy to upload in the PREA system. The PREA brochures are given the same day of arrival. Based on documentation review of resident's signature and date the PREA Checklist residents have acknowledgement collaborated that they received PREA information.

The following are notes from the auditor's review of resident PREA brochure.

- CSI has Zero Tolerance for Sexual Abuse, Assault or Harassment.
- You have the right to be free from all types of sexual abuse/assault/harassment.
- The agency has a responsibility to protect you.
- You have the right to tell anyone about any sexual abuse/assault/harassment that you may have encountered, either against you or witnessed against someone else.
- You have the right to be free from retaliation for reporting sexual abuse/harassment.
- What is sexual assault (Rape)?
- What is sexual abuse?
- What is consent?
- How you can avoid sexual assault and sexual abuse.
- What should you do if you are sexually assaulted and/or abuse?
- Report it!

A documentation review from 38 resident's intake file information was selected by the PREA Auditor using the facility residents' roster with Resident Name, ID Number, Admission Date, Commitment, and Offense (s). The selected information was placed on a spreadsheet that included race, arrival date and year, intake orientation date, PREA Education date. Copies of the individual documentation for each resident were copied for uploading into the PREA system.

The resident's documentation review collaborated that the resident received the required PREA intake materials and PREA education. Based on the documentation review of 38 residents' signature and date on the PREA Checklist confirmed that residents did receive the PREA Education information. The PREA Checklist included the following PREA information:

- PREA Posters and Contact/Reporting to the client.
- Zero-Tolerance policy regarding sexual harassment and sexual abuse.
- Your right to be free from sexual harassment or sexual abuse.
- How to report incidents or suspicions of sexual harassment or sexual abuse.
- Your right to be free from retaliation for reporting incidents of sexual harassment

and sexual abuse, and

- CSI's policies and procedures for responding to incidents of sexual harassment and sexual accountability by the Federal Government.

Ten random residents were interviewed by the auditor. One Black, Eight White, and One Hispanic. These residents came to the facility within the past 12 months, one came from jail, eight from prison, and one from another community facility. All residents collaborated that they could recall the facility's going over the rules against sexual abuse and harassment when they first came to the facility. They reported that they received intake paperwork or PREA brochure. All the residents recall that they received the PREA information on the same day of arrival or within the 72 hours.

Ten random residents were interviewed by the auditor. One Black, Eight White, and One Hispanic. These residents came to the facility within the past 12 months, one came from jail, eight from prison, and one from another community facility. Ten residents reported that when they came to the facility they were told about: their rights to not be sexually abused or sexually harassment; how to report sexual abuse or sexual harassment; their right not to be punished for reporting sexual abuse or sexual harassment.

Site Review:

Informal conversations with the Program Director confirmed that the Resident Specialist conduct the intake orientation. This was confirmed during the facility tour of the Resident Specialist while visiting their office.

Based on interviewed intake staff, when conducting the PREA orientation staff go over the zero-tolerance policy with the residents. There is a portion of the brochure that covers definitions and how to report allegations of sexual abuse, sexual harassment and suspicions of sexual abuse or sexual harassment. Intake staff confirmed that the resident and staff answer questions if needed. Intake staff collaborated that all residents as well as those transferred from other facilities received PREA information on the agency's zero tolerance policy on sexual abuse or sexual harassment as all other residents entering the facility by giving them the PREA brochure.

During the facility tour the Resident Specialist was asked to demonstrate the intake process by walking the auditor through the process. Staff was in the office, the PREA information was on the desk in English and Spanish. The brochure titled "Sexual Abuse, Assault & Harassment states you have the right to a safe environment, free from sexual abuse and harassment, and the PREA flyer with the outside services information.

The auditor reviewed the PREA Posters and Brochures that were on the intake staff desk, they are written on the 5th - grade level. The brochure is written in everyday street language, uses short sentences that are understandable, and does not use language that requires a high-level of education to read and comprehend. This was confirmed with a phone conversation with the Agency PREA Coordinator.

This was also corroborated by the auditor running the PREA Brochures through a grammar program that tells the reading level of the educational materials which rated the reading grade levels as 5th. If the residents have a cognitive or intelligence disability the Intake staff would read the PREA materials to the residents or request assistance from a case manager. During the site review the auditor had an informal conversation with the case manager.

The auditor had an informal conversation with the Resident Specialist regarding intakes with residents who are Limited English Proficient (LEP) and determine there was none during the onsite period. During the facility tour, the auditor asks the Resident Specialist who conducts resident's intake orientation, how do you communicate with the LEP residents. The Resident Specialist explains that they use the services of Language Services Contract, Interpreters and Translators, Inc. (ITI) and CSI. Staff indicated that the services send a translator whenever the facility needs it. The PREA coordinator provides the auditor with a copy of the contract. The auditor tests the Language Services Line.

Corrective Actions:

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

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

115.233 (b)

The provision requires that the agency provide refresher information whenever a resident is transferred to a different facility.

Compliance Determination:

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

The facility does provide residents who are transferred from a different community confinement facility with refresher information. All new and transferred residents receive the same PREA education training.

Based on a review of information on the facility provided in the PAQ, the number of residents transferred from a different community confinement facility during the past 12 months was 3. The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information was 3.

Based on interviewed intake staff confirmed that all residents are educated through PREA brochures and Posters on their rights to be free from sexual abuse, sexual harassment and to be free from retaliation for reporting incidents regarding policies, procedures for responding to retaliation. Intake staff confirmed through informal conversations that they will read PREA materials with the residents and have them sign an acknowledgement form. Usually, the resident receives the information the

same day, however no more than 72 hours from arrival to the facility.

The facility provides refresher information to all transferred residents. The resident's documentation review corroborated that all residents whether they transferred or not resident received the required PREA intake materials and PREA education. Based on the documentation review of 38 residents' signature and date on the PREA Checklist confirmed that residents did receive the PREA Education information

Ten random residents were interviewed by the auditor. One Black, Eight White, and One Hispanic. These residents came to the facility within the past 12 months, one came from jail, eight from prison, and one from another community facility.

Corrective Actions:

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

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

115.233 (c)

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

Compliance Determination:

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

The facility has resident PREA education available in formats accessible to all residents, including those who are limited English proficient.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA Section: "This section is Community Solution's Direct Correlation to PREA's Community Confinement Standards Section 6: C - Resident Education (b) The resident handbook, PREA handout, and all related material will be made available various formats to ensure those residents with limited English proficiencies, deaf, visually impaired, or otherwise disabled residents will be able to participate in all aspects of PREA.

The auditor reviewed the PREA Posters and Brochures that were on the intake staff desk, they are written on the 5th - grade level and in English and Spanish. The brochure is written in everyday street language, uses short sentences that are understandable, and does not use language that requires a high-level of education to read and comprehend. This was confirmed with a phone conversation with the Agency PREA Coordinator. The PREA coordinator confirmed that the PREA Posters and Brochures were created with the intent of clients reading on the 5th grade level.

This was also collaborated by the auditor running the PREA Brochures through a

grammar program that tells the reading level of the educational materials which rated the reading grade levels as 5th. If the residents have a cognitive or intelligence disability the Intake staff would read the PREA materials to the residents or request assistance from a mental health staff. During the site review the auditor had an informal conversation with the case manager.

Site Review:

During the facility tour of the intake area, the auditor asks the Resident Specialist who conducts resident's intake orientation, how do they communicate with the LEP residents. The Resident Specialist explains that the PREA information is in English and Spanish, and that they use the services of Language Services Contract, Interpreters and Translators, Inc. (ITI) and CSI. Staff indicated that the services send a translator whenever the facility needs it. The PREA coordinator provides the auditor with a copy of the contract. The auditor tests the Language Services Line.

During the facility tour, all the residents had access to a facility telephone, however, all residents have personal cell phones. This was confirmed through residents' formal interviews and facility staff.

The auditor tested the outside services by using the auditor personal cell phone. The auditor dialed the posted number, and the call went to the outside agency. An outside staff answered the phone and introduced the services. The auditor informed the outside staff they he was conducting a PREA audit at the facility and was testing the line and services. It was not required for the residents to enter a personal ID PIN. The call was unmonitored, and the locations of the phones provide some privacy for the residents.

Corrective Actions:

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

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

115.233 (d)

The provision requires that the agency maintain documentation of resident participation in these education sessions.

Compliance Determination:

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

The agency/facility has maintained documentation of resident participation in PREA education sessions.

The resident's documentation review collaborated that the resident received the required PREA intake materials and PREA education. Based on the documentation review of 38 residents' signature and date on the PREA Checklist confirmed that

residents did receive the PREA Education information, and it also serve as the facility required documentation of resident participation in the PREA session.

Corrective Actions:

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

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

115.233 (e)

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

Compliance Determination:

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

The facility ensures that key information regarding PREA is continuously and readily available and visible through posters, brochures, and flyers.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 6: C – Resident Education (b) The resident handbook, PREA handout, and all related material will be made available various formats to ensure those residents with limited English proficiencies, deaf, visually impaired, or otherwise disabled residents will be able to participate in all aspects of PREA.

Site Review:

The auditor confirmed the following key information during the facility tour by observing PREA posters on the wall. The posters observed were Auditor PREA Notice of the upcoming PREA audit. PREA Brochure – The Community Solutions Sexual Abuse, Assault & Harassment, The CT Alliance to End Sexual Violence numbers, National Sexual Assault Hotline Number, Rape, Abuse and Incest Nation Network (RAINN) website and the Agency PREA Coordinator number and address. The information is in English and Spanish.

Corrective Actions:

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

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

Overall Findings:

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

	<p>policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA • PREA Investigation Training • Attendance Record DOC • American Jail Association Certificate Searching for the Truth: Conducting Sexual Abuse (Investigations in Confinement for PREA) • Lee County Sheriff’s Office Training Agenda • Online PREA Audit: Pre-Audit Questionnaire Community Confinement <p>Interviews:</p> <ul style="list-style-type: none"> • Investigative Staff <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.234 (a)</p> <p>The provision requires that in addition to the general training provided to all employees pursuant to standard 115.31, the agency to 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: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The agency does require that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>Interviewed Investigator confirmed that she receives training specific to conducting sexual abuse investigations in confinement settings.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p>

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

115.234 (b)

The provision requires that specialized training 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:

A review of Connecticut Department of Corrections Training and America Jail Association confirmed that the agency investigators completed the required Specialized Training for Investigator.

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 to 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

Interviewed Investigator confirmed that they did complete the training topics that included 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 or prosecution referral.

Corrective Actions:

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

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

115.234 (c)

The provision requires that the agency 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 agency maintains documentation showing that investigators have completed the required specialized training.

Based on a review of information about the facility provided in the PAQ, the number of investigators currently employed who have completed the required training was 1.

Documentation review of the American Jail Association certification of completion of the Searching for the Truth: Conducting Sexual Abuse Investigations in Confinement for PREA Training Program.

Corrective Actions:

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

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

115.234 (d)

	<p>The provision requires that any State entity or Department of Justice component that investigates sexual abuse in confinement settings provide such training to its agents and investigators who conduct such investigations.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The auditor is not required to audit this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA • Online PREA Audit: Pre-Audit Questionnaire Community Confinement <p>Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental health Staff (0) <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.235 (a)</p> <p>The provision requires that 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. How to preserve physical evidence of sexual abuse. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard</p>

because:

The agency does not hire part-time or full-time medical staff. During the facility tour there was no medical staff.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 6: E – 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 or appropriate community service organization.

Based on a review of information that the facility provided in the PAQ, 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 was 0.

Corrective Actions:

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

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

115.235 (b)

The provision requires that 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 agency does not hire part-time or full-time medical staff. During the facility tour there was no medical staff.

Informal conversations with the Program Director confirmed that if residents need medical services they would be sent to the local hospital.

Corrective Actions:

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

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

115.235 (C)

The provision requires that the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

	<p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The agency does not hire part-time or full-time medical staff. During the facility tour there was no medical staff.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>115.235 (d)</p> <p>The provision requires that medical and mental health care practitioners shall also receive the training mandated for employees under standard 115.31 or for contractors and volunteers under standard 115.32, depending upon the practitioner’s status at the agency.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The agency does not hire part-time or full-time medical staff. During the facility tour there was no medical staff.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA
- PREA Initial and Reassessment Package 1
- PREA Initial and Reassessment Package 2
- PREA Initial and Reassessment Package 3
- PREA Initial and Reassessment Package 4
- Required Number of Resident Interviews
- Resident Data Sheet
- Target Resident List
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement

Site Review:

Interviews:

- Staff Responsible for Risk Screening
- Random Residents (10)
- Agency PREA Coordinator

Compliance Determination by Provisions and Corrective Actions:

115.241 (a)

The provision requires that all residents be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents.

Compliance Determination:

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

The agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 6: F – Screening for Risk of Victimization and Abusiveness 1. All residents 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.

The agency PREA Coordinator confirmed that the case managers are responsible for conducting the initial risk screening during intake orientation. This was further collaborated by the auditor reviewing the case manager signature and date on the Intake Orientation and Risk for Sexual Victimization or Abusiveness Tool.

During the facility tour of the case manager office, the auditor had informal conversations with the case manager that confirmed the initial risk screening is conducted by case managers. The auditor requested that the case manager conducts an initial risk screening to demonstrate the PREA screening process. Staff started by logging-in into the PREA screening software which is a computerized system and walk the auditor through the process. The screening process occurred in the case manager's office with the door closed. The auditor determined that the location of the screening ensured that as much privacy as possible is given to the resident in discussing potential sensitive information.

To ensure that the screening staff ask residents questions in a manner that fosters and sets the residents at ease, the auditor requested and received a paper copy of the Client Self-Assessment Questionnaires, Staff Follow Up Questions and the Risk for Sexual Victimization or Abusiveness Tool. The auditor selected one question from the instrument. The question dealt with LGBTI. Staff demonstrated by using statement "Gay, Lesbian, Bi-sexual, Intersex, or Transgender". The statement was rephased by staff "Do you identify as Gay, Lesbian, Bisexual, Intersex or Transgender? Staff follow up question, tell me about how you identify your gender and sexuality? This confirmed that the screening staff ask residents about their sexual orientation and gender identity directly.

During the risk screening demonstration, staff explained that the PREA screening information is collected by the agency assessment instrument called Risk for Sexual Victimization or Abusiveness Tool. The auditor reviewed a completed PREA screening tool and at the bottom of the page was the computerized rating/score that determined the risk of a resident's being sexually abused or being sexually abusive. There are additional sources of information that may be populated into the screening instrument to help determine risk levels that includes additional Client Functional Assessments, Criminal and Addictive Thinking Assessments.

The case manager confirmed and explained that they complete the PREA Assessment on paper and calculates the outcome of the assessment.

Interviewed staff responsible for the initial PREA screening collaborated that residents are screened upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents using the PREA screening tool. Staff reported that the initial assessment is completed as a part of the intake process.

Informal conversation with residents during the tour reported that they were asked questions dealing with their sexual identity and it was not offensive.

Ten random residents were interviewed by the auditor. One Black, Eight White, and One Hispanic. These residents came to the facility within the past 12 months, one came from jail, seven from prison, and one from another community facility. They all corroborated that when they first came to the facility, they were asked about whether they had been in jail or prison before, have ever been sexually abused, identify as being gay, lesbian, or bisexual, and if they think they might be in danger of sexual abuse at this facility. All reported yes, they recall being asked these

questions again by the case manager during the sessions.

Corrective Actions:

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

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

115.241 (b)

The provision requires intake screening 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:

The agency does require that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA Section: "This section is Community Solution's Direct Correlation to PREA's Community Confinement Standards Section 6: F - Screening for Risk of Victimization and Abusiveness 1. Intake screening shall be conducted immediately upon arrival but no later than 72 hours after arrival.

Based on a review of information the facility provided in the PAQ, the number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexual abusing other residents within 72 hours of their entry into the facility as 120.

A documentation review of 40 residents was selected by the PREA Auditor from the resident's roster with Resident Name, ID, Room Bed Assignments, Admission Date, Commitment, Supervising Officer, and Offense (s). The selected information was placed on a spreadsheet that included race, arrival date year, initial PREA screening date and reassessment date. Copies of the individual documentation for each resident assessment were reviewed and uploaded into the PREA system. The documentation confirmed that all residents received the initial PREA screening within the required timeframe. Most of the initial were completed within the same day the resident arrived.

Residents' documentation collaborated that these residents received the initial PREA screenings. Of the 40 residents, 40 received the initial screening within the 72 hours timeframe.

The facility maintains and confirms documentation of resident's participation in PREA orientation and education by the resident signature and date on the PREA Checklist.

Interviewed staff responsible for the initial PREA screening collaborated that PREA screenings are completed within 24 hours of the resident's arriving at the facility. The screening is always conducted within 72 hours as required by policy.

Ten random residents were interviewed by the auditor. One Black, Eight White, and One Hispanic. These residents came to the facility within the past 12 months, one came from jail, seven from prison, and one from another community facility. They collaborated that when they first came to the facility, they were asked about whether they had been in jail or prison before, have ever been sexually abused, identify as being gay, lesbian, or bisexual, and if they think they might be in danger of sexual abuse at this facility. All reported yes, they remember being asked these questions. Three reported these questions were asked in orientation and two reported at intake. The residents received orientation on the same day of arrival, but always within 72 hours period.

Corrective Actions:

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

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

115.241 (c)

The provision requires such assessments to be conducted using an objective screening instrument.

Compliance Determination:

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

The agency risk assessment is conducted using an objective screening instrument. The assessment process used by CSI programs consists of administering the Sexual Violence Assessment Tool.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA Section: "This section is Community Solution's Direct Correlation to PREA's Community Confinement Standards Section 6: F - Screening for Risk of Victimization and Abusiveness 2. Resident screening shall be completed utilizing the PREA intake screening assessment and shall at a minimum consider: (a) The residents' age, physical build; (b) Any physical, mental, or development disabilities; (c) if the resident has been previously incarcerated, or whether the resident has previously experienced sexual victimization; (d) the residents own perception of vulnerability; (e) If the resident is perceived as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (f) Any prior convictions for sex offenses against an adult or child.

A review of the PREA Assessment Tool gives instructions on scoring. The score results are displayed at the bottom right, indicating the offender's level of risk. The

assessment tool includes additional potential Predator checklist and Victim Continuum.

Corrective Actions:

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

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

115.241 (d)

The provision requires the intake screening to consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability. The age of the residents. The physical build of the resident. Whether the resident has previously been incarcerated. Whether the resident's criminal history is exclusively nonviolent. Whether the resident has prior convictions for sex offenses against an adult or child. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Whether the resident has previously experienced sexual victimization. The residents have their own perception of vulnerability.

Compliance Determination:

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

The agency requires the intake screening to consider all the requirements of this provision.

An analysis of the Risk for Sexual Victimization or Abusiveness Tool determined all factors required by this provision of the standard are included. Informal staff conversations and documentation confirmed they are aware of the elements of the risk screening instrument.

The auditor reviews the PREA screening tool. 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

Interviewed staff responsible for the initial PREA screening collaborated that the above-mentioned areas are considered when conducting the screening. The process for conducting the initial screening involves asking a series of questions and completing the paper tool screening. All the above-mentioned questions areas were covered in the screening tool which is conducted in the intake staff office. The process for conducting the initial screening is a set format that asks for data.

Corrective Actions:

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

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

115.241 (e)

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

Compliance Determination:

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

The intake screening does consider prior acts of sexual abuse.

An analysis of the Risk for Sexual Victimization or Abusiveness Tool determined all factors required by this provision of the standard are included.

The PREA screening 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 auditor analyzed the PREA screening instrument and determined that the additional screening questions meet this provision's requirements.

1. Evidence of physical violence in the commission of crime (consider current commitment only).
2. History of physical/sexual abuse in the past, inside prison/jail.
3. If previously incarcerated – ever been placed in disciplinary segregation for assaultive/violent behavior.
4. Has disciplinary record form a previous incarceration.

Interviewed staff responsible for the initial PREA screening collaborated that the above-mentioned areas are considered when conducting the screening. The auditor analysis of the PREA screening instrument, and it was confirmed that the above-mentioned questions were covered in the screening tool.

Corrective Actions:

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

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

115.241 (f)

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

Compliance Determination:

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

The agency requires that the facility reassess each resident's risk of victimization or abusiveness within a set time, not to exceed 30 days after the resident's arrival at the facility.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA Section: "This section is Community Solution's Direct Correlation to PREA's Community Confinement Standards Section 6: F - Screening for Risk of Victimization and Abusiveness 3. The resident shall be reassessed no later than 30 days from arrival at the facility. Reassessment shall be noted in the Progress Notes of the residents' file. Residents shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the residents' risk of sexual victimization or abusiveness.

Based on a review of information that the facility provided in the PAQ, the number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake was 94.

Interviewed staff responsible for the initial PREA screening collaborated that the reassessments are completed within 30 days. The auditor reviewed a sample of 40 reassessments. Of the 40, 2 reassessments have not reached the 30-day timeframe.

Ten random residents were interviewed by the auditor. One Black, Eight White, and One Hispanic. These residents came to the facility within the past 12 months, one came from jail, seven from prison, and one from another community facility. All residents reported that staff asked them the reassessments questions again, after the initial assessment questions. The case managers used the CSI form to conduct the PREA reassessments.

Corrective Actions:

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

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

115.241 (g)

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

Compliance Determination:

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

The agency does require that a resident's risk level be reassessed when warranted due to any changes that may have bearing on the resident's risk of sexual victimization or abusiveness.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA Section: "This section is Community Solution's Direct Correlation to PREA's Community Confinement Standards Section 6: F - Screening for Risk of Victimization and Abusiveness 3. Residents shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the residents' risk of sexual victimization or abusiveness.

Informal conversation with the agency PREA coordinator confirmed that the facility requires residents risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident risk of sexual victimization or abusiveness. Staff use the same initial PREA Screening questions to conduct the reassessments.

Interviewed staff responsible for the initial PREA screening collaborated that they reassess a resident's risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's sexual victimization or abusiveness. This may be done before the 30 days, after the 30 days or whenever according to staff. A review of the reassessments included residents who have been victims or perpetrators of sexual abuse upon receipt of additional information.

Corrective Actions:

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

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

115.241 (h)

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

Compliance Determination:

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

The agency prohibits disciplining residents for refusing to answer or for not disclosing complete information related to questions in the PREA instrument or screenings.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 6: F – Screening for Risk of Victimization and Abusiveness 4. Residents will not be disciplined for refusing to answer or discuss information requested by the intake form.

Informal conversation with the agency PREA Coordinator confirmed that the facility prohibits disciplining residents for refusing to answer the questions regarding: Whether the resident has a mental, physical, or developmental disability. Whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming. Whether or not the resident has previously experienced sexual victimization, and the residents’ own perception of vulnerability.

The auditor documentation search of investigations, incident reports, grievances for and form of residents receiving disciplined actions for refusing to answer or for not disclosing PREA information was not found.

Information conversations with residents doing the facility tour collaborated that they have not been disciplined for refusing to answer or disclosing complete information for PREA related questions during the initial and reassessments.

Interviewed staff responsible for the initial PREA screening collaborated that no resident is disciplined in any way for refusing to disclose or answering questions. They may place a note in a resident’s file or may reassess and enter the data into the computer system. This was also confirmed by the Program Director during the facility tour that residents are not disciplined for refusing to disclose information.

Corrective Actions:

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

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

115.241 (I)

The provision requires the agency to 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 resident's detriment by staff or other residents.

Compliance Determination:

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

The agency has implemented appropriate controls regarding dissemination of sensitive information.

The facility protects sensitive information through the computerized PREA screening system. The system is password protected. Staff that have access to the information can be tracked with the time and date of access to information. The information is controlled and is disseminated to key staff and any additional staff on a case-by-case basis.

Informal conversation with staff confirmed that PREA sensitive information is password protected and each member of staff who has access has their own password that could be tracked by IT.

During the facility site visit the auditor observed the physical storage area of any information/documentation collected and maintained as hard copy. The hard copies of the intake, PREA screening and other residents' documentation are kept in the residents' files and maintained in a lock file cabinet in a location in the office area. The PREA investigations files were stored in the Agency PREA Coordinator's office at the agency headquarters under lock and key. There was no confidential resident's information located in places where other residents or staff can review.

Interviewed PREA coordinator collaborated that the facility has outlined who should have access to a resident risk assessment within the facility to protect sensitive information from exploitation. The agency has a Client Rights and Confidentiality Policy and Procedure which includes the requirements of staff under the HIPAA laws (minimum necessary to complete their job) and Records and Documentation Procedures for each program. Intake, Case Managers, Program Director, investigators, the PREA Coordinator's has access to the PREA information. Staff are instructed through PREA training that any information obtained is limited to a need-to-know basis for staff, and only for the purpose of treatment, security, and management decisions, information as housing, work, education, and programming assignments. Information is not to be indiscriminately discussed. The administration monitor and takes immediate action if any sensitive information is exploited.

Interviewed staff responsible for the initial PREA screening collaborated that the facility outlined who can have access to a resident's risk assessment within the facility to protect sensitive information from exploitations. This includes the Investigators, Program Director, Case manager, and a need-to-know bases.

Interviewed agency PREA coordinator confirmed that the facility outlined who can have access to a resident's sensitive information. The facility Upper Management, Investigators, Program Director, Case Manager, and need-to-know cases.

	<p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA • Target List • Online PREA Audit: Pre-Audit Questionnaire Community Confinement <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator • Staff Responsible for Risk Screening • Residents Who Identify as Transgender and Intersex (0) • Residents Who Identify as Lesbian, Gay, or Bisexual (0) • Residents Who are LEP (0) <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.242 (a)</p> <p>The provision requires the agency use information from the risk screening required by standard 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard</p>

because:

The agency uses information from the risk screening to inform housing, bed, work, education, with the goal of keeping those residents at high risk of being sexually victimized separate from those at high risk of being sexually abusive.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 6: G Use of Screening Information 1 – The facility shall make individual determinations on a case-by-case basis about how to ensure the safety of all residents and shall utilize the screening information to determine housing, work, education, and programming assignments.

The facility uses PREA information to make determinations for all resident regarding housing, bed, work, education, and program assignments. The information is used to maintain separation between residents at risk of being sexually victimized and residents likely to commit sexual abuse. The facility’s physical layout is also considered in the determinations of housing. The auditor confirmed the physical layout during the facility tour and reviewed the facility layout.

Documentation review of the PREA Assessment submitted by the agency included and confirmed, the client’s name; Staff Completing Assessment; Program; 30 Day Re-assessment; Assessment Date; Potential Victim; Potential Predatory; Victim Scoring; Predator Scoring; and Housing Arrangement.

Interviewed PREA coordinator collaborated that the facility uses information from the risk screening during intake to keep residents from being sexually victimized or being sexually abusive. The PREA risk screening application uses a scoring system depending on how a resident answers the questions and it will provide a score representing risk levels of victims and abusers. This information is used to keep the victims’ ways from the abusers

Interviewed staff responsible for the initial PREA screening collaborated that the initial PREA screening during intake is to keep residents safe from being sexually victimized or from being sexually abusive. Staff confirmed that it is up to the management team to place residents in programs, work, and housing assignments. However, they do have input on assignments.

Corrective Actions:

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

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

115.242 (b)

The provision requires the agency to make individualized determinations about how to ensure the safety of each resident.

Compliance Determination:

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

The agency makes individualized determinations about how to ensure the safety of each resident.

Interviewed PREA coordinator collaborated that the agency considers whether the placement would present management or security concerns. The agency utilizes the PREA Risk Assessment as well as other Assessments conducted to determine the best placement for the client and the program. Sometimes, clients may be placed closer to the main office if there is a concern about security issues.

Interviewed staff who perform PREA screenings confirmed that the facility uses information from the risk screening during intake to keep residents safe from being sexually victimized or from being sexually abusive. Staff reported that the initial PREA screen is entered into the automated PREA Screening system. This tool processes the ratings which help to determine housing the residents will be assigned or programming, education, and work area.

Corrective Actions:

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

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

115.242 (c)

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

Compliance Determination:

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

In deciding whether to assign a transgender or intersex resident to a facility for male or female resident, the agency consider on a case-by-case basis along with the funding agency whether the placement would ensure the residents' health and safety.

Informal conversations with the Program Director indicated that prior to a resident to include transgender or intersex residents arriving at the program, program leadership and the funding agency (DOC) have a discussion to confirm that this is the best fit regarding health and safest location for the resident. When the resident arrives, the program can accommodate the resident so that the resident is and feels safe. If the accommodation is possible then the program will comply and if the

accommodation is not possible then the program leadership will discuss with DOC a solution or transfer to another program for the resident. Abusive residents are not housed with a known victim or a vulnerable resident.

Interviewed agency PREA coordinator confirmed that prior to a resident arriving at the program, program leadership and the funding agency have a discussion to confirm that this is the best fit and safest location for the resident. When the resident arrives, program staff have a conversation with the resident to find out how the program can accommodate the resident so that the resident is and feels safe. If the accommodation is not possible then program leadership will discuss with DOC a solution or transfer to another program for the resident.

During the onsite visit there were no Transgender or Intersex resident at the facility to confirmed if they felt safe at this facility and whether their views concerning safety are given serious consideration.

Corrective Actions:

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

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

115.242 (d)

The provision requires a transgender or intersex resident's own view with respect to his or her own safety be given serious consideration.

Compliance Determination:

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

The agency considers transgender or intersex resident's own view with respect to his or her own safety.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 6: F – Screening for Risk of Victimization and Abusiveness 1 – Transgender and intersex residents’ own views with respect to his or her safety shall be given serious consideration in housing assignments. Transgender and intersex residents shall be given the opportunity to shower separately from other residents and shall not be placed in a dedicated unit solely based on their identification status.

Informal conversations with the Program Director confirmed that transgender or intersex residents’ views concerning his or her safety are given serious consideration. The auditor confirmed this by reviewing the PREA Client Self-Assessment Questionnaire. The resident input is confirmed by his or her signature and date on the initial PREA screening.

Interviewed PREA coordinator collaborated that transgender and intersex resident views with respect to his or her own safety are given serious consideration in placement and programming assignments. When the facility receives a transgender or intersex residents, the facility would meet with each transgender or intersex coming into the facility and the resident would be asked if they felt vulnerable and if so, what the facility might do to make them feel safer.

Interviewed staff responsible for the initial PREA screening collaborated that residents' views for their own safety are consider specially when it comes to showering, using the toilet or housing.

During the onsite visit there were no Transgenders or Intersex resident at the facility to confirmed if they felt safe at this facility and whether their views concerning safety are given serious consideration.

Corrective Actions:

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

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

115.242 (e)

The provision requires transgender and intersex residents 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 agency allows the transgender and intersex resident and opportunity to shower separately from other residents.

The facility has a practice in place that ensures transgenders and intersex residents are given the opportunity to shower separately. During the onsite tour, the auditor observed the facility shower area. The shower area has two stalls with doors/curtains. The facility only allows one resident in the shower stall at a time, which allows the residents to shower separately from other residents.

Interviewed staff responsible for the initial PREA screening collaborated that the residents' views for their own safety would be given serious consideration. They also stated if the residents requested to shower separately because of safety and personal issues, the facility would strive to arrange that. Housing assignments for each transgender and intersex residents would be made, according to staff, based on the PREA assessment and the residents' feelings regarding safety.

Interviewed PREA coordinator collaborated that Transgender or Intersex residents are given an opportunity to shower separately from other residents, they are allowed to shower individual when other residents are in their rooms. While the

resident utilizes the shower, the shower will be closed to other residents. If a bigger program, then it is typically the shower that the entrance can be monitored by staff. If the program has single showers, then the client will utilize it. The client is informed to notify staff prior to showering so staff can monitor the entrance.

Onsite Review:

During the onsite tour, the auditor observed the facility areas where residents may be in a state of undress, showers, toilet, and changing of clothing. The areas observed were housing units, showers, and bathrooms. The showers are in a community area with individual stalls with PREA friendly shower curtains. The toilets are in a community bathroom with individual stalls.

Corrective Actions:

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

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

115.242 (f)

The provision requires the agency not to 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 housing.

Interviewed Agency PREA coordinator confirmed that the policy and agency practice does not have dedicated facilities, units, or wings solely for LGBTI residents.

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 Program Director confirmed none.

The auditor further confirmed by conducting an internet search for consent decrees, legal settlements, and legal judgements for this facility. The search results were none founded.

During the facility documentation review of the LGBTI residents housing assignments indicated that this population is not house in designated areas. Informal conversations with staff and residents collaborated that there was no

	<p>evidence that any of the LGBTI population was placed in a designated housing solely based on identification or status.</p> <p>Interviewed PREA coordinator collaborated that the agency ensures against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated units, or wings solely based on their sexual orientation, genital status, or gender identity. Resident are housed based on their PREA assessment and other assessments conducted at intake. The safety of residents and determining who they are roomed with is always taken into consideration and especially with more targeted populations.</p> <p>During the onsite visit there were no Transgenders or Intersex resident at the facility to confirm that they are not placed in designated housing for the sole based on identification or status.</p> <p>During the onsite visit there were no Gay, Lesbian, bisexual residents at the facility to confirm that they are not placed in designated housing for the sole based on identification or status.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.251	Resident 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 Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA • PREA Reporting Nos Flyer English • PREA Reporting Nos Flyer Spanish

- Sexual Assault Crisis Services
- CAESV MOU
- Sexual Physical Assault PREA Overview Slides
- PREA Monthly Staff Mtg Agenda
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement

Interviews:

- Random Sample of Staff (7)
- Random Residents (10)
- PREA Coordinator

Compliance Determination by Provisions and Corrective Actions:

115.251 (a)

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

Compliance Determination:

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

The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 7: A. Resident Reporting 1. At intake all residents 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 Resident Handbook issued upon arrival.

Documentation review of the Sexual Abuse, Assault, Harassment, confirmed the following information: The PREA Coordinator mail address and toll-free number; State of Connecticut Department of Correction PREA Investigation Unit and Connecticut Alliance to End Sexual Violence toll free numbers.

Documentation review of the PREA Checklist Acknowledgement confirmed the PREA Coordinator information and the Connecticut Alliance to End to Sexual Violence by their signature and date on the form.

A total of seven random staff were interviewed from different shifts. One white and six blacks, one male and six females. Seven confirmed that residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment. The residents have a toll-free hotline, they could call State Police (911) or DOC, Parole Officer, PREA coordinator,

or they can report to family member.

Corrective Actions:

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

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

115.251 (b)

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

Compliance Determination:

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

The agency has provided at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 7: A. Resident Reporting 2. Residents shall also receive information on how to privately report any such information to public or private agencies while remaining anonymous. At the time of intake and orientation, the resident 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.

Documentation review of the PREA brochure confirmed the following information: The PREA Coordinator mail address and toll-free number and Connecticut Alliance to End Sexual Violence toll free numbers.

Informal conversation with the Program Director reported that residents can call 911 and report to the State Police Department.

Interviewed PREA coordinator collaborated that the agency provides at least one way for residents to report abuse or harassment to a public or private office that is not a part of the agency. Residents can be reported by calling the State Police Department by dialing 911 or call the Department of Corrections PREA Investigation Unit. The process will enable receipt and immediate transmission of resident reports of sexual abuse and sexual harassment to agency official that allow the resident to remain anonymous upon request.

Ten random residents were interviewed by the auditor. One Black, Eight White, and One Hispanic. These residents came to the facility within the past 12 months, one

came from jail, seven from prison, and one from another community facility. All collaborated that they would report sexual abuse or sexual harassment that happened to them or someone else by telling trusted staff, PREA coordinator, call 911, or they would tell a family member, friend, or their parole officer. They are aware that they do not have to give their name.

Corrective Actions:

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

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

115.251 (c)

The provision requires that staff 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:

The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally in writing, anonymously and for third parties.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA Section: "This section is Community Solution's Direct Correlation to PREA's Community Confinement Standards Section 7: A. Resident Reporting 3. Residents 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.

A total of seven random staff were interviewed from different shifts. One white and six blacks, one male and six females. Seven confirmed that when a resident alleges sexual abuse, they can report it verbally, in writing, anonymously and from third parties and they can report it immediately.

Ten random residents were interviewed by the auditor. One Black, Eight White, and One Hispanic. These residents came to the facility within the past 12 months, one came from jail, seven from prison, and one from another community facility. They all stated that they can report sexual abuse or sexual harassment either in person or in writing or their family member can report. None of the interviewed residents have reported to the facility that they were sexually abused.

Corrective Actions:

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

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

	<p>that the facility is complying with the provisions of this standard.</p> <p>115.251 (d)</p> <p>The provision requires that the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>A total of seven random staff were interviewed from different shifts. One white and six blacks, one male and six females. Seven confirmed that staff can privately report sexual abuse and sexual harassment of resident by using the numbers to call DOC PREA Investigation Units, call 911 or the State Police, and report to the Agency PREA coordinator.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA • CSIP 20a-26 DOC Grievance Procedures • CSI Propio Signed Agreement

- Online PREA Audit: Pre-Audit Questionnaire Community Confinement

Interviews:

- Residents who Reported a Sexual Abuse (0)

Compliance Determination by Provisions and Corrective Actions:

115.252 (a)

The provision requires that an agency be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

Compliance Determination:

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

The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

CSI Policy 20a-27 July 2023 Operations DOC Adult Work Release Grievance Procedures section 6. CSI Grievance Regarding Sexual Abuse 6.1: The PREA Coordinator will coordinate the investigation into the resident's grievance regarding sexual abuse. This may mean contacting the authorities to engage in a criminal investigation. The Human Resources Manager and other pertinent CSI administrative staff will further explore form and administrative point the residents' grievance. A final decision on such cases must be issued within 90 days of such filing. The agency may claim an extension of up to 70 days if the normal timeframe is insufficient to make an appropriate decision. The agency must notify the resident in writing of any extension and provide a date by which the decision will be made.

Corrective Actions:

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

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

115.252 (b)

The provision requires that the agency not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. Nothing in this section should restrict the agency's ability to defend against a resident lawsuit on the ground that the applicable status of limitations has expired.

Compliance Determination:

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

Informal conversation with the agency PREA coordinator confirmed that if a grievance involving sexual abuse or sexual harassment is immediately send to the PREA investigator. This process stops the grievance process and begins the PREA investigation process.

Corrective Actions:

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

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

115.252 (c)

The provision requires that the agency ensure that: A Resident who alleges sexual abuse may submit a grievance with without submitting it to a staff member who is the subject of the compliant, and Such grievance is not referred to a staff member who is the subject of the complaint.

Compliance Determination:

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

The agency allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint through the kiosk.

Corrective Actions:

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

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

115.252 (d)

The provision requires that 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 shall not include time consumed by residents in preparing any administrative appeal. The agency may claim an extension of time to respond, of up to 70 days, if the normal time for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

Compliance Determination:

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

The agency requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

Informal conversation with the agency PREA coordinator confirmed that if a grievance involving sexual abuse or sexual harassment, it is immediately sent to the PREA investigator. This process stops the grievance process and begins the PREA investigation process.

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of grievances filed that alleged sexual abuse was zero. In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was zero. In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days was zero.

Corrective Actions:

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

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

115.252 (e)

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

Compliance Determination:

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

They will permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filling requests for administrative remedies relating to allegations of sexual abuse and to file request on behalf of the residents.

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

grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the residents' decision to decline was zero.

Corrective Actions:

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

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

115.252 (f)

The provision requires that the agency establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is 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 agency has established procedures for filing an emergency grievance alleging that a resident is subject to substantial risk of imminent sexual abuse.

Informal conversation with the agency PREA coordinator confirmed that if a grievance involving sexual abuse or sexual harassment, it is immediately sent to the PREA investigator. This process stops the grievance process and begins the PREA investigation process.

Based on a review of information that the facility provided in the PAQ, the number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months was zero. The number of those grievances in 115.252 (e)-3 that had an initial response within 48 hours was zero. The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days was zero.

Corrective Actions:

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

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

	<p>115.252 (g)</p> <p>The provision requires that the agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the Residents filed the grievance in bad faith.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The agency has a policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.</p> <p>Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith was zero.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA • SACS Map • Letter to Outside Emotional Support Services

- Outside Emotional Support Services Flyer
- Required Number of Residents Interviews
- PREA Reporting Flyer English
- PREA Reporting Flyer Spanish
- Sexual Assault Crisis Services
- CSI CT English PREA Brochure
- CSI CT Spanish PREA Brochure
- Community Solutions and Alliance MOU Signed
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement

Site Review:

Interviews:

- Random Residents -
- Resident Who Reported Sexual Abuse (0)

Compliance Determination by Provisions and Corrective Actions:

115.253 (a)

The provision requires the facility to provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.

Compliance Determination:

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

The facility does provide residents with access to outside victim advocates for emotional support services related to sexual abuse.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section Resident Access to Outside Administrative Remedies D:1.2 – Residents are provided contact information to outside victim advocates and support services when requested. Any resident may call the CT Alliance to End Sexual Violence at any time. 2. Resident phone calls are not monitored or recorded. All calls are confidential.

The agency/facility provides residents with access to outside victim advocates or counselors for emotional support services. The emotional support services include sexual abuse and sexual harassment. Access is provided by giving residents the mailing address to the local rape crisis center, posting the outside phone numbers in areas where the resident is and by giving them a PREA brochure with the information during intake.

During the facility tour the auditor observed PREA posters on the wall. The posters

observed were Auditor PREA Notice of the upcoming PREA audit; PREA Brochure- Sexual Assault, Abuse and Harassment Sexual Abuse and Harassment. The Connecticut Alliance to End Sexual Violence.

The outside emotional support services are on the Connecticut Alliance to End Sexual Violence – How to Access Emotional Support Services for Survivors of Sexual Abuse with Dial: 1-888-999-5545 (24 hours Toll Free Hotline – English). Dial: 1-888-568-8332 (24 hours Toll Free Hotline – Spanish) on the phone to reach a trained counselor. The local mailing address is the Hartford Office. The local mailing addresses are on the flyer and phone number. The flyer also stated that the calls are free and confidential. PREA mail will be treated as legal mail. The flyer clearly states that “In accordance with state mandatory reporting laws agency/organizations may forward report to proper authorities”.

This information was continuous throughout the facility to included posting near the phones in the Dining Hall/Common areas, and the Intake area. The posters and brochures are eligible, has the outside toll-free numbers and are in English and Spanish.

During the Pre-Audit phase, the auditor calls the Connecticut Alliance to End Sexual Violence the statewide emotional support services number to test it functions. The auditor uses his cell phone and dials the toll-free number. The call went to the statewide office. The person that answered the phone asked for the auditor’s reason for calling. The auditor informed the person that he was a PREA auditor and was testing the statewide toll-free number. The auditor asked the staff to explain the process when a resident calls this number how do they receive emotional support services? The staff indicated that they would talk to the residents and forward the call to the zip code where the facility is located. Connecticut Alliance to End Sexual violence is a statewide coalition of individual sexual assault crisis programs. There are nine local rape crisis centers that provide emotional support services statewide.

During the On-Site phase, during the tour of the dining/common areas, all the residents have personal phone. The phones were checked to ensure that the residents have access to The Connecticut Alliance to End Sexual Violence, local rape crisis center that provides emotional support services. The auditor uses his personal cell phone to call the local outside emotional support service agency that is a part of the statewide Connecticut Alliance to End Sexual Violence. The person that answered the phone asked for the reason for the call. It was explained that the auditor is conducting a PREA audit at the facility and testing the phones numbers. The auditor asked the staff to explain the process of providing residents emotional support services. Staff indicated that they provided the resident services based on their reasons for calling. Most of the services are talking and listening to the residents, if they needed a victim advocate, they have certified sexual assault victim advocates. It was not required for the resident to enter a personal ID PIN. The call was unmonitored. A review of the Connecticut Alliance to End Sexual Violence flyer includes a statement to inform residents that the PREA calls are free and unmonitored. The locations of the phones did provide some privacy for the resident.

On March 11, 2024, the auditor reaches out to Connecticut Alliance to End Sexual Violence through email regarding this facility. The email requested to set up a phone interview with the agency. There was no response back from the email.

Staff and residents' informal conversations during the tour indicated that residents confirmed having access to writing instruments, paper, and forms to report. They use them during their free time in the living units. Staff indicated that residents could request them from staff. Informal conversations with residents during the tour also collaborated that they are aware of the outside emotional support services on the flyers and posters, however, they never used it.

The auditor observed how mail moves from resident to the facility mailroom (office). The resident can use note paper or grievance forms, put the letter into an envelope and take it to the front office. The US mail is picked up every day.

Ten random residents were interviewed by the auditor. One Black, Eight White, and One Hispanic. These residents came to the facility within the past 12 months, one came from jail, seven from prison, and one from another community facility. Ten reported that they were aware of services available outside of the facility for dealing with sexual abuse if they needed it. None of the residents knew the kind of services because some reported that they never use the services, or they had no reason to call. All residents reported that they have access to mailing addresses and phone numbers because it is posted on the walls and on the brochure. They reported that the outside numbers were free, and all the resident had personal cell phones. This was confirmed during the formal interviews of the random residents. The residents reported that they think the kind of services provided was victim services, rape counseling crisis, some said they were not sure because they never call or did not read the information. Most of the residents reported that they think they can talk with outside service at any time because they have personal phones. During the onsite visit, there were no residents who reported sexual abuse at the facility.

Corrective Actions:

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

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

115.253 (b)

The provision requires 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.

Compliance Determination:

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

The facility does inform residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored.

The facility informs residents through the Connecticut Alliance to End Sexual Violence flyer prior to giving them access communications that will be monitored and forwarded to authorities in accordance with mandatory reporting laws. The following was reviewed on the flyer: How to Access Emotional Support Services for Survivors of Sexual Abuse. Hotline numbers (English and Spanish) to reach a trained counselor. All calls will be forward to your local centers. The call is not recorded, and you do not have to use and Personal Identification Number (PIN) to make a call. Calls are free and confidential. Local Centers and numbers. All PREA mail will be treated as legal mail. In accordance with state mandatory reporting laws agency/ organizations may forward report to proper authorities.

The random interviewed resident reported that they think the conversation would remain private. However, they did not know if their conversation would remain private because they never use outside services. Some say that they think their conversation would remain private unless they reported a crime.

Interviewed Program Director collaborated that the residents are informed at orientation by case manager when completing the PREA Screening Application the extent to which reports of abuse will be forwarded to authorities as mandated reporters.

Ten random residents were interviewed by the auditor. One Black, Eight White, and One Hispanic. These residents came to the facility within the past 12 months, one came from jail, seven from prison, and one from another community facility. Most indicated that they do not know if what they say to outside people from these services remains private because they never use the services. However, some did say they think if what they said is a crime it will be reported.

Corrective Actions:

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

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

115.253 (c)

The provision requires the agency to maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency maintains 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:

The agency maintains memorandum of understanding (MOU) or other agreements with community service provide residents with emotional support services related to sexual abuse.

Documentation review of the Memorandum Agreement between Connection, Inc., and The Connecticut Alliance to End Sexual Violence. The Alliance to End Sexual Violence (The Alliance) is a coalition of Connecticut's nine (9) 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.

MOU 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.

During the Pre-Audit phase: March 18, 2024, at 2:03pm, the auditor called the statewide Connecticut Alliance to End Sexual Violence the statewide emotional support services number to test its functions. The auditor uses his cell phone and dials the toll-free number. The call went to the statewide office. The person that answered the phone asked for the auditor's reason for calling. The auditor informed the person that he was a PREA auditor and was testing the toll-free number. The auditor asked staff to explain the process when a resident calls this number how do they receive emotional support services? Staff indicated that they would talk to the residents and forward the call to the zip code where the facility is located.

Connecticut Alliance to End Sexual violence is a statewide coalition of individual sexual assault crisis programs. The auditor asked about the statewide agreement, staff indicated that they service any victim anywhere in Connecticut regardless of whether they are in a facility or in the community. There are nine local rape crisis centers that provide emotional support services throughout the state.

	<p>On June 20, 2024, the auditor contacts the local crisis center (Hartford Office). At first the auditor received a busy signal. On the second try, the counselor that answers the phone stated that they work with all facilities in the region because they are a rape crisis center that provides emotional supports to residents or just individual in the community.</p> <p>The agency PREA coordinator maintains a copy of the statewide agreement in the office.</p> <p>The auditor reviews the MOU and the Modification or Termination of Agreement sections states, "Either party may terminate the agreement with or without cause upon sixty (60) days written notice. Subject to the rights of the parties to terminate this Agreement, no modification shall be made without the written consent of both parties". The Duration section states, "This agreement is effective as of the last date signed below and shall be effective henceforth unless terminated by either party as outlined above".</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.254	Third party 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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA • CSI CT English PREA Brochures • Online PREA Audit: Pre-Audit Questionnaire Community Confinement <p>Interviews:</p>

	<p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.254 (a)</p> <p>The provision requires that the agency establish a method to receive third party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The agency provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 7. E- Third Party Reporting: 1. 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 CSIs’ website.</p> <p>A review of the agency website regarding third-party reporting confirmed that to report a PREA allegation through a third party, please utilize one of the following options: (1) State Connecticut Department of Correction PREA Investigation Unit Hotline,</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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
	Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA
- CSIP 20a-37 DOC Incident Reporting
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement

Interviews:

- Random Sample Staff (7)
- Medical and Mental Health Staff (0)
- Program Director
- PREA Coordinator

Compliance Determination by Provisions and Corrective Actions:

115.261 (a)

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

Compliance Determination:

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

The agency policy requires all staff to report immediately of any knowledge, suspicion, or information they receive regarding incident of sexual abuse or sexual harassment that occurred in the facility whether or not it is part of the agency.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 8.A Staff and Agency Reporting Duties 1. 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.

A total of seven random staff were interviewed from different shifts. One white and six blacks, one male and six females. Seven confirmed that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against residents or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Corrective Actions:

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

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

115.261 (b)

The provision requires that 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 provision of the standard because:

As apart from reporting to designated supervisors or officials and designated state or local services agencies, policy prohibits staff from revealing any information related to sexual abuse report to anyone other than treatment, investigations, security, or management decisions.

A total of seven random staff were interviewed from different shifts. One white and six blacks, one male and six females. Seven confirmed that when they report they will only share information with other staff as needed.

Corrective Actions:

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

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

115.261 (c)

The provision requires that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

Compliance Determination:

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

Corrective Actions:

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

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

115.261 (d)

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

Compliance Determination:

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

Interviewed PREA coordinator collaborated that the facility does not house individuals under the age of 18, however, if they received an allegation from another program, they would notify the appropriate authorities or DCF as they are mandated reporters. In addition to the normal PREA response, the staff are also mandated reporters for vulnerable adults and report to either the Office of Protection and Advocacy for Persons with Disabilities or The Department of Social Services.

The interviewed Program Director confirmed that they are mandated reporters, they would report to law enforcement immediately. In the program everyone is 18 years or older. They would also report this to the appropriate agency, either DDS or DSS.

Corrective Actions:

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

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

115.261 (e)

The provision requires that the facility 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 reports all allegations of sexual abuse and sexual harassment to include third party and anonymous reports, to the facility's designated investigators.

The interviewed Program Director confirmed that all allegations of sexual abuse and sexual harassment including those from third-party and anonymous sources reported immediately and directly to the agency PREA coordinator or facility investigator.

Corrective Actions:

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

A review of the appropriate documents to include the facility PAQ, interviews and

	<p>informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.262	Agency protection duties
	<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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA • Online PREA Audit: Pre-Audit Questionnaire Community Confinement <p>Interviews:</p> <ul style="list-style-type: none"> • Random Sample of Staff (7) • Agency Head • Program Director <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.262 (a)</p> <p>The provision requires that when an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the Resident.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 8.B – Agency Protection Duties. Upon receiving any information that a resident is subject to or at-risk sexual abuse the Program</p>

Director, PREA Coordinator and Area Director will be notified, and appropriate action will be taken to protect the resident.

Informational conversation with the Program Director confirmed that measures to protect a client that is subject to a substantial risk of imminent sexual abuse. The following protective actions that may be used 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.

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk imminent sexual abuse was zero. If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passes before acting is zero.

Interviewed Agency Head confirmed that when the agency learns that a resident is subject to a substantial risk of imminent sexual abuse the agency would take protective action. When residents are placed in the program, efforts are made to house them according to PREA assessment, which considers victimization risk. In these instances, or instances where a risk is identified at another time, the agency ensures that the resident is housed in an area that is safe and easily monitored. Staff are also made aware of the situation and these residents have frequent physical checks made on them. The facility may also speak with the funder to see if there are more appropriate housing options for these residents.

The interviewed Program Director confirmed, when they learn that a resident is subject to a substantial risk of imminent sexual abuse, the protective action is to ensure the client is roomed either alone or with someone that based on PREA assessment is of low risk to be an abuser. If there is anyone in the program that is of high risk to offend against a client.

A total of seven random staff were interviewed from different shifts. One white and six blacks, one male and six females. Seven confirmed that the actions they would take when they learn that resident may be at risk of imminent sexual abuse. They would immediately remove the residents to another area until the supervisor gives additional instructions and stay with the resident.

Corrective Actions:

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

A review of the appropriate documents to include the facility PAQ, interviews and

	<p>informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.263	Reporting to other confinement facilities
	<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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA • Online PREA Audit: Pre-Audit Questionnaire Community Confinement <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Program Director <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.263 (a)</p> <p>The provision requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The agency requires upon receiving an allegation that a resident was sexually abused while confined at another facility, the agency notify the head of the facility or appropriate office of the facility where sexual abuse is alleged to have occurred.</p> <p>Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution’s direct correlation to PREA’ Community</p>

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.

Based on a review of information that the facility provided in the PAQ, during the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility is zero. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities is zero.

Interviewed Agency Head confirmed that if another agency or a facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of the facilities the agency has a designated point of contact. TCI agency PREA coordinator is the designated point of contact for all facilities. All allegations go through the PREA coordinator who then makes appropriate collateral contacts with those needing to be informed of the situation. At this time there were no examples from another facility or agency.

The interviewed Program Director confirmed when a facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in his facility it is handle the same as an allegation directly from the client which would initiate the first responder's response. The PREA coordinator contacted and initiated an investigation, the Police and DOC are notified as well. There are no examples at this facility, if the facility were to receive an allegation, the program staff would notify the PREA coordinator, Parole, and the State Police. The response is the same and is not dependent on who makes the allegations.

Corrective Actions:

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

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

115.263 (b)

The provision requires that such notification 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:

The agency requires the facility PREA coordinator to provide notification as soon as possible, but no later than 72 hours after receiving the allegation.

Corrective Actions:

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

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

115.263 (c)

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

Compliance Determination:

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

The agency does document that it has provided notification within 72 hours of receiving the allegation.

Corrective Actions:

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

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

115.263 (d)

The provision requires that 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:

The facility requires that allegations received from other facilities are investigated in accordance with the PREA standards.

Corrective Actions:

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

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

Overall Findings:

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

with all provisions in this standard.

115.264 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement

Interviews:

- Security Staff and Non-Security Staff First Responders
- Residents who Reported a Sexual Abuse (0)

Compliance Determination by Provisions and Corrective Actions:

115.264 (a)

The provision requires that upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: Separate the alleged victim and abuser. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within a time that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and If the abuse occurred within a time that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Compliance Determination:

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

The agency has a first responder policy for allegations of sexual abuse.

Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section 7.1. Staff and First Responder Duties - 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:

- Separate the alleged victim and abuser.
- Secure any crime scene until steps can be taken to collect any evidence.
- 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.
- 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.
- Program Director / Duty Officer is notified.

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

Corrective Actions:

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

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

115.264 (b)

The provision requires that 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.

Compliance Determination:

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

The agency training requires that if the first staff responder is not a security staff, that responder is required to request that the alleged victim not take any actions that could destroy physical evidence just as the security staff.

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

	<p>A total of seven random staff were interviewed from different shifts. Seven confirmed that they know and understand the agency’s protocol for preserving usable physical evidence if a resident alleges sexual abuse. They report that if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, their responsibility in this situation would be to separate the victim from the abuser, close off the area where it takes place, do not let the victim and abuser brush their teeth, drink, use the bathroom, and change clothing. Staff would call 911 if medical is needed and their supervisor.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.265	Coordinated response
	<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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA • Coordinated Plan for Sexual Assault Cheyney • Online PREA Audit: Pre-Audit Questionnaire Community Confinement <p>Interviews:</p> <ul style="list-style-type: none"> • Program Director <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.265 (a)</p> <p>The provision requires that the facility develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff</p>

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 has a written policy to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health staff, investigators, and facility leadership.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA, Section 8.E Coordinated Response. Coordinated response plans are available for each CSI Residential Work Release/Reentry Center. See each program’s response plan.

A review of the Sexual Abuse Incident Coordinated Response Plan included the following roles:

- 1st Responder
- Program Director Duty Officer - The current Duty Officer is listed in SecurManage and in the front office white Board.
- Staff assigned by Program Director/Duty Officer.
- All Staff.
- Program Director Duty Officer.
- Area Director.
- PREA Coordinator

The interviewed Program Director confirmed that the agency has a policy to coordinate actions among staff first responders, program staff and facility leadership in response to an incident of sexual abuse.

Corrective Actions:

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

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

Overall Findings:

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

	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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA • Online PREA Audit: Pre-Audit Questionnaire Community Confinement <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.266 (a)</p> <p>The provision requires that 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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The agency is not involved in any governmental entity responsible for collective bargaining on the agency’s behalf.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 8.F Preservation of Ability to Protect Residents from Contact with Abuser. CSI shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility’s ability to remove alleged staff sexual abuser from contact with residents pending the outcome of an investigation or of determination of whether and to what extent discipline is warranted.</p> <p>Interviewed Agency Head confirmed that the agency is not involved in any governmental entity responsible for collective bargaining on the agency’s behalf.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and</p>

	<p>informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>115.266 (b)</p> <p>The provision requires that nothing in this standard 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.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The auditor is not required to audit this provision.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA • Online PREA Audit: Pre-Audit Questionnaire Community Confinement <p>Interviews:</p>

- Agency Head
- Program Director
- Designated Staff Member Charged with Monitoring Retaliation
- Residents who Reported a Sexual Abuse (0)

Compliance Determination by Provisions and Corrective Actions:

115.267 (a)

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

Compliance Determination:

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

The agency protects all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other resident or staff.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 8.G Agency Protection Against Retaliation 1. It is CSI's policy that all residents or staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation will be protected from retaliation by other residents or staff.

Interviewed Agency Head confirmed that that the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations. The agency has a system in which they follow up with residents who report allegations of abuse. The agency also monitors any residents closely following reports of sexual abuse. The agency has managers closely watch staff overseeing these residents to ensure there is no retaliation taking place. The facility informs the residents of the agency retaliation policy and notifies staff immediately if they feel they are being retaliated against. Staff can report any retaliation to the Human Resources department, the PREA coordinator or agency leadership at any time. When making considerations on program changes, or movement, the facility ensures that the individual perpetrated against is given preference or is included in discussions surrounding any changes to programming. Victims are informed of services and behavioral health support available to him or her.

Corrective Actions:

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

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

115.267 (b)

The provision requires that 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.

Compliance Determination:

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

Interviewed staff responsible for monitoring retaliation confirmed that the role she plays in preventing retaliation against residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigation by making housing changes or they can transfer to another agency facility, provide emotional support services through the local rape crisis center. The agency works closely with the funder, PREA coordinator, HR and agency leadership team to ensure that individual(s) who cooperate with PREA are protected. In addition, staff initiate contact with residents who have reported sexual abuse when inspecting the facility, or during counseling sessions.

The interviewed Program Director described the different measures that are taken to protect residents and staff from retaliation are: Clients involved are kept always separated. If it's against a staff that staff member is sent home until the facility completes the investigation. Staff keeps a close eye on client and the Program Manager keeps an eye on clients and staff to ensure there are no increases in chores or tickets. The staff notify the client that the facility has zero tolerance for retaliation, and they should notify staff immediately if they feel that they are being retaliated against. If there is an incident of retaliation, then the program would notify the client's supervising officer. If it were a staff member retaliating against clients, they would be reported to Human Resources and be addressed appropriately.

Corrective Actions:

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

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

115.267 (c)

The provision requires that for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program

changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Compliance Determination:

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

The facility does monitor the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported sexual abuse and of residents who were reported to have suffered sexually abuse to see if there are any changes that may suggest possible retaliation by residents or staff.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA section 8.G Agency Protection Against Retaliation 2. The PREA Coordinator shall monitor the conduct and treatment of any resident or staff member who reported the abuse to see if there are changes that may suggest possible retaliation. Monitoring shall be conducted for at least 90 days but shall be extended beyond 90 days if there is a continuing need.

Interviewed staff responsible for monitoring retaliation confirmed that a part of the monitoring process they look for residents' rooms changes, disciplinary report regarding residents, program changes, and for staff shift changes for day to night, bad performance reviews and reassignments. Staff monitor the conducts and treatment of residents and staff for 90 days or longer if needed.

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

Corrective Actions:

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

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

115.267 (d)

The provision requires that in the case of residents, such monitoring should also include periodic status checks.

Compliance Determination:

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

The facility conducts periodic status checks.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA section 8.G Agency Protection Against Retaliation 3. The PREA Coordinator shall conduct periodic status checks and take any necessary protective

measures to ensure resident and staff safety.

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

Corrective Actions:

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

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

115.267 (e)

The provision requires that 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:

The agency takes appropriate measures to protect the individual against retaliation.

Interviewed Agency Head confirmed that if an individual who cooperates with an investigation expresses a fear of retaliation the agency takes measures to protect that individual against retaliation. The agency works closely with the funder, PREA coordinator, HR, and agency leadership team to ensure that individuals who cooperate with PREA investigations are protected from potential retaliation.

Corrective Actions:

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

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

115.267 (f)

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

Compliance Determination:

	<p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>Auditor is not required to audit this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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	
	<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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA • CSIP 20a-05 DOC Client Records • Online PREA Audit: Pre-Audit Questionnaire Community Confinement <p>Interviews:</p> <ul style="list-style-type: none"> • Investigative Staff • Resident who Reported a Sexual Abuse (0) • Program Director • PREA Coordinator <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.271 (a)</p> <p>The provision requires that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>Interviewed Investigator confirmed that the investigation begins immediately upon</p>

receiving an allegation and the funding agency is notified immediately and the CT State Police if evidence shows criminal conduct.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 9.A: Criminal and Administrative agency Investigations
1. 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.

Interviewed Investigator confirmed that they handle anonymous or third-party reports of sexual abuse or sexual harassment the same as any other report. They are not investigated differently.

Corrective Actions:

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

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

115.271 (b)

The provision requires that where sexual abuse is alleged, the agency 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:

The agency has trained investigators to conduct its investigations.

A review of Connecticut Department of Corrections Training and America Jail Association confirmed that the agency investigators completed the required Specialized Training for Investigator.

Corrective Actions:

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

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

115.271 (c)

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

Compliance Determination:

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

The agency investigators do gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, electronic data, interviews witness statements.

In addition, A review of the State of Connecticut Technical Guidelines for Health Care Response to Victims of sexual Assault, in accordance with Connecticut General Statute's section 19a - 112a. CT 100 Sexual Assault Evidence Collection Kit: Preparation for the Examination; The Evidence Collection Examination and Evidence Integrity - repacking, labeling, and sealing evidence containers. The examinations performed by the SAFE or SANE staff are guided by the State of Connecticut Statute.

Interviewed Investigator confirmed and described direct and circumstantial evidence the agency would be responsible for gathering in an investigation of an incident of sexual abuse. The program staff are not responsible for collecting or gathering evidence but rather preserving/securing any evidence in a location or on a person for the crime scene unit to collect. The program will request a written statement be started for the supervising officer and/or CT State Police.

Corrective Actions:

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

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

115.271 (d)

The provision requires that when the quality of evidence supports criminal prosecution, the agency 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:

Interviewed Investigator confirmed that when they discover evidence that a prosecutable crime may have taken place they will consult with prosecutors before they conduct compelled interviews through the Department of Corrections or CT State Police.

Corrective Actions:

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

A review of the appropriate documents to include the facility PAQ, interviews and

informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.271 (e)

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

Compliance Determination:

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

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as resident or staff.

Interviewed Investigator confirmed that they judge the credibility of an alleged victim, suspect, or witness only by collecting the statements and report to the investigating agency whether it is DOC, CSSD, or CT State Police. Staff are always instructed not to determine whether an allegation is true or not and they should always report to their supervisor. Investigator indicated that under no circumstances that they would require a resident who alleges sexual abuse to submit to a polygraph examination.

During the onsite review period there were no residents who reported sexual abuse for interview.

Corrective Actions:

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

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

115.271 (f)

The provision requires that administrative Investigations: 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.

The administrative investigations include effort to determine whether staff actions or failures to act contributes to the abuse, and documented in written reports include a description of the physical and testimonia 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:

Interviewed Investigator confirmed the efforts they made during an administrative investigation to determine whether staff actions or failure to act contributed to the sexual abuse. The investigator will review police and procedures to ensure that staff failure to act contributed to the allegations. All administrative investigations are in written reports.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA section 9.A: Criminal and Administrative agency Investigations 3. An administrative investigation shall be documented listing all findings including a determination whether staff actions or failure to act contributed to the incident.

A review of the PREA Administrative Review Report confirmed the following information: Administrative Review Team members; Review Timeline; Description to include date, action steps taken; Findings; Recommendations/Summary of Resolution; Information regarding who report was given to.

Corrective Actions:

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

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

115.271 (g)

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

Compliance Determination:

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

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.

Interviewed Investigator confirmed that criminal investigations are documented and contain victim statements, physical evidence, and other documentary evidence.

Corrective Actions:

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

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

115.271 (h)

The provision requires that 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:

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

Interviewed Investigator confirmed that they refer cases for prosecution through the State Police any time a crime appears to have occurred or if a staff member is involved in the allegation. Staff also includes volunteers, interns, and contractors.

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

Corrective Actions:

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

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

115.271 (i)

The provision requires that the agency 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 provision of the standard because:

The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Corrective Actions:

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

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

115.271 (j)

The provision requires that 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:

Interviewed Investigator confirmed that they would proceed when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation. The investigation would continue to determine whether the staff terminate their employment or not. The departure of the alleged abuser or victim from employment or control of the facility is not a basis for terminating and investigation.

Corrective Actions:

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

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

115.271 (k)

The provision requires that 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 auditor is not required to audit this provision.

115.271 (l)

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

Compliance Determination:

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

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

Interviewed PREA coordinator collaborated that when an outside agency investigates allegations of sexual abuse the agency remains informed of the progress of a sexual abuse investigations by following up with the CT State Police for any ongoing investigations or the agency will follow up with Parole if they are in contact with the CT State Police.

	<p>Interviewed Investigator confirmed that when an outside agency investigates an incident of sexual abuse their role is to provide any information requested and assist in any way the facility can as requested.</p> <p>The interviewed Program Director confirmed that if an outside agency investigates allegations of sexual abuse the facility remains informed of the progress of a sexual abuse investigation through the PREA coordinator. The PREA coordinator would maintain contact with the outside agency via email and telephone.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.272	Evidentiary standard for administrative 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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA • Letter to Resident Notify of Outcome Sample • Online PREA Audit: Pre-Audit Questionnaire Community Confinement <p>Interviews:</p> <ul style="list-style-type: none"> • Investigative Staff <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.272 (a)</p> <p>The provision requires that the agency impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse</p>

	<p>or sexual harassment are substantiated.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The facility imposes a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment can be substantiated.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 9.B: Evidentiary Standard for Administrative Investigations 1. The facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual assault are substantiated.</p> <p>Interviewed Investigator confirmed that the standard of evidence to substantiate allegations of sexual abuse or sexual harassment is the preponderance of evidence.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.273	Reporting to 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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA • Sample Notification of Investigation Outcome <p>Interviews:</p>

- Program Director
- Investigative Staff
- Residents who Reported a Sexual Abuse (0)

Compliance Determination by Provisions and Corrective Actions:

115.273 (a)

The provision requires that following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Compliance Determination:

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

The agency has a policy requiring that any resident who alleges that he or she suffered sexual abuse in a facility informed, verbally or in writing, as to whether the allegation has been determined to substantiate, unsubstantiated, or unfounded following an investigation by the agency.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 9.C. Reporting to Residents 1- It is the policy of CSI that residents shall be informed of the outcome of an investigation whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. Furthermore, any action taken against a staff member or any knowledge about convictions or criminal charges against a resident abuser shall be reported to the resident victim. All victim notifications will be documented in an incident report.

The Interviewed Investigator confirmed that the agency requires that a resident who makes an allegation of sexual abuse be informed of the circumstances of the investigation.

Based on a review of information that the facility provided in the PAQ, the number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months is 0. Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation is zero.

The Program Director informed the auditor that the agency would notify a resident who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Depending on who made the allegations, the appropriate staff person will inform them, such as the Program Manager or Program Director, or the PREA Coordinator. If the police investigate, they would be the ones to inform the client and in some cases their parole officer will inform them.

During the on-site review period, there were no residents who reported sexual

abuse for interview.

Corrective Actions:

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

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

115.273 (b)

The provision requires that if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the resident.

Compliance Determination:

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

If the agency did not conduct the investigation, the investigators request the relevant information from the investigative office to inform the resident of the outcome of the investigation.

Based on a review of information that the facility provided in the PAQ, the number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero. Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigations was zero.

During the onsite review period there were no residents who reported sexual abuse for interview.

Corrective Actions:

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

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

115.273 (c)

The provision requires that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: The staff member is no longer posted within the resident's unit. The staff member is no longer employed at the facility. The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Compliance Determination:

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

During the onsite review period there were no residents who reported sexual abuse for interview.

Corrective Actions:

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

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

115.273 (d)

The provision requires that following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicated on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Compliance Determination:

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

During the onsite review period there were no residents who reported sexual abuse for interview.

Corrective Actions:

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

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

115.273 (e)

The provision requires that all such notifications or attempted notifications should be documented.

Compliance Determination:

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

The agency has a policy that all notifications to residents described under this standard are documented.

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of notifications to residents that were provided pursuant to this standard is zero. Of those notifications made in the past 12 months, the number

	<p>that were documented is zero.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>115.273 (f)</p> <p>As in the PAQ, an agency’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The auditor is not required to audit this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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
	<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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA • Employee Handbook • Sample of Termination Letter • Online PREA Audit: Pre-Audit Questionnaire Community Confinement <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.276 (a)</p>

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

Compliance Determination:

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

The agency has a policy that employees are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 10.A. Discipline Sanctions on Staff section 1. Any staff member found in violation of sexual assault will be terminated immediately. 2. Any staff member found to be in violation of sexual harassment shall be subject to disciplinary sanctions up to and including termination.

Corrective Actions:

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

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

115.276 (b)

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

Compliance Determination:

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

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 10.A. Discipline Sanctions on Staff section 1. Any staff member found in violation of sexual assault will be terminated immediately. 2. Any staff member found to be in violation of sexual harassment shall be subject to disciplinary sanctions up to and including termination.

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies is zero. 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 is zero.

Corrective Actions:

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

A review of the appropriate documents to include the facility PAQ, interviews and

informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.276 (c)

The provision requires that 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:

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than engaging in sexual abuse) is zero.

Corrective Actions:

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

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

115.276 (d)

The provision requires that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Compliance Determination:

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

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies is zero.

Corrective Actions:

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

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

	<p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA • Online PREA Audit: Pre-Audit Questionnaire Community Confinement <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.277 (a)</p> <p>The provision requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents and be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 10.B. Corrective Action for Contractors and Volunteers section 1. Any contractor or volunteer who engage in sexual assault, sexual abuse, or sexual harassment shall be prohibited from contact with residents and local law enforcement will be contracted unless the activity is determined to be non-criminal. CSI shall discontinue the services of Contractor, volunteers or interns who have engaged in sexual abuse and/or harassment.</p> <p>Informal conversation with the Program Manager confirmed that if a contractor or</p>

volunteer engage in sexual misconduct be reported to law enforcement agencies and to relevant licensing bodies.

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents is zero.

Corrective Actions:

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

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

115.277 (b)

The provision requires that the facility take appropriate remedial measures and consider whether to prohibit further contact with Residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Compliance Determination:

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

The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA section 10.A. Corrective Action for Contractors and Volunteers section 2. 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.

Informal conversation with the Program Director confirmed that if a contractor or volunteer engages in sexual misconduct with a resident, they will be prohibited from further contact with the residents until the investigation is completed.

The interviewed Program Director confirmed that in a case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer the measures the facility will take not allow the person access to the program and prohibit further contact with the resident. The investigation may be occurring, the police would be notified. For the safety of the residents the facility would request a different employee from the contracting company, and if it was a volunteer the facility would no longer utilize them.

Corrective Actions:

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

	<p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA • Online PREA Audit: Pre-Audit Questionnaire Community Confinement <p>Interviews:</p> <ul style="list-style-type: none"> • Program Director • Medical and Mental Health Staff (0) <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.278 (a)</p> <p>The provision requires that residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The facility has a policy that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and</p>

Harassment – PREA section 10.C. Disciplinary Sanctions for Residents section 1. Residents will be subject to disciplinary sanctions up to being remanded back to the CTDOC or FBOP following an administrative finding that the resident engaged in sexual assault, sexual abuse or sexual harassment of another resident. Any resident criminally charged will be remanded.

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at that facility is zero. In the past 12 months, the number of criminal findings guilty of resident-on-resident sexual abuse that have occurred at the facility is zero.

Corrective Actions:

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

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

115.278 (b)

The provision requires that sanctions be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses other residents with similar histories.

Compliance Determination:

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

Informal conversation with the agency PREA coordinator confirmed that the agency resident’s sanctions are commensurate with the nature and circumstances of the abuse committed, and the resident’s disciplinary history.

The interviewed Program Director confirmed that the disciplinary sanctions residents are subject to following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse, the supervising agency would remove the client from the program and determine sanctions.

Corrective Actions:

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

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

115.278 (c)

The provision requires that the disciplinary process consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, in any, should be imposed.

Compliance Determination:

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

Informal conversation with the agency PREA coordinator confirmed that the disciplinary process does consider whether a resident mental disabilities or mental illness contributed to the behavior.

Corrective Actions:

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

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

115.278 (d)

The provision requires that 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:

Informal conversations with the case manager confirmed that they would offer counseling or other interventions to help to correct underlying reasons or motivation for the abuse. They do have an option to refer the resident to the rape crisis center for emotional support services.

Corrective Actions:

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

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

115.278 (e)

The provision requires that the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Compliance Determination:

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

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to the act.

Information conversation with the PREA Coordinator confirmed that a resident could be disciplined for sexual contact with staff without staff consent.

Corrective Actions:

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

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

115.278 (f)

The provision requires that 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:

The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate that allegation.

Corrective Actions:

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

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

115.278 (g)

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

Compliance Determination:

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

The agency prohibits all sexual activity between residents.

Corrective Actions:

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

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

	<p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.282	Access to emergency medical and mental health 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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA • Online PREA Audit: Pre-Audit Questionnaire Community Confinement <p>Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff (0) • Resident who reported a Sexual Abuse (0) <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.282 (a)</p> <p>The provision requires that resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention service from outside of the facility.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 11.A. Access to Medical and Mental Health Care section 1. Victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services at no cost to the resident regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 2. CSI does not employ medical or mental</p>

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.

Informal conversation with the agency PREA coordinator confirmed that the agency's facilities ensure that the residents receive timely, unimpeded access to emergency medical treatment and crisis intervention services through the local hospital. Local hospital is required to follow the State of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual assault. In accordance with Connecticut General Statutes Section 19a-112a.

The auditor reviews a copy of the State of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual assault review general medical care and treatment.

Informal conversation with the Program Director confirmed that the local hospital or the rape crisis center will provide timely access to emergency services.

Corrective Actions:

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

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

115.282 (b)

The provision requires that 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 had demonstrated compliance with this provision of the standard because:

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA section 11.A. Access to Medical and Mental Health Care section 1. Victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services at no cost to the resident regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 2. 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.

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

115.282 (C)

The provision requires that resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Compliance Determination:

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

Resident victims of sexual abuse while incarcerated are 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.

Informal conversation with the agency PREA coordinator confirmed that the agency's facilities ensure that the residents receive timely, unimpeded access to emergency medical treatment and crisis intervention services through the local hospital. Local hospital is required to follow the State of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual assault. In accordance with Connecticut General Statutes Section 19a-112a.

The auditor reviews a copy of the State of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual assault review general medical care and treatment.

Informal conversation with the Program Director confirmed that the local hospital or the rape crisis center will provide timely access to emergency services.

During the onsite review period there were no residents who reported sexual abuse for interview.

Corrective Actions:

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

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

115.282 (d)

The provision requires that treatment services 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>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 11.A. Access to Medical and Mental Health Care section 1. Victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services at no cost to the resident regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 2. 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.</p> <p>Informal conversation with the Program Director confirmed that the residents are not charged for sexual abuse services.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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>

- CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA
- Hospital Response to Sexual Assault Victim
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement

Interviews:

- Medical and Mental Health Staff (0)
- Resident who reported a Sexual Abuse (0)

Compliance Determination by Provisions and Corrective Actions:

115.283 (a)

The provision requires that treatment services 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 offers 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.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA section 11.B. Ongoing Medical and Mental Health Care for Victims and Abusers 1. Continued medical and mental health treatment for victims and abusers will be provided by the preferred funder provider or local medical facilities as deemed appropriate at no cost to the resident (s). 2. CTDOC policy states it will conduct a mental health evaluation within 60 days on all known resident-on-resident abusers.

Informal conversation with the Program Director confirmed that mental health services are provided by the local hospital or rape crisis center.

Corrective Actions:

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

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

115.283 (b)

The provision requires that 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 replacement in, other facilities, or their release from custody.

Compliance Determination:

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

During the onsite review period there were no residents who reported sexual abuse for interview.

Corrective Actions:

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

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

115.283 (c)

The provision requires that the facility 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:

Corrective Actions:

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

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

115.283 (d)

The provision requires that resident 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 only house male resident.

During the onsite review period there were no residents who reported sexual abuse for interview.

Corrective Actions:

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

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

115.283 (e)

The provision requires that 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 had demonstrated compliance with this provision of the standard because:

The facility only house male residents.

During the onsite review period there were no residents who reported sexual abuse for interview.

Corrective Actions:

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

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

115.283 (f)

The provision requires that resident victims of sexual abuse while incarcerated be offered tests for sexually transmitted infections as medically appropriate.

Compliance Determination:

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

Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate by the rape crisis center or local hospital.

During the onsite review period there were no residents who reported sexual abuse for interview.

Corrective Actions:

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

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

115.283 (g)

The provision requires that treatment services 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>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>During the onsite review period there were no residents who reported sexual abuse for interview.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>115.283 (h)</p> <p>The provision requires that all 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.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>During the onsite review period there were no residents who reported sexual abuse for interview.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA
- Incident Review Report Form
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement

Interviews:

- Program Director
- Agency PREA Coordinator
- Incident Review Staff Member

Compliance Determination by Provisions and Corrective Actions:

115.286 (a)

The provision requires that 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.

Compliance Determination:

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

The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded.

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents is zero.

Interviewed PREA coordinator collaborated that the agency does conduct sexual abuse incident reviews and prepares a report of its findings from the reviews, including any determinations and any recommendations for improvement. The agency completes sexual abuse incident reviews for all allegations with a substantiated or unsubstantiated outcome. The form includes the specific determinations noted in this standard and documents any recommendations for improvement. These reports are forwarded for review to the management team.

The auditor review two PREA Administrative Review Report that confirmed that the reports are being completed within the required timeframe.

Corrective Actions:

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

A review of the appropriate documents to include the facility PAQ, interviews and

informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.

115.286 (b)

The provision requires that such a review ordinarily occurs within 30 days of the conclusion of the investigation.

Compliance Determination:

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

The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA section 11.A. Sexual Abuse Incident Reviews section 1. The PREA Coordinator in consultation with the Incident Review Team, which includes the CEO, 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.

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents is 0.

The auditor reviewed one PREA Administrative Review Report that confirmed that the reports are being completed within the required timeframe.

Corrective Actions:

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

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

115.286 (c)

The provision requires that the review team 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:

The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

The interviewed Program Director confirmed that the agency has a sexual abuse Incident Review Team, the Connection review team discusses the event, and a written report is done. The Incident review Team involves the Chief Operating Officer, the VP of the Service Area, PREA Coordinator, the VP of Quality, Risk and Information, the Program Manager, and the Program Director. Additional members may be added depending on the incident.

Corrective Actions:

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

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

115.286 (d)

The provision requires that 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. 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 Determinations:

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

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA section 11.A. Sexual Abuse Incident Reviews section 2. 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.

Interviewed staff that is member of the Incident Review Team confirmed that they consider whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race, ethnicity, gender identity, or LGBT population. They look at physical barriers and the different shifts.

The interviewed Program Director confirmed that the information from the sexual abuse incident review is used to make changes and implement policies and training

another related issue from the report.

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

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

115.286 (e)

The provision requires that the facility 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 facility implements recommendations for improvement or documents its reasons for not doing so.

A review of the PREA Administrative Review Report confirmed that the findings are listed at the bottom of the page and the recommendations for improvement. There is a statement “will the recommendations of improvement be implemented?”

Informal conversation with the PREA coordinator confirmed that the Team recommended is approval and implemented because the Team members are the upper level from the central office.

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

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

Overall Findings:

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

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA
- 2023 PREA Data Collection
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement

Interview:

Compliance Determination by Provisions and Corrective Actions:

115.287 (a)

The provision requires that 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.

Compliance Determination:

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

The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 11.B. Data Review for Corrective Action section 1. 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 of 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 – resident-on-resident, resident on staff, staff on resident, staff on staff.
- What Type of Resident – 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 identity, sexual orientation, physical plan issues, staff supervision, violation of code of Ethics.

A review of the Survey of Sexual Victimization, 2023 Adult Residential Facilities confirmed that the agency is collecting the required data in a standardized instrument and set of definitions.

Corrective Actions:

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

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

115.287 (b)

The provision requires that the agency 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 aggregates the incident-based sexual abuse data at least annual PREA report.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA section 11.A. Sexual Abuse Incident Reviews section 2. 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.

A review of the agency 2023 PREA Annual Report confirmed that the agency has aggregated incident-based sexual abuse data.

Corrective Actions:

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

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

115.287 (c)

The provision requires that the incident-based data collected 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 standardized instrument includes, 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.

A review of the Survey of Sexual Victimization, 2023 Adult Residential Facilities

confirmed that the agency is collecting the required data that answers all questions from the most recent version of the survey for the Department of Justice.

Corrective Actions:

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

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

115.287 (d)

The provision requires that the agency 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 agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Informal conversation with the PREA coordinator confirmed that the agency maintains, review, and collects data, investigation files and sexual abuse incident reviews.

Corrective Actions:

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

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

115.287 (e)

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

Compliance Determination:

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

The agency does not obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

Informal conversation with the PREA coordinator confirmed that the agency does not contract with any private facilities to house its contract residents.

	<p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>115.287 (f)</p> <p>The provision requires that upon request, the agency provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The agency will provide the Department of Justice with data from the previous calendar year upon request.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA • 2023 PREA Annual Report • Online PREA Audit: Pre-Audit Questionnaire Community Confinement

Interviews:

- Agency Head
- PREA Coordinator

Compliance Determination by Provisions and Corrective Actions:

115.288 (a)

The provision requires that the agency 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:

The agency reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training.

Interviewed Agency Head confirmed that the agency uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. Incident report data is routinely reviewed to look for trends and opportunities to make early detection of incidents of sexual abuse. By reviewing the incidents on a regular basis, the agency can make preemptive changes to improve overall practice related to prevention, detection and response to abuse.

Interviewed PREA coordinator collaborated that it reviews data collected and aggregated in standard 115.287 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The program enters all PREA risk assessments and allegations in the agency software system to allow for easy review of data. The data plays a huge role in the annual review. After any allegations, the PREA coordinator has a conversation with the Program Manager to request any concerns, comments, or questions so staff can always continue to improve.

Corrective Actions:

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

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

115.288 (b)

The provision requires that such a report include a comparison of the current year's data and corrective actions with those from prior years and should provide an assessment of the agency's progress in addressing sexual abuse.

Compliance Determination:

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

The annual report includes a comparison of the current year's data and corrective actions with those from prior years.

A review of the 2023 PREA Annual Report confirmed that the agency is preparing and reporting comparison PREA data. The data compare the findings, substantiated, unsubstantiated, unfounded, and total for the years 2019, 2020, 2021, 2022 and 2023.

Corrective Actions:

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

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

115.288 (c)

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

Compliance Determination:

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

The agency makes its annual report readily available to the public at least annually through its website.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA section 11.B. Data Review for Corrective Action section 3. 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.

Interviewed PREA coordinator collaborated that the agency prepares an annual report of findings from its data review and any corrective actions for each facility, as well as the agency. PREA coordinator completes an annual report that complies finding data, review data, and corrective action plans for every program.

The Interview Agency Head confirmed that that she approves annual reports in written format and publishes the report on the agency website.

A review of the agency website confirmed that the agency publishes their Annual PREA report online.

	<p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>115.288 (d)</p> <p>The provision requires that 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.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.</p> <p>Interviewed PREA coordinator collaborated the types of material that are typically redacted from the annual report does include any resident and staff personal information.</p> <p>A review of the agency 2023 Annual PREA report confirmed that the agency redaction is limited to specific materials where publication would be a clear and specific threat to the safety and security of the facility.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement

Interviews:

- PREA Coordinator

Compliance Determination by Provisions and Corrective Actions:

115.289 (a)

The provision requires that the agency 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:

The agency ensures that incident based, and aggregate data are securely retained.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 11.C. Data Storage, Publication and Destruction section 1. 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 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. 2. Prior to making the data public, all personal identifiers shall be redacted. 3. 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.

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

115.289 (b)

The provision requires that the agency to 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:

Informal conversation with the PREA coordinator confirmed that the agency does not contract with any private facilities to house its residents.

Corrective Actions:

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

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

115.289 (c)

The provision requires that 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:

Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 11.C. Data Storage, Publication and Destruction section 1. 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 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. 2. Prior to making the data public, all personal identifiers shall be redacted. 3. Records will be maintained for at least 10 years after the date of initial collection.

A review of the agency 2023 Annual PREA report confirmed that the agency removes all personal identifiers.

Corrective Actions:

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

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

115.289 (d)

The provision requires that the agency 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:

	<p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 11.C. Data Storage, Publication and Destruction section 1. 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 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. 2. Prior to making the data public, all personal identifiers shall be redacted. 3. Records will be maintained for at least 10 years after the date of initial collection.</p> <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, residents, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA • Facility Past Final Audit Report • Agency PREA Website • Facility Posting of PREA Notices <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.401 (a)</p> <p>The provision requires that during the three-year period starting on August 20,</p>

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.

Compliance Determination:

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

A review of the agency's website confirmed PREA audit according to cycles. Each facility is included in the agency's Annual PREA Report. The private facility produces its own annual PREA report.

Corrective Actions:

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

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

115.401 (b)

The provision requires that 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 confirmed PREA audit according to cycles. The agency has scheduled a third of its facilities to be audited within the required cycle.

Corrective Actions:

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

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

115.401 (h)

The provision requires that the auditor 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 resident or staff, that staff on the tour please step away so the

conversation might remain private. This request was well respected.

During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards and walls. The auditor observed camera surveillance, physical supervision, and electronic monitoring capabilities. Other areas of focus during the tour included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing. Housing units, visitation, intake area, administrative areas, Kitchen, dining, storage, work areas were toured.

Corrective Actions:

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

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

115.401 (i)

The provision requires that the auditor 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 PREA Coordinator and the facility provided the auditor with all relevant documents to include electronically stored information through the agency system.

Corrective Actions:

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

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

115.401 (m)

The provision requires that the auditor be permitted to conduct private interviews with residents.

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.

During the onsite visit the auditor requested and receive areas to interview

residents in private.

Corrective Actions:

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

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

115.401 (n)

The provision requires that confined persons 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:

There were no confidential communications from residents and none from staff. Staff interview indicated that resident is permitted to send confidential information or correspondence in the same manner as if they were communicating with legal counsel.

The auditor reviews the MOU for Emotional Support Services for Survivors of Sexual Abuse.

- Documentation review of the Memorandum Agreement between Connection, Inc., and The Connecticut Alliance to End Sexual Violence. The Alliance to End Sexual Violence (The Alliance) is a coalition of Connecticut's nine (9) 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.

- 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. This agency reported that they did not receive reports from the facility.

- National Sexual Violence Resource Center (NSVRC) response: A email was sent to NSVRC, the return email states that they provide information and tools to prevent and respond to sexual violence. While they are happy to have our organization listed as a resource for people who are incarcerated, they do not receive reports or provide services in any capacity. They also are not able to disclose if anyone from the facility reached out for resources.

Corrective Actions:

	<p>N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents, interviews and informal conversations with staff, review of relevant policies collaborated that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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
	<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"> • CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA • Facility Past Final Audit Report • Agency PREA Website <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.403 (f)</p> <p>The provision requires that the agency ensure that the auditor’s final report is published on the agency’s website if it has one or is otherwise made readily available to the public.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <p>The auditor reviewed the agency website and confirmed the facility final PREA reports are published on the agency website.</p> <p>Corrective Actions:</p>

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

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local advocates, and online PREA Audit: Pre-Audit Questionnaire to collaborate findings 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.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	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.)	yes
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	yes

	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).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	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.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
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