

PREA Facility Audit Report: Final

Name of Facility: Isaiah House

Facility Type: Community Confinement

Date Interim Report Submitted: 07/10/2024

Date Final Report Submitted: 07/22/2024

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: Latera M. Davis	Date of Signature: 07/22/2024

AUDITOR INFORMATION	
Auditor name:	Davis, Latera
Email:	laterad@yahoo.com
Start Date of On-Site Audit:	05/22/2024
End Date of On-Site Audit:	05/23/2024

FACILITY INFORMATION	
Facility name:	Isaiah House
Facility physical address:	120 Clinton Avenue, Bridgeport, Connecticut - 06605
Facility mailing address:	

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Facility Director	
Name:	Hector Stewart
Email Address:	stewart@careerresources.org
Telephone Number:	203 394 3642

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

Facility Characteristics	
Designed facility capacity:	45
Current population of facility:	45
Average daily population for the past 12 months:	45
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 to 65
Facility security levels/resident custody levels:	5
Number of staff currently employed at the facility who may have contact with	33

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

AGENCY INFORMATION	
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Name of agency:	Career Resources, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	1000 Lafayette Boulevard, Bridgeport, Connecticut - 06604
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
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Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
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Name:	Kim Harris	Email Address:	harris@careerresources.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:	2024-05-22
2. End date of the onsite portion of the audit:	2024-05-23

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention (email) Connecticut Alliance to End Sexual Assault (call)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	45
15. Average daily population for the past 12 months:	45
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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:	44
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:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	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:	2
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>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>35</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>8</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The residents were randomly selected to include residents from all three housing locations.</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:	2
<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:	2
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:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>As reported by the facility and upon review of documentation there were no residents who met targeted criteria.</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>As reported by the facility and upon review of documentation there were no residents who met targeted criteria.</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>As reported by the facility and upon review of documentation there were no residents who met targeted criteria.</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>As reported by the facility and upon review of documentation there were no residents who met targeted criteria.</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>As reported by the facility and upon review of documentation there were no residents who met targeted criteria.</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>As reported by the facility and upon review of documentation there were no residents who met targeted criteria.</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>As reported by the facility and upon review of documentation there were no residents who met targeted criteria.</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>As reported by the facility and upon review of documentation there were no residents who met targeted criteria.</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>As reported by the facility and upon review of documentation there were no residents who met targeted criteria.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<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>19</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 checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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	
<p>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.</p>	
84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<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:	There were no reported allegations.

<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 type="radio"/> No</p> <p><input checked="" 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 type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual 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 type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual 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>There were no reported allegations.</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 type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<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 type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were no reported allegations.</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>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Organizational Chart</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.211(a). The agency has a written policy mandating zero tolerance toward all</p>

forms of sexual abuse and sexual harassment in facilities it operates directly or under contract

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "Career Resources, Inc. shall maintain a Zero Tolerance towards all forms of sexual abuse and sexual harassment. Any person who becomes aware of or suspects sexual abuse, or sexual harassment must report it immediately to the Vice President of Re-Entry and Residential Services, Program Director, Assistant Director or Director of Human Resources. All residents and staff have the right to work in an environment free of sexual harassment and sexual abuse" (p. 1).

- Organization Chart

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

compliance with the provisions of this standard.

115.211(b). The agency employs or designates an upper-level, agency-wide PREA Coordinator. It was further reported that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities.

Compliance Determination:

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

- Policy: Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that the PREA coordinator's responsibilities include:

- Ensure compliance with the Prison Rape Elimination Act policies and standards

- Develop and implement a PREA training plan.

- Monitor intake screening procedures.

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

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

- f) Maintain data collection of incidents and coordinate reporting of such to DOC (p. 1).

- g) Review all incidents and take appropriate actions to prevent any future

	<p>occurrences</p> <p>Interviews</p> <p>PREA Coordinator – The interviewed PREA Coordinator reported that she has enough time to manage all of the PREA related responsibilities. The agency coordinates efforts to comply with PREA standards by ensuring all new hires are trained on PREA and trained with seasoned staff. PREA is also addressed in staff meetings. Signage is placed around the facility and case managers will periodically discuss it in one-on-one sessions. If an issue with compliance is identified, we will immediately take action. As a team we will meet to develop a plan and address any actions that need to be taken.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Findings (By Provision):</p> <p>115.212 (a): The agency has not entered into or renewed a contract for the confinement of residents on or after August 20, 2012.</p> <p>115.212 (b): The agency has not entered into or renewed a contract for the confinement of residents on or after August 20, 2012.</p> <p>115.212 (c). The agency has not entered into or renewed a contract for the confinement of residents on or after August 20, 2012.</p> <p>Final Analysis:</p>

	<p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.213	Supervision and monitoring
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	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Annual Staffing Plan (2023-2024)</p> <p>Interviews:</p> <p>Director or Designee</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.213(a). For each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents: 45. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated: 45.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “Career Resource’s Inc. 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” (p. 2).
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- Annual Staffing Plan (2023-2024)

- 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.

- 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.

- Site Review: During the site review the auditor observed adequate staffing levels of direct care staff. There were several staff engaging residents based on the immediate clients' needs. A staff was located in an office that continuously monitors the camera system. Clients are free to move around the site without a controlled movement. Indirect conversation with staff discussed how rounds are conducted and how staff will search residents upon return to the site.

Interviews

Director- The interviewed director reported that the site has a staffing plan. The staffing plan looks at all of the above areas. The facility has a staffing plan to meet the needs of monitoring all residents in the facility. And to ensure they are aware of the whereabouts at all times. All residential buildings have a video monitoring system in place, which is used to determine where and how often staff tour the facility. Isaiah's program staffing plan is updated and reviewed on an annual basis and is needed and filed with CRI agency supervisors and the CT. Department of Corrections. The PREA Coordinator will work with the program directors to adjust the staffing plan as needed. The supervising director makes regular checks into staffing plan compliance by monitoring staff schedules at all facilities, using the agency's payroll system.

PREA Coordinator- The interviewed PREA Coordinator reported that when assessing adequate staffing levels and the need for video monitoring, the facility staffing plan will include:

The physical layout of each facility.

b. The composition of the resident population.

c. The prevalence of substantiated and unsubstantiated incidents of sexual abuse.

d. Any other relevant factors.

The review team consider all of the above when taking into account the safety of our clients. Our staffing plans are not deviated from. When there is a staff shortage, management will step in to cover the shifts. Placement of camera's are strongly taken into consideration to address any blind spots to ensure the safety of both staff and clients.

PREA Audit Site Review: During the site review, the auditor observed that there was only female staff. There were adequate staff managing the cameras and direct care staff. Staff officers were locked and secured, and cameras were appropriately placed throughout the center.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standards 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.
- 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.
- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "anytime there are deviations in the staffing plan, the Program Director or designee shall document the deviation and justify the reason" (p. 2).

Interviews

Director or Designee - The interviewed Director reported that anytime the staffing plan is changed, the director shall document the reasons for the change and justify the reasons why the changes were made. It was further reported that there have not been instances where the staffing plan couldn't be met.

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

115.213(c). At least once every year the facility, reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “whenever necessary, but at least once a year, the Vice President of Re-Entry and Residential Services (PREA Coordinator) shall, in conjunction with the Program Director, Assistant Program 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. 2).
- Annual Staffing Plan (2023-2024)
- The staffing plan is reviewed annually. Per protocol, the PREA coordinator/ compliance manager would be notified in advance if there were any adjustments made to the plan.
- The staffing plan is objective with the number and placement of staff and some video technology that is necessary to ensure the sexual safety of the resident population given the facility layout and characteristics, classifications of residents, and security needs and programming. The staffing plan considers sick leave, vacation, FMLA, callouts, training days, military leave, etc...
- The agency/facility makes its best efforts to comply on a regular basis with the staffing plan and the facility document deviations from the staffing plan. Annually the agency/facility adjusts as needed to resource available to ensure adherence to the staffing plan. The agency PREA coordinator/Facility Compliance Manager is a part of the annual review.
- The agency/facility intermediate-level and upper-level supervisors conduct unannounced rounds on all shifts to prevent, detect and respond to allegations of sexual abuse and sexual harassment. Staff are prohibited from alerting other staff members of PREA to unannounced rounds.
- 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.
- The facility has identified blind spots within the facility that are accessible to residents, to ensure the safety of the residents in the areas that may be considered blind spot. Staff are directed to be observant of those areas and are not allowed to

	<p>have one-on-one contact outside of the camera's view.</p> <p>Interviews</p> <p>PREA Coordinator – The interviewed PREA Coordinator reported that the staffing plan is reviewed at least annually.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Cross Gender and Transgender Search Training (22)</p> <p>Interviews:</p> <p>Resident Interview Questionnaire (10)</p> <p>Random Sample of Staff (12)</p> <p>Findings (By Provision):</p> <p>115.215 (a). The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents: 0.</p>

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “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” (p. 2).
- Cross Gender Searches Training (15)
- The facility does not conduct strip searches or body cavity searches at all. Staff are also prohibited from conducting any form of search that involves “touching” by either gender staff. Residents are afforded the utmost privacy in restroom/shower areas where the restroom has stalls and doors, and the showers have stalls and curtains and the doors to the restroom/shower areas may be closed as well. Staff are respectful of residents living areas and their privacy.
- There have been no strip search or body cavity searches, and these are prohibited, nor have there been any searches involving “touch”. Residents have privacy while changing clothing because of doors on their rooms. Policy requires Residents and staff to be subject to hands-off searches that will be conducted in a manner that avoids force, embarrassment or indignity to the person being searched. It also requires that pat downs, body cavity and strip searches are prohibited regardless of the gender of the staff or Resident, even in exigent circumstances.
- Audit Site Review: During the site review the auditor did not observe any staff conducting body searches. Informal conversation with staff and residents further confirmed that cross gender and body cavity searches did not occur.

Corrective Actions:

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

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

115.215 (b). The facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. The number of pat-down searches of female residents that were conducted by male staff: 0.

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

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “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” (p. 2).
- It should be noted that at the time of the audit there was an all-male staff.
- The facility does not have female residents.

Interviews:

Random of Sample of Staff: There are no female staff that work at the facility. All residents shower alone.

Resident Interview Questionnaire: The interviewed residents reported that there are no female staff at the facility. It was further reported that no staff saw them naked and in full view.

Corrective Actions:

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

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

115.215 (c). The facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances.

Corrective Actions:

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

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

115.215 (d). 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 (this includes viewing via video camera). Policies and procedures 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:

- Policies and procedures 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.
- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “aall 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” (p. 2).
- Site Review:
 - o 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, intake, showers, bathrooms, and recreation areas.
 - o During the site review, the auditor observed the facility critical function of cross-gender announcements. The auditor observes staff announcing their present when entering housing unit/living areas of the opposite gender. The phrase most used by staff is “female or male in the unit”.
 - o During the site review, the auditor observed the facility critical function of cross-gender viewing. The auditor viewed the placement and angle of electronic surveillance monitoring in the main control room. The cameras do not show Residents naked, using the showers or toilets on camera monitors. Cameras were not located in the individual rooms.
 - o During the site review, the auditor observed the facility critical function of the physical storage area of any information/documentation collected and maintained as hard copy. The hard copies of the PREA Screening are kept in the residents’ files and maintained in lock file room. There was no confidential resident information located in places where other residents or staff can review.

Interviews

Resident Interview Questionnaire – The interviewed residents reported that there are no opposite gender staff that work at the facility.

Random Sample of Staff -- The interviewed staff reported that there are no opposite gender staff that work at the facility.

Correction Actions:

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

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

115.215 (e). 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. There were zero searches that occurred in the last 12 months.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining genital status” (p. 2).

Corrective Actions:

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

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

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

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: 16. Sixteen actually represents the number of staff.

Compliance Determination:

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

- Cross Gender and Transgender Search Training (22)
- Cross Gender Searches Curriculum: the curriculum provided an overview of the content used to conduct the training.

Interviews

Random Sample of Staff - All of the interviewed staff reported that they received

	<p>cross-gender searches training. One staff could not recall if the training included searches of transgender residents. Several of the staff further demonstrated how the training was conducted.</p> <p>Corrective Actions:</p> <ul style="list-style-type: none"> · N/A. There are no corrective actions for this provision. <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Interpreter Information Card</p> <p>Resident Handbook</p> <p>PREA Posters</p> <p>Memo (Intake, Orientation and Disabled Residents (Dated 7/27/2022))</p> <p>Cognitive Programs</p> <p>Interviews:</p>

Agency Head

Random Sample of Staff (12)

Findings (By Provision):

115.216 (a). The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "All residents will have every opportunity to participate in all aspects of sexual abuse and sexual harassment prevention, detection and response. The program shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities or limited English proficient" (p. 3).
- To ensure effective communication with residents or residents who are deaf or hard of hearing, the agency provide access to interpreters who can interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary.
- The agency also provides written materials in formats or through methods that ensure effective communication with residents/residents, who have intellectual disabilities, limited reading skills or who are blind or have low vision.
- The agency/facility has established procedures to ensure residents who are LEP or have disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's/facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
- The agency has documents in Spanish and English, signs in the program are in Spanish, Spanish speaking Case Managers in some of the programs, and would use a translating service if needed. If Residents are unable to read, a staff member reads and review all PREA information with the residents in person.
- The agency/facility does not have a contract for interpretation services however utilizes the services provided to the court. The agency/facility has Interpretation information cards at all sites. The cards explain how to access the interpreter services along with accessing an interpreter and in need of accommodations because of a disability. A quick link to those services is www.jud.ct.gov/ADA/default.htm.

· In addition, a memo was provided by the agency indicating that Career Resources has the following programs to assist with cognitive delays (Cognitive Programs)

- English as a Second Language (ESL) classes
- GED Classes
- Community Resource Center
- Interpreter Contact Information Card
- Resident Handbook
- Posters
- Memo (Intake, Orientation and Disabled Residents (Dated 7/27/2022))

Site Review: During the onsite audit the auditor informally discussed with staff how interpreter services are addressed. It was determined that several staff speak the more common need for services (Spanish) and are readily available to interpret. Staff further reported and showed the auditor the PREA binder where there is a list of interpreter services to contact if needed. The auditor observed PREA related information throughout the facility in Spanish and English.

Interviews

Agency Head - The interviewed agency head reported that the agency has established procedures to provide residents with disabilities and residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, or respond to sexual abuse or sexual harassment. The agency has signage in English and Spanish along with employing staff who can stand in when necessary to provide translation services. Currently we have staff that speak English, French, Creole, Japanese and Italian. CRI also provides handicapped accessible rooms on the first floors of both men and women's programs.

Corrective Actions:

N/A. There are no corrective actions.

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

115.216 (b). As reported in the PAQ, the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all residents will have every opportunity to participate in all aspects of sexual abuse and sexual harassment prevention, detection and response. The program shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities or limited English proficient” (p. 3).
- Interpreter Contract Information Card
- Resident Handbook
- Posters
- Staff Training
- Cognitive Programs: A list of programs that the site can utilize to address additional resources.
- Site Review: Site Review: During the onsite audit the auditor informally discussed with staff how interpreter services are addressed. It was determined that several staff speak the more common need for services (Spanish) and are readily available to interpret. Staff further reported and showed the auditor the PREA binder where there is a list of interpreter services to contact if needed. The auditor observed PREA related information throughout the facility in Spanish and English.

Corrective Actions:

N/A. There are no corrective actions.

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

115.216 (c). Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

In the past 12 months, the number of instances 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 resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations: 0

Compliance Determination:

	<p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “interpretation services will be provided as needed. Resident interpreters will not be utilized for any investigation aspects of reported sexual abuse or harassment except where an extended delay in obtaining an effective interpreter could compromise resident’s safety or performance of first responders or investigation of resident’s allegation. Any use of resident interpreters must be documented” (p. 3). · Interpreter Contract Information Card · Resident Handbook · Posters <p>Interviews</p> <p>Random Sample of Staff – The interviewed staff report that the agency does not allow the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. When probed the staff reported that they have bilingual staff and/or they would get an interpreter. The staff reported that they were not aware of instances where resident interpreters were used.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant</p>
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ) Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

5-year background check (8)

Corrective Action Documentation

New Hire Personnel:

- Completed Background Checks (7)
- Pre-Employment Questionnaire (15)
- Reference Checks (7)

Interviews:

Administrative (Human Resources) Staff

Findings (By Provision):

115.217 (a). Agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who: (1) 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); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Compliance Determination:

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

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

Interviews

Administrative (Human Resources): The interviewed HR staff reported that facility uses a system to conduct criminal record background checks of current employees and contractors who may have contact with residents.

Corrective Actions:

The facility shall provide a copy of the requested new hire background checks and reference checks. The requested documentation was provided and compliant with the provisions of the standard. No further action is required.

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

115.217 (b). Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Compliance Determination:

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

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

Interviews

Administrative (Human Resources): The interviewed HR staff reported that the facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact residents.

Corrective Actions:

N/A. There are no corrective actions.

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

115.217 (c). Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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.

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks: 7.

Compliance Determination:

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

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

Interviews

Administrative (Human Resources): The interviewed staff responsible for HR reported that the facility performs criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are being considered for promotions.

Corrective Actions:

The facility shall provide a copy of the requested new hire background checks and reference checks.

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

115.217 (d). Agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. 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: 0.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “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”.

Interviews

Administrative (Human Resources): The interviewed staff responsible for HR reported that the facility performs criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are being considered for promotions.

Corrective Actions:

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

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

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

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all employees of Career Resources Inc residential programs shall have a criminal background check completed at the time of employment, prior to any promotion, and at least once every five years thereafter”.

- 5-year background check (8)

Interviews

Administrative (Human Resources): The interviewed HR staff reported that facility uses a system to conduct criminal record background checks of current employees and contractors who may have contact with residents.

Corrective Actions:

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

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

115.217 (f). The agency asks 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 Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “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”.

Interviews:

Administrative (Human Resources): The interviewed HR staff reported that the facility asks all applicants and employees who may have contact with residents about previous misconduct described in section.

Corrective Actions:

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

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

115.217 (g). Agency policy states 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:

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “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.

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

115.217 (h). The agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Compliance Determinations:

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

· Additional Policy 115.217

Isaiah/STARS/Women and Children's policy requires that before hiring new employees who may have contact with residents, the facility will perform a criminal background check; and consistent with Federal, State and local law guidelines.

As of January 1, 2017, the State of Connecticut joined the Ban the Box movement. We can no longer inquire of anyone's criminal history during the application process (see attached). Our Director of HR conducts criminal background checks on all employees to confirm there is no evidence of sexual abuse or sexual harassment or any criminal activity that would hinder the hiring process prior onboarding staff.

Isaiah/STARS/Women and Children's Program will inform applicant of our PREA Policy during the interview.

Isaiah/STARS/Women and Children's Programs make every effort to contact all prior employers for information on substantiated allegations of residents or detainee sexual abuse or harassment or any resignation pending an investigation of such allegations.

Interviews

Administrative (Human Resources): The interviewed HR staff reported that when a former employee applies for work at another institution, upon request from that institution, does the facility provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law.

Corrective Actions:

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

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

	<p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility shall provide additional documentation to determine final compliance of the standard.</p> <p>The additional documentation was provided. The facility is fully compliant with the provisions of the standard.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Upgrade to camera system</p> <p>Interviews:</p> <p>Agency Head</p> <p>Director</p> <p>Findings (By Provision):</p> <p>115.218 (a). The agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “Career Resources, Inc 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". It should also be noted that the agency has taken over operations of the community corrections site in the last four years.

- Site Review: During the site review and interviews with staff there was no information that indicated that the site had made any expansions or modifications.

Interviews

Agency Head - The interviewed agency head reported that Career Resources prime consideration is maximizing the number of cameras and camera angles in order to avoid blind spots. CRI also is conscious of maintaining PREA notices in common areas when modifying any buildings.

Director or Designee - The interviewed director reported that there have been no changes to the facility building layout since the last PREA audit, which impacts the program's ability to protect residents from sexual abuse.

Corrective Actions:

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

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

115.218 (b). The agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.

Compliance Determination:

- The agency provided documentation where there was an upgrade to the camera system.

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

- Site Review: During the onsite portion of the audit, the auditor checked the monitoring system. The monitoring system is located in the COD (case manager on duty) office. The office is utilized to watch cameras and make announcements; along with other duties/responsibilities of staff.

Interviews:

Agency Head - The interviewed agency head reported that camera footage is reviewed daily in order to ensure that any incidents of inappropriate behavior, sexual or otherwise, can be addressed by agency staff. Also, whenever there is a PREA complaint CRI reviews specific times and dates of alleged behavior.

	<p>Director or Designee - The interviewed director reported that the site along with DOC has invested money into upgrading the video monitoring system in all of the halfway houses. The installments of new and additional cameras have impacted in a positive way the ability of the staff to monitor the programs and to also protect all residents from sexual abuse.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>MOU: The Center for Family Justice (current and prior)</p> <p>Victim Advocacy Brochures</p> <p>Interviews:</p> <p>Random Sample of Staff (12)</p> <p>Findings (By Provision):</p> <p>115.221 (a). The agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual</p>

misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

The Bridgeport Police Department or Connecticut State Police will conduct criminal investigations.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon notification of any incident of sexual abuse or sexual assault, staff shall secure the scene of the incident, and at a minimum does not allow the alleged victim or alleged abuser to shower, toilet, eat, drink, or change clothes”.

Interviews

Random Sample of Staff - The interviewed random sample of staff were interviewed. The staff reported that the agency’s protocol for obtaining usable physical evidence includes securing the area, separate parties, no shower or bathroom, and secure the evidence until the police arrive. The interviewed staff’s response to who conducted the interviews varied from police, or The PREA Coordinator. The staff consistently reported that they would respond immediately.

Corrective Actions:

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

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

115.221 (b). NA-there are no youth housed at the placement.

115.221 (c). The facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).

When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The number of forensic medical exams conducted during the past 12 months: 0

The number of exams performed by SANEs/SAFEs during the past 12 months: 0

The number of exams performed by a qualified medical practitioner during the past 12 months: 0

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon notification, the PREA Coordinator or designee will contact the appropriate law enforcement agency who will conduct and coordinate the investigation. The PREA Coordinator or designee shall, in conjunction with law enforcement staff make transportation arrangements for the alleged victim to receive appropriate medical care at a local hospital where SAFE/ SANE staff are available (Bridgeport Hospital and St. Vincent’s Hospital)”.
- MOU: The Center for Family Justice
- Victim Advocacy Brochures

Corrective Actions:

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

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

115.221 (d). The facility attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other mean. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

Compliance Determination:

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

- The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “community-based victim services will be made available to victims in addition to Department of Correction Medical and Mental Health Services as needed”.
- MOU: The Center for Family Justice

Interviews

PREA Coordinator - The interviewed PREA Coordinator reported that the facility has an MOU with a community-based victim advocacy center, the Center for Family Justice. In addition, the facility assures that is a qualified CONNSACS provider via agreement between the facility MOU.

Corrective Actions:

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

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

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

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “community based victim services will be made available to victims in addition to Department of Correction Medical and Mental Health Services as needed”.
- MOU: The Center for Family Justice
- Victim Advocacy Brochures

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that the facility will make available a victim advocate. If one is not available, the facility will provide a qualified staff member from a community-based organization or a qualified staff member from the facility.

Corrective Actions:

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

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

115.221 (f). If the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.221 (a) through (e) of the standards.

Compliance Determination:

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

	<p>· Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon notification, the PREA Coordinator or designee will contact the appropriate law enforcement agency who will conduct and coordinate the investigation”.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.221 (g). Auditor is not required to audit this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Interviews:</p> <p>Agency Head</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.222 (a). The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct).</p>

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

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

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

Compliance Determinations:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all incidents of sexual abuse or sexual harassment will be investigated. Any incident involving potential criminal behavior will be immediately reported to local law enforcement for criminal investigation. The PREA Coordinator shall ensure any report of sexual abuse or sexual harassment determined to be non-criminal matter by law enforcement will be investigated at the facility level”.

Interviews

Agency Head – The interviewed agency head reported that the state police are called to conduct an independent criminal investigation and the Department of Corrections has also been notified as soon as possible. Administratively, if a complaint is received, we will separate the accused and the alleged victim. The highest level of administrative staff is notified. At the time, independent interviews of both parties would be conducted. If substantiated, State Police are called to conduct a full criminal investigation. The DOC is also notified and the beginnings of the report is generated. State Police and DOC will then determine how to manage the involved parties.

Corrective Actions:

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

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

115.222 (b). The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

Compliance Determinations:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states “the PREA coordinator will also ensure the CT Department of Correction (Parole) is notified of any incidents of sexual abuse or sexual harassment. This information shall be made available on the CT DOC website”.

Interviews

Investigative Staff - The administrative investigator reported that the agency policy requires that allegations of sexual abuse and sexual harassment are referred for investigation. The outside law enforcement would conduct a criminal investigation.

Corrective Actions:

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

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

115.222 (c). As reported in the PAQ, if a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

Compliance Determinations:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states “the PREA coordinator will also ensure the CT Department of Correction (Parole) is notified of any incidents of sexual abuse or sexual harassment. This information shall be made available on the CT DOC website”.

- Currently the information is posted on the CT DOC website.

Corrective Actions:

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

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

115.222 (d). N/A

115.222 (e). N/A

	<p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.231	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>PREA Training PPT</p> <p>Employee PREA Training Acknowledgement (7)</p> <p>PREA Refresher (5)</p> <p>Corrective Action Pending:</p> <p>Additional PREA Refresher Training (24)</p> <p>Interviews:</p> <p>Random Sample of Staff (12)</p> <p>Findings (By Provision):</p> <p>115.231 (a). The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The agency trains 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. The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on the dynamics of</p>

sexual abuse and sexual harassment in confinement.

The agency trains all employees who may have contact with residents on the common reactions of sexual abuse and sexual harassment victims. The agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents. The agency trains 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. The agency trains 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.

Compliance Determination:

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

· Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that:

1) During employee orientation and annually, staff shall receive the following PREA training:

- a. The facility's zero tolerance for all forms of sexual abuse and sexual harassment.
- b. How to fulfill their responsibilities in regard to prevention, detection, reporting, and response.
- c. The resident's right to be free from of sexual abuse and sexual harassment.
- d. The resident's and staff member's right to be free from retaliation for reporting sexual abuse and sexual harassment
- e. The dynamics of sexual abuse and sexual harassment in 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 and
- i. How to comply with relevant laws related to the mandatory reporting of sexual abuse to authorities.

· During the onsite phase the auditor reviewed the PREA Training Curriculum, and it was determined that the curriculum covers all of the required elements of staff PREA training. The auditor reviewed a sample of 6 training records (PREA Acknowledgement Statements). The training records reviewed included initial and refresher training covering a time span of 2022-2019.

- Employee PREA Training Acknowledgment (7)

- PREA Training Curriculum (PPT)

Interviews

Random Sample of Staff – All of the interviewed random sample of staff reported that they have been trained on the agencies zero tolerance policy for sexual abuse or sexual harassment. The staff reported that the training included the below elements:

2) During employee orientation and annually, staff shall receive the following PREA training:

j. The facility’s zero tolerance for all forms of sexual abuse and sexual harassment.

k. How to fulfill their responsibilities in regard to prevention, detection, reporting, and response.

l. The resident’s right to be free from of sexual abuse and sexual harassment.

m. The resident’s and staff member’s right to be free from retaliation for reporting sexual abuse and sexual harassment

n. The dynamics of sexual abuse and sexual harassment in residential settings, including determining which residents are most vulnerable.

o. The common reactions of sexual assault or sexual abuse victims

p. How to avoid inappropriate relationships with residents

q. How to communicate effectively and professionally with all residents and

r. How to comply with relevant laws related to the mandatory reporting of sexual abuse to authorities.

Corrective Actions:

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

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

115.231 (b). Training is tailored to the gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

because:

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "PREA training addresses factors pertaining to both males and females".
- Employee PREA Training Acknowledgment (7)
- PREA Training Curriculum

Corrective Actions:

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

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

115.231 (c). Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is annually.

Compliance Determination:

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

- Employee PREA Refresher Training (5)

Corrective Actions:

The facility shall provide the auditor with additional documentation of completed PREA refresher training for the staff identified by the auditor. The additional documentation was provided (24). No further action needed.

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

115.231 (d). The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "staff shall sign a training document acknowledging that they understand the training".

	<p>· Employee PREA Training Acknowledgment (7)</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Career Resources Inc. Isaiah/Lucy Baney House Volunteer, Intern, and Professionals Partners</p> <p>Career Resources PREA Policy Brochure</p> <p>Findings (By Provision):</p> <p>115.232 (a). All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p>

states that:

- 1) All volunteers or contractors who will be working unaccompanied by staff with residents will receive the same training as noted above for employees.
- 2) All volunteers and contractors who will be working unaccompanied by staff shall sign an acknowledgment that they have received PREA training and that they understand the PREA policy.

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: 2. It was further determined that the site does not have any volunteers or contractors.

Documentation Reviewed:

Volunteer Training Material

Interviews:

Volunteer(s) or Contractor(s) who may have Contact with Residents – There were no current volunteers or contractors.

Corrective Actions:

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

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

115.232 (b). The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Compliance Determination:

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

Interviews

Volunteer(s) or Contractor(s) who may have Contact with Residents – There were no current volunteers or contractors.

incident.

Corrective Actions:

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

	<p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.232 (c). The agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · Volunteer(s) or Contractor(s) who may have Contact with Residents - There were no current volunteers or contractors. <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Career Resources, Inc volunteer, intern, and professional partners PREA Training</p>

Career Resources PREA Compliance Policy Brochure

Isaiah House/Mary Magdelene a Program of Career Resources Inc. Resident Handbook

Resident PREA Acknowledgement (25)

Transfer Residents Intake Records (4)

PREA Posters

Interviews

Intake Staff (2)

Residents (10)

Findings (By Provision):

115.233 (a). Residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or 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.

The number of residents admitted during past 12 months who were given this information at intake:

92.

Compliance Determination:

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

- Intake Records/Resident Education (25)
- Resident Handbook
- 12-month roster of residents
- Audit Site Review: The auditor did not observe a new client intake. The intake worker did a good job showing the auditor how the process would take place and the location in which the intake would occur.

Interviews:

Intake Staff - The interviewed intake staff reported that during the intake process, the client is given all PREA information regarding the program being zero-tolerance for any incidents of sexual harassment and sexual abuse. The residents are provided a pamphlet and then followed up to ask them do they understood the information provided.

Resident Interview Questionnaire - All but one of the interviewed residents reported receiving information about the facilities rules against sexual abuse and sexual harassment when they first arrived at the facility. When asked, they stated that the information included their right to not be sexually abused or sexually harassed, how to make a report, their right to not be punished for reporting sexual abuse or sexual harassment. When asked how long after arrival did, they receive the information it ranged from the same day to within a few days.

Corrective Actions:

- N/A There is no corrective action.

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

115.233 (b). The facility provides residents who are transferred from a different community confinement facility with refresher information referenced in

115.233(a)-1. The number of residents transferred from a different community confinement facility during the past 12 months: 4.

The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information: 3.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "during intake orientation, all residents will receive a resident handbook, and 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:

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.

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.

- Resident Handbook
- PREA Brochure
- PREA Poster

- Career Resources PREA Policy brochure (Spanish and English)

- Transfer Residents Intake Records/Resident Education (4)

Interviews

Intake Staff - The interviewed intake staff reported that the agency ensures that clients are aware that they have the right to be always free from sexual abuse and sexual harassment. Case managers explain this policy in detail upon intake. Upon intake, residents are made aware of their rights within hours of entering the program.

Resident Interview Questionnaire - The interviewed residents reported that they first arrived at the facility in the last 12 months. All of the residents reported that they transferred from another facility.

Corrective Actions:

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

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

115.233 (c). Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient. Resident PREA education is available in formats accessible to all residents, including those who are deaf. Resident PREA education is available in formats accessible to all residents, including those who are visually impaired. Resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled.

Resident PREA education is available in formats accessible to all residents, including those who are limited in their reading skills.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "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".

- Resident Handbook

- Career Resources PREA Policy brochure (Spanish and English)

- Interpreter Information Card

Corrective Actions:

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

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

115.233 (d). The agency maintains documentation of resident participation in PREA education sessions.

Compliance Determination:

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

- Intake Records/Resident Education (25)

Corrective Actions:

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

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

115.233 (e). The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

Compliance Determination:

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

- Resident Handbook
- Career Resources PREA Policy brochure (Spanish and English)
- Audit Site Review: During the onsite inspection the auditor observed PREA posters, resident handbooks, PREA brochures and information regarding the advocacy services throughout the common areas of all sites. Information was provided in Spanish and English. Additionally, information was provided in areas in which visitors could access. It should be noted that during informal conversation several residents reported that the information was just put up in the week prior to the onsite audit. The auditor actively observed various aspects of signage throughout the facility to ensure that crucial sexual safety information is effectively communicated to both staff and individuals confined in the facility. The Signage language was clear and understandable.
 - o Services- signage clearly outlines available services and their purposes.
 - o Signage was provided in English as well as translated into the other languages

	<p>(Spanish) commonly spoken in the facility.</p> <ul style="list-style-type: none"> o Text size, formatting, and physical placement accommodated most readers, including those with visual impairments or physical disabilities. o Information on signage was accurate and consistent throughout the facility. The auditor tested the functionality and the numbers provided. o Audit notices were relevant to the current audit, and contact information was consistent for service providers or organizations. o Signage was placed in areas accessible to staff and individuals confined in the facility. o Key PREA information was continuously and readily available throughout the facility, including in staff dining areas, break rooms, multipurpose rooms, housing areas, etc. <p>In addition to observation, the auditor engaged in informal conversations with both staff and individuals to gather insights regarding signage, including its readability, accessibility, consistency, and whether it is always available or only posted for audits. Several residents articulated that information was provided at intake.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.234	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p>

Pre-Audit Questionnaire (PAQ)

Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting) (2)

PREA Training Records (2)

Interviews:

Investigative Staff

Findings (By Provision):

115.234 (a). N/A the agency does not conduct administrative or criminal sexual abuse investigations. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "it is the policy of Career Resources Inc residential programs that any criminal act is referred and reported to local law enforcement and the CT DOC (Parole)".

Compliance Determination:

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

- Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting) (2)
- Training records/logs of investigative staff (2)

Interviews

Investigative Staff - The interviewed administrative investigator reported that they have received training specific to conducting sexual abuse investigations. The training is online through the PREA Resource Center "Your Role in Responding to Sexual Abuse" and "Investigating Sexual Abuse in a Confinement Setting". The training topics included:

- Techniques for interviewing sexual abuse victims
- Proper use of Miranda and Garrity warnings
- Sexual abuse evidence collection in confinement settings
- The criteria and evidence required to substantiate a case for administrative or prosecution referral

Corrective Actions:

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

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

115.234 (b). N/A the agency does not conduct administrative or criminal sexual abuse investigations. However upon further review it has been determined that onsite there should be a trained administrative investigator. Compliance Determination:

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

- Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting) (2)
- Training records/logs of investigative staff (2)

Interviews:

Investigative Staff - The interviewed investigator reported that they have received training specific to conducting sexual abuse investigations. The training is online through the PREA Resource Center "Your Role in Responding to Sexual Abuse" and "Investigating Sexual Abuse in a Confinement Setting". The training topics included:

- Techniques for interviewing sexual abuse victims
- Proper use of Miranda and Garrity warnings
- Sexual abuse evidence collection in confinement settings
- The criteria and evidence required to substantiate a case for administrative or prosecution referral

Corrective Actions:

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

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

115.234 (c). N/A the agency does not conduct administrative or criminal sexual abuse investigations. However upon further review it was determined that there should be a trained agency administrative investigator.

The number of investigators currently employed who have completed the required training: 2.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

	<p>because:</p> <ul style="list-style-type: none"> · Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting) · Training Certificate (PREA: Coordinators' Roles and Responsibilities) <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.234 (d). 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 facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Findings (By Provision):</p> <p>115.235 (a). NA- the agency does not have onsite medical and mental health services. The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "Career Resources Inc residential programs does not employ medical staff. All medical and mental health services are referred to the local hospital, appropriate community service organization".</p> <p>The number of all medical and mental health care practitioners who work regularly</p>

	<p>at this facility and have received the training required by agency policy: 0.</p> <p>The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 0</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.235 (b). NA- the agency does not have onsite medical and mental health services.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.235 (c). As reported in the PAQ, the agency does not have onsite medical and mental health services. Upon further review it has been determined that the site has one onsite mental health staff.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.235 (d). As reported in the PAQ, the agency does not have onsite medical and mental health services.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

PREA Screening (25)

Rescreening (23)

Corrective Action:

Additional Screenings Completed (4)

Interviews:

Staff Responsible for Risk Screening (2)

Resident Interview Questions (10)

PREA Coordinator

Findings (By Provision):

115.241 (a). 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.

Compliance Determination:

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

· Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all residents shall be assessed upon intake to a Career Resources Inc residential program. Intake screening shall be conducted immediately upon arrival but no later than 72 hours after arrival”.

1) Resident screening shall be completed utilizing the Career Resources Inc residential programs screening form(s) and shall at the minimum consider:

a) The resident’s 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.

· Audit Site Review: During the site review the auditor observed some PREA signage in the main area of the site. The auditor recommended that more signage is posted in the housing area. Additional posters were placed during the post onsite audit phase. Audit Site Review: The auditor observed a new client intake. The intake worker did a good job going over the process and confirming with the client their understanding of PREA. The auditor also observed that all of the assessment questions were not asked in totality. For example, it was asked do you identified as homosexual or heterosexual instead of how the questionnaire was stated. Additionally, if the resident did not have any documented prior history of sexual perpetration the question was not asked. Lastly the intake worker did not go over victim advocacy or supportive services. Overall, the intake worker did a good job of engaging the client.

Additional review considerations:

The auditor verified the individuals responsible for conducting the risk screening, a critical step to ensure targeted interviews with the appropriate staff members. The intake staff directly asked the resident the intake questions.

- Evaluation was conducted to ascertain whether the screening process occurred in an environment conducive to privacy, minimizing the risk of sensitive information exposure. This included ensuring screenings were conducted out of earshot of other staff and confined individuals not involved in the process.

- Screening staff's approach to questioning was analyzed to determine if it fostered a sense of comfort and encouraged open responses from the individuals undergoing screening. The intake staff was patient and rearticulated, if necessary, the questions.

Informal conversation occurred with the intake officer and discussed the importance of asking all of the questions on the assessment tool and more detail of information. Informal conversations with clients with limited proficiency or disability reported that staff would assist during intake with understanding the information being presented.

Interviews

Staff Responsible for Risk Screening – The interviewed staff responsible for risk screening reported that upon admission to the facility residents are screened for risk of sexual abuse victimization or sexual abuse abusiveness.

Resident Interview Questionnaire – All but two of the interviewed residents reported that they were asked the following questions upon arrival at the facility: whether they had been in jail or prison before; whether they have been sexually abused, whether they identify as being gay, lesbian, or bisexual, and whether they may feel

in danger of sexual abuse at the site. Two residents reported that they could not recall.

Corrective Actions:

- One of the houses was utilizing the wrong screening tool. The site immediately imposed a corrective action and the site began using the correct form. The site provided additional documentation of the correct form being used.

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

115.241 (b). The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. 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 sexually abusing other residents within 72 hours of their entry into the facility: 33.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "all residents shall be assessed upon intake to a Career Resources Inc residential program. Intake screening shall be conducted immediately upon arrival but no later than 72 hours after arrival".
- PREA Screening Checklist (25)

Interviews

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that the intake process which includes PREA (victimization or risk of abusing others) must be done within 72 hours. The screening is done within 72 hours but typically within one to two hours of arrival.

Resident Interview Questionnaire - All but two of the interviewed residents reported that they were asked the following questions upon arrival at the facility: whether they had been in jail or prison before; whether they have been sexually abused, whether they identify as being gay, lesbian, or bisexual, and whether they may feel in danger of sexual abuse at the site. Two residents reported that they could not recall.

Corrective Actions:

- One of the houses was utilizing the wrong screening tool. The site immediately imposed a corrective action and the site began using the correct form. The site provided additional documentation of the correct form being used.

115.241 (c). Risk assessment is conducted using an objective screening instrument. During the pre-audit phase it was determined that the facility had a PREA screening tool but there was no measurement established for objectivity. The agency/facility updated its screening tool to have an objective process.

Compliance Determination:

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

- PREA Screening Checklist (25)

Corrective Actions:

- One of the houses was utilizing the wrong screening tool. The site immediately imposed a corrective action and the site began using the correct form. The site provided additional documentation of the correct form being used.

115.241 (d). The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (1) Whether the resident has a mental, physical, or developmental disability; (2) The age of the resident; (3) The physical build of the resident; (4) Whether the resident has previously been incarcerated; (5) Whether the resident's criminal history is exclusively nonviolent; (6) Whether the resident has prior convictions for sex offenses against an adult or child; (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the resident has previously experienced sexual victimization; and (9) The resident's own perception of vulnerability.

Compliance Determination:

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

- PREA Screening Checklist (25)

Interviews

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening stated that the initial screening considers the history of sexual abuse, how one perceives themselves, prior incarceration and whether or not you have been a prior victim or predator. The staff will go over the assessment with the residents and ask them if they have any questions.

Corrective Actions:

- One of the houses was utilizing the wrong screening tool. The site immediately imposed a corrective action and the site began using the correct form. The site provided additional documentation of the correct form being used.

115.241 (e). The intake screening shall consider prior acts of sexual abuse, prior

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

Compliance Determination:

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

- PREA Screening Checklist (25)

Interviews

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening stated that the initial screening considers the history of sexual abuse, how one perceives themselves, prior incarceration and whether or not you have been a prior victim or predator. The staff will go over the assessment with the residents and ask them if they have any questions.

Corrective Actions:

- One of the houses was utilizing the wrong screening tool. The site immediately imposed a corrective action and the site began using the correct form. The site provided additional documentation of the correct form being used.

115.241 (f). Within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. 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: 82.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "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 resident's 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 resident's risk of sexual victimization or abusiveness".

- PREA Screening (25)
- Rescreening (30 Day Follow Up Review) (23)

Interviews

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that no more than 30 days after a resident's arrival an initial screening is conducted. The rescreening is conducted via conversation with the resident.

Resident Interview Questionnaire - Six of the interviewed residents could recall if they had been asked the same types of questions again since being at the facility. They could not recall the specifics however they could recall that similar questions were asked again.

Corrective Actions:

- One of the houses was utilizing the wrong screening tool. The site immediately imposed a corrective action and the site began using the correct form. The site provided additional documentation of the correct form being used.

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

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "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 resident's 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 resident's risk of sexual victimization or abusiveness".

- Rescreening (30 Day Follow Up Review)-23

Interviews

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that no more than 30 days after a resident does the initial PREA screening, the rescreening will occur.

Resident Interview Questionnaire - Six of the interviewed residents could recall if they had been asked the same types of questions again since being at the facility. They could not recall the specifics however they could recall that similar questions were asked again.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and

review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.241 (h). The policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "residents will not be disciplined for refusing to answer or discuss information requested by the intake form".

Interviews

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that clients are never disciplined for refusing to participate in the PREA assessment.

Corrective Actions:

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

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

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

Compliance Determination:

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

Compliance Determination:

- Audit Site Review: The audit encompassed a thorough review of the following activities to ensure compliance with PREA Standards:

- The auditor observed the physical storage area where any hard copy information/documentation collected and maintained pursuant to PREA Standards is

stored. This includes documents such as risk screening information, medical records, and sexual abuse allegations. The objective was to determine if the storage area is adequately secured, utilizing methods such as key card access, locks, or other security measures.

- In addition to these assessments, the auditor engaged in informal conversations with staff members to gather information regarding access to secure information. Specifically, discussions centered on the storage and security measures for electronic and hard copy information, including medical and mental health files, sexual abuse and harassment reports, etc. Key topics included the location, methods, and security protocols for storing information both electronically and in hard copy, as well as details regarding access restrictions and authorization procedures for personnel.

Interviews

PREA Coordinator - The interviewed PREA Coordinator reported that the agency has outlined who can have access to a resident risk assessment with the facility. The Case Manager and any supervisory staff have access to the risk assessment assessments. If needed, client will sign a release of information for therapist or outside counselors to view these assessments.

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that the agency has strict policy regarding confidentiality of all client documents including the risk assessment. Only case management staff have access to a locked area which contains all client’s information. The files are held in a locked cabinet.

Corrective Actions:

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

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

Overall Findings:

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

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

PREA Screening Checklist (25)

Interviews:

PREA Coordinator

Staff Responsible for Risk Screening (2)

Transgender/Intersex Residents

Findings (By Provision):

115.242 (a). The agency/facility uses information from the risk screening required by §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.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “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 policy further states ““Isaiah/STARS/Women and Children’s Program uses the information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk for being sexually victimized from those at high risk of being sexually abusive. Individualized determinations about how to ensure the safety of each resident”.
- The facility uses PREA information to make determinations for all residents 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.
- PREA Risk Screening Assessment (25)
- Documentation of risk-based housing decisions. The auditor assessed the facility's physical layout and examined the scoring rates of initial assessments to

ensure alignment with identified sexual safety concerns, documenting risk-based housing decisions accordingly.

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that the agency uses information from the risk screening during intake to keep residents from being sexually victimized or being sexually abusive. The information is used to determine what specialized programs or counseling are needed for the client. In addition, the client’s placement in the facility is taken under consideration as well. We in no way want the client to be placed or feel unsafe in our facility.

Staff Responsible for Risk Screening – The interviewed staff responsible for risk screening reported that the risk screening is used to assess client needs for further care and services based on their need to explore possible previous sexual assault and personal sexual identity. To ensure resident safety, clients are given their own personal living space, staff have been trained to be aware of client’s behaviors that are problematic regarding sexual safety.

Corrective Actions:

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

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

115.242 (b). The agency/facility makes 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:

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “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”.

Interviews

Staff Responsible for Risk Screening - Staff Responsible for Risk Screening – The interviewed staff responsible for risk screening reported that the risk screening is used to assess client needs for further care and services based on their need to explore possible previous sexual assault and personal sexual identity. To ensure resident safety, clients are given their own personal living space, staff have been trained to be aware of client’s behaviors that are problematic regarding sexual safety.

Corrective Actions:

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

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

115.242 (c). The agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

Compliance Determination:

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

- The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “transgender and intersex residents’ own views with respect to his or her safety shall be given serious consideration in housing assignments. 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”. The policy further states ““Isaiah/STARS/Women and Children’s Program uses the information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk for being sexually victimized from those at high risk of being sexually abusive. Individualized determinations about how to ensure the safety of each resident”.

Interviews

PREA Coordinator - The interviewed PREA Coordinator reported that the agency will determine housing and programming for transgender or intersex residents on a case-by-case basis. It is not our intent to discriminate in any way. All clients are made to feel comfortable upon placement. If a client feels uncomfortable with their rooming placement, they will be reassigned to another room. A victim will never be placed with a predator. Health and safety will always be considered. The residents’ health and safety are always a priority. It was further reported that the agency would have a discussion with Parole in the past when we felt placements would be unsafe in the facility. If we feel that any client would pose a threat, we will closely monitor the client as needed to assure the safety of other clients and staff.

Transgender/Intersex Residents - There were no transgender or intersex residents onsite identified to interview.

Corrective Actions:

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

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

provisions of this standard.

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

Compliance Determination:

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

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

Interviews

PREA Coordinator - The interviewed PREA Coordinator reported that transgender and intersex residents' views would be respected, and all clients are treated with the upmost resident and confidentiality when being placed.

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that residents' views of themselves are given serious consideration for placement and programming assignments.

Transgender/Intersex Residents - There were no transgender or intersex residents onsite identified to interview.

Corrective Actions:

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

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

115.242 (e). Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Compliance Determination:

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

- As a part of the housing and programming determinations involving a transgender or intersex Resident, staff indicated that they would consider the residents' own views regarding his or her safety.
- Resident Housing Assignment
- Audit Site Review: When conducting the onsite inspection there was no indication that the site had separate living units for transgender or intersex residents.

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that transgender and intersex residents are given the opportunity to shower separately from others. If the client feels unsafe in any way, they will be provided the opportunity to shower at separate times.

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that all residents shower privately.

Transgender/Intersex Residents – There were no transgender or intersex residents onsite identified to interview.

Corrective Actions:

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

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

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

Compliance Determination:

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

- The auditor examined the housing arrangements for residents identified as lesbian, gay, bisexual, transgender, or intersex (LGBTI+). It was found that the agency did not have a dedicated facility or wing specifically designed to accommodate these residents.

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that the agency is not subject to a consent decree, legal settlement or legal judgement. The facility will house clients in general population unless requested by the resident for special housing for safety concerns.

Transgender/Intersex Residents – There were no transgender or intersex residents onsite identified to interview.

Corrective Actions:

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

	<p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Resident Handbook</p> <p>PREA Compliance Brochure</p> <p>Break the Silence Poster</p> <p>Interviews:</p> <p>Random Sample of Staff (12)</p> <p>Resident Interview Questionnaire (10)</p> <p>Findings (By Provision):</p> <p>115.251 (a). The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard</p>

because:

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “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”.
- The resident handbook provides multiple internal and external reporting methods. As provided in the handbook “to report any incident of sexual abuse or sexual harassment you, or a third party may:
 - Make a verbal, written or anonymous complaint to any staff member
 - Director of Residential Service 203-675-9569
 - Contact Career Resources Inc. Administrative office at 203-953-3232
 - Contact the Bridgeport Police Department at 203-581-5100
 - Contact the Department of Corrections PREA Hotline at 770-743-7783
- If you or someone you know has been the victim of sexual abuse and would like counselling, support or other assistance you may contact The Center for Family Justice at 203-333-2233.
- Audit Site Review: During the site review the auditor observed some PREA signage in multiple locations. However, the auditor recommended that more signage is posted in the housing area. Additional posters were placed during the onsite audit phase. During the site review, the auditor observed the facility signages regarding access to outside confidential (emotional support services) information were posted in all areas frequented by Residents in the facility, including housing/living units. This information is posted throughout the facility. The information is provided in English and Spanish and is legible. During the site review, the auditor observed the facility signages regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in Residents in the facility housing/living units, programming areas and visitation area. The information is provided in English and Spanish and is legible.

During the site review, the auditor observed the facility provides resident access to writing instruments, paper, and forms to report with. During the site review, the auditor evaluated the facility systems by which residents in the facility can report sexual abuse and/or sexual harassment. Resident can report by using the internal grievance process or written format or using the phone (cell phone). The auditor requested that a resident demonstrate the steps of reporting by phone. It was also discussed where and who received the reports.

The Resident can file a written report without giving his/her name or the name of the abuser (s). This information could also include an assault that occurred at any Correctional Facility, Detention Center, County Facility or while under community

supervision, prior to or during his/her commitment to this program.

The agency/facility has multiple internal ways for residents to privately report sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff violated their responsibilities that may have contributed to the sexual abuse. Residents are informed of the different ways to report, and how to access the internal and external reporting process.

During the facility onsite inspection, the auditor observed intake process/location, where the PREA screening occurred, the location of the drop boxes and whether they were locked. The resident mail process was discussed, on how resident mail is sent and received.

The facility has toll-free hotline numbers available to Residents. Externally, residents may contact the Sexual Assault Crisis Services Line and that information is provide and displayed in high traffic areas of the program as is additional PREA material. The auditor tested the phone lines and was able to directly speak to staff at the Sexual Assault Center and it was further confirmed that residents can make reports directly to the center.

Informal conversations were conducted with confined individuals to ascertain their awareness of the option to make verbal reports and the process for doing so.

Discussions with staff members were held to determine their understanding of the procedures for receiving and documenting verbal reports.

Accessibility and security of writing instruments for residents were assessed, along with the observation of how mail moves within the facility, including via mail drop boxes or staff. Individuals have access to drop mail off directly through the postal service.

Interviews

Random Sample of Staff - The interviewed staff reported various ways in which they could privately report sexual abuse or sexual harassment of residents. Such methods include calling the PREA Director, hotline number, supervisor, or grievance box.

Resident Interview Questionnaire - The interviewed residents reported various methods to report sexual abuse or sexual harassment that happened to them or someone else by notify staff, call the hotline, notify the PREA officer, or call the police.

Corrective Actions:

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

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

115.251 (b). The agency shall also inform residents of at least one way 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. Staff are required to document verbal reports.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “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. The resident handbook provides multiple internal and external reporting methods”.

- As provided in the handbook “to report any incident of sexual abuse or sexual harassment you, or a third party may:

- Make a verbal, written or anonymous complaint to any staff member

- Director of Residential Service 203-675-9569

- Contact Career Resources Inc. Administrative office at 203-953-3232

- Contact the Bridgeport Police Department at 203-581-5100

- Contact the Department of Corrections PREA Hotline at 770-743-7783

If you or someone you know has been the victim of sexual abuse and would like counselling, support or other assistance you may contact The Center for Family Justice at 203-333-2233.

- In the orientation process, residents will obtain a clear understanding of reporting and review procedures including being provided the PREA incident reporting form and other options for privately and anonymously making reports of sexual abuse or sexual harassment. (pp. 1-2).

- PREA Compliance Brochure: Contains information on how to make a report and an explanation of sexual abuse and sexual harassment.

- Break the Silence Poster

- Site Review: As previously stated, the auditor observed signage for making a report and victim related services throughout the site. The signage was in English and Spanish. On one unit the signage was limited therefore the auditor recommended additional signage. Additional signage was immediately placed while

the auditor was onsite.

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that residents are provided at least one way to report to an outside entity by calling law enforcement directly. This procedure enables receive and immediate transmission of resident reports of sexual abuse and sexual harassment to agency officials that allow the resident to remain anonymous upon request. Confidentiality is of the utmost. Clients should always feel safe when reporting an incident of sexual abuse or harassment. All documentation will be provided to the appropriate agency with the client's permission.

Resident Interview Questionnaire – The interviewed residents reported various methods to report sexual abuse or sexual harassment that happened to them or someone else by notify staff, call the hotline, notify the PREA officer, or call the police. When asked if they believe they could make a report without giving their name, only one resident reported that they are not sure if that's possible.

Corrective Actions:

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

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

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

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "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".

Interviews

Random Sample of Staff - The interviewed staff report that when a resident alleges sexual abuse, they can do so verbally, in writing, anonymously and from third parties. They further reported that such allegations would be documented immediately.

Resident Interview Questionnaire – The interviewed residents reported that they can make a report of sexual abuse or sexual harassment either in person or in writing by notifying family or friends.

Corrective Actions:

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

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

115.251 (d). The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “staff members shall be provided a method to privately report sexual abuse or sexual harassment of residents. Methods of reporting shall include in-person, phone, mail, email, fax or any means by which the staff person feels comfortably in reporting to supervisory level staff, the PREA Coordinator. Staff are expected to report any knowledge or suspicion of abuse. The methods of reporting are expected to vary based on the situation and the individual involved. Should there be any question as to the most appropriate method, the PREA Coordinator or Supervisor should be contacted”.
- Site Review: As previously stated, the auditor observed signage for making a report and victim related services throughout the site. The signage was in English and Spanish. On one unit the signage was limited therefore the auditor recommended additional signage. Additional signage was immediately placed while the auditor was onsite.

Interviews

Random Sample of Staff – The interviewed staff report that they have multiple ways to privately report sexual abuse and sexual harassment of residents. Such methods included notifying the PREA Coordinator, Director, law enforcement or place in the grievance box.

Corrective Actions:

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

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

Overall Findings:

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

	online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Resident Handbook</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>PREA compliance manager</p> <p>Findings (By Provision):</p> <p>115.252 (a). The agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Agency policy requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · Resident handbook <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p>

115.252 (b). Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Compliance Determination:

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

- Resident handbook

Corrective Actions:

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

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

115.252 (c). The agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. The agency's policy and procedure require that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Compliance Determination:

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

- Resident handbook
- Grievances: The auditor was unable to review grievances as the site does not keep grievances in one collective area but rather files them in each individual case file.

Corrective Actions:

- The site set up a grievance logbook where all grievances will be located.

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

115.252 (d). Agency policy and procedure 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.

In the past 12 months, the number of grievances filed that alleged sexual abuse: 0

In the past 12 months, the number of grievances alleging sexual abuse that reached

final decision within 90 days after being filed:0

In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days:0

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

- Grievances: The auditor was unable to review grievances as the site does not keep grievances in one collective area but rather files them in each individual case file.

Corrective Actions:

- The site set up a grievance logbook where all grievances will be located.

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

115.252 (e). Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. Agency policy and procedure requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.

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 resident's decision to decline: 0.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "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 Career Resources website".
- Grievances: The auditor reviewed the grievance logbook and the associated grievances over the last 12 months. There were no PREA related grievances identified.

Corrective Actions:

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

A review of the appropriate documentation, interviews with staff, and review of

relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.252 (f). The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours.

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

The number of those grievances in 115.252 (e)-3 that had an initial response within 48 hours: 0

The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that

Corrective Actions:

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

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

115.252 (g). The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

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:0

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

Overall Findings:

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

	analysis, the facility is compliant with all provisions in this standard.
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>MOA: Center for Family Justice</p> <p>Resident Handbook</p> <p>Break the Silence Poster</p> <p>Career Resources PREA Compliance Policy (Brochures)</p> <p>Interviews:</p> <p>Resident Interview Questionnaire (10)</p> <p>Findings (By Provision):</p> <p>115.253 (a). The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “residents are provided contact information to outside victim advocates and support services when requested. Career Resources, Inc has access to CONNSACS (Connecticut Sexual Assault Crisis Services) through an MOU with Child and Family Guidance Center in Bridgeport. Any resident may call the toll-free

CONNSACS number at any time”.

- Upon review of the MOA with the Center for Family Justice, it is found that the facility has a written agreement that the Center for Family Justice can provide free, confidential and empowerment based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training.

- Resident Handbook

- Break the Silence Poster

- Career Resources PREA Compliance Policy Brochure

- Site Review:

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

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

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

- o During the site review, the auditor observed the facility provides resident access to writing instruments, paper, and forms to report with.

- o During the site review, the auditor evaluated the facility systems by which residents in the facility can report sexual abuse and/or sexual harassment. Resident can report by using the internal grievance process or written format or using the phone (cell phone). The auditor requested that a resident demonstrate the steps of reporting by phone. It was also discussed where and who received the reports.

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

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

- o During the facility onsite inspection, the auditor observed intake process/

location, where the PREA screening occurred, the location of the drop boxes and whether they were locked. The Resident mail process was discussed, on how resident mail is sent and received.

- o The facility has toll-free hotline numbers available to residents.
- o Externally, residents may contact the Connecticut Sexual Assault Crisis Services line and that information is provided and displayed in high traffic areas of the program as is additional PREA material.
- o A review of documentation indicated that outside information regarding services was available to residents at intake, PREA brochures, and posters. · The facility has determined which rape crisis center that are available to provide emotional support services to Residents.
- If a resident is placed in some type of restricted housings, they will have access to emotional support services.
- The facility does not house residents solely for civil immigration purposes. However, if they did, the facility would notify any persons detained solely for civil immigration purposes about how they can access immigrant services agencies and provide mailing addresses and regular and toll-free telephone numbers.

Interviews

Resident Interview Questionnaire – Four of the interviewed residents reported that they are aware of services that deal with sexual abuse outside of the facility. When asked about the services, their responses varied from a local counseling organization, a domestic violence shelter, and an outside service that comes to the facility to provide information. The residents were asked whether or not the facility provided them with mailing addresses and telephone numbers, the residents reported seeing posted and/or in the handbook. When asked if the telephone numbers were tool free all of the residents reported “yes”. The residents further reported that if they needed to contact the services, they could from their cell phones. It should be noted that only one resident was confident in answering the questions the other residents were probed.

Corrective Actions:

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

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

115.253 (b). The facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim

advocates, including any limits to confidentiality under relevant federal, state, or local law.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “resident phone calls are not monitored or recorded. All calls are confidential”.
- Resident Handbook

Interviews

Resident Interview Questionnaire - The interviewed residents reported that they could contact outside supportive services at anytime by using their cellphones, and the call would be private.

Corrective Actions:

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

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

115.253 (c). The agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

Compliance Determination:

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

- MOU-Center for Family Justice: The facility has an MOA with The Center for Family Justice. Upon review of the MOA with the Center for Family Justice, it is found that the facility has a written agreement that the Center for Family Justice can provide free, confidential and empowerment based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training.

Corrective Actions:

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

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

	<p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Website</p> <p>Resident Handbook</p> <p>Break the Silence Poster</p> <p>Career Resources PREA Compliance Policy Brochure</p> <p>Findings (By Provision):</p> <p>115.254 (a). The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “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 Career Resources website”. · Resident Handbook

	<ul style="list-style-type: none"> · Break the Silence Poster · Career Resources PREA Compliance Policy Brochure <p>Corrective Actions:</p> <ul style="list-style-type: none"> · N/A. There are no corrective actions for this provision. <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Website</p> <p>Interviews:</p> <p>Random Sample of Staff (12)</p> <p>Director or Designee</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.261 (a). The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have</p>

contributed to an incident or retaliation.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all staff are required to report any instance of alleged or actual sexual abuse or sexual harassment, retaliation, or staff neglect to their Program Director, next level supervisor or the PREA Coordinator immediately. Staff members shall not reveal any information related to the report to anyone other than the extent necessary.
- The facility complies with the state or local mandatory reporting laws and reports sexual abuse allegations concerning any victim considered to be vulnerable adults.
- The agency website provides information for third parties to report allegations of sexual abuse and sexual harassment. The site says to report a PREA allegations through a third party, call the State of Connecticut DOC, PREA Investigations Unit via the hotline (number provided) or to the Sexual Violence Center (numbers are provided for English and Spanish).
- Posters and information for third party reporting are posted and available throughout the program. Interviews with staff confirmed they have been trained to take all allegations and reports seriously and to report them immediately, including those reported by third parties. The verbal reports are to be followed up with a written report before the end of the shift.
- The agency/facility is aware of reporting and receiving timely information about sexual abuse, sexual harassment, retaliation, and staff neglect, or violations of responsibilities that may have contributed to an incident or retaliation.
- Audit Site Review: The auditor observed that staff were fully knowledgeable about reporting to the Director and the agency PREA Coordinator.
- During the site review, the auditor conducted an examination of the staff reporting methods offered by the facility.
 - A staff member was engaged to walk through the staff reporting process, allowing the auditor to gain a firsthand understanding of its functionality and accessibility.
 - The availability of the staff reporting method was assessed to ensure it could be accessed promptly and as needed by all staff members throughout the facility.
 - Additionally, the auditor evaluated whether staff were mandated to report incidents to their direct colleagues or immediate supervisors, thereby determining the hierarchical structure of the reporting process within the facility. While the expectation was to report to immediate supervisor staff were able to articulate

other methods to report.

Interviews

Random Sample of Staff - The interviewed staff report 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 such an incident; and any staff neglect or violation of responsibilities that have contributed to an incident or retaliation. It was further reported that such information would be reported to the Director, Supervisor, or PREA Coordinator. Reports are made immediately.

Corrective Actions:

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

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

115.261 (b). Apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "staff members shall not reveal any information related to the report to anyone other than the extent necessary".
- Audit Site Review:
 - During the site review, the auditor conducted an assessment of the storage practices for information and documentation in adherence to the PREA Standards.
 - The physical storage area for hard copy documentation, including but not limited to risk screening information, medical records, and sexual abuse allegations, was observed to determine the level of security in place.
 - Attention was given to whether access to this physical storage area was restricted, potentially through mechanisms such as key access.
 - Furthermore, the electronic safeguards for information stored electronically, such as risk screening information, were examined to ascertain the measures implemented for securing access. The site uses an electronic case management system to store client records.

Interviews

Random Sample of Staff - The interviewed staff report 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 such an incident; and any staff neglect or violation of responsibilities that have contributed to an incident or retaliation. It was further reported that such information would be reported to the Director, Supervisor, or PREA Coordinator. Reports are made immediately.

Corrective Actions:

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

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

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

Compliance Determination:

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

- There are no medical and mental health staff onsite.

Corrective Actions:

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

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

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

Compliance Determination:

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

- Historically under 18-year-old residents are not housed at the site.
- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and

Procedures states that “the PREA coordinator or designee will ensure appropriate law enforcement is contacted on all criminal matters for investigation. The CTDOC will also be notified of any incidents or allegations of sexual abuse or sexual harassment”.

Interviews

Director or Designee - The interviewed director reported that the program has no residents under the age of 18 years old, however if a person under 18 makes an allegation of sexual abuse or harassment local police would immediately be contacted and the allegation documented by the agency's PREA Coordinator.

PREA Coordinator - The interviewed PREA Coordinator reported that all allegations of sexual assault or sexual harassments will be investigated.

Corrective Actions:

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

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

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

Compliance Determination:

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

- Historically under 18-year-old residents are not housed at the site.
- The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “the PREA coordinator or designee will ensure appropriate law enforcement is contacted on all criminal matters for investigation. The CTDOC will also be notified of any incidents or allegations of sexual abuse or sexual harassment.”

Interviews

Director or Designee - The interviewed director reported that all staff are required to report any instance of alleged or actual sexual abuse or sexual harassment, retaliation, or staff neglect to the Program Director or on-call supervisor immediately.

Corrective Actions:

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

	<p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Interviews:</p> <p>Agency Head</p> <p>Director or Designee</p> <p>Random Sample of Staff (12)</p> <p>Findings (By Provision):</p> <p>115.262 (a). When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon receiving any information that a resident is subject to or at risk of sexual abuse the Vice President of Re-Entry and Residential Services (PREA Coordinator), Program Director, and the Assistant Director will be notified, and appropriate action will be taken to protect the resident”.

- In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse: 0
- If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action: 0
- The longest amount of time (in hours or days) elapsed before taking action--if not "immediate" (i.e., without unreasonable delay). If not immediate, please explain in the comments section. 0

Interviews

Agency Head - The interviewed agency head reported that when learning that a resident is subject to a substantial risk of imminent sexual abuse, the resident will immediately be separated from the rest of the residents, Parole is notified, and staff take every effort to protect the individual up to and including removal from the premises until such time as the environment is deemed safe by DOC and CRI staff. If an offense has occurred, law enforcement would be contacted, and proper investigatory measures would be taken.

Director or Designee - The interviewed director reported that upon receiving such information program supervisors will determine how to ensure the safety of the resident in question - and will take all necessary actions to protect that resident in the facility, or relocate this resident to a new, safer location.

Random Sample of Staff - The interviewed staff reported that if they learn that a resident is at risk of imminent sexual abuse, the actions taken to protect the residents include separate if roommates, keep them apart, make sure they are safe, and immediately make a report and notify the director.

Corrective Actions:

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

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

Overall Findings:

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

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

Interviews:

Agency head

Director or designee

Findings (By Provision):

115.263 (a). The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0.

Compliance Determination:

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

· Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon receiving information or allegation that a resident was sexually abused while confined at another facility, the VP of Residential and Re-Entry Services(PREA Coordinator), Program Director shall notify the CTDOC Parole, and the facility head of the facility from which the inmate arrived and, if a Community Confinement facility, the head of that facility will be notified immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting such notification”.

Corrective Actions:

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

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

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility,

facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.263 (b). Agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.

During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0.

· Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon receiving information or allegation that a resident was sexually abused while confined at another facility, the Program Director shall notify the CTDOC (Parole) and the facility head of the facility from which the inmate arrived and, if a Community Confinement facility, the head of that facility will be notified immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting notification”.

Corrective Actions:

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

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

115.263 (c). The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Compliance Determination:

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

· Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon receiving information or allegation that a resident was sexually abused while confined at another facility, the Program Director shall notify the CTDOC (Parole) and the facility head of the facility from which the inmate arrived and, if a Community Confinement facility, the head of that facility will be notified immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting notification”.

Corrective Actions:

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

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

115.263 (d). The agency or facility policy requires that allegations received from

other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon receiving information or allegation that a resident was sexually abused while confined at another facility, the Program Director shall notify the CTDOC (Parole) and the facility head of the facility from which the inmate arrived and, if a Community Confinement facility, the head of that facility will be notified immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting notification”.

Interviews

Agency head – The interviewed agency head reported that if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of your facilities, there is a designated point of contact. Any complaints from an outside agency would first be reported to Vice President of Reentry and Residential Service. An investigation would then occur. The agency head reported that they have received a report before from a partner agency.

Director or designee – The interviewed director reported that when staff receive information about such an allegation of abuse from another facility, will immediately inform our agency's PREA Coordinator, and they will notify local police Dept. to assist in an investigation. It was further reported that no such allegations have been made where a resident reported sexual abuse allegations that occurred at another facility.

Corrective Actions:

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

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

Overall Findings:

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

115.264	Staff first responder duties
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 1342 378">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="280 412 1035 445">Supporting Documents, Interviews and Observations:</p> <p data-bbox="280 479 703 512">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="280 557 1362 636">Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p data-bbox="280 669 780 703">PREA Incident Check Sheet Sample</p> <p data-bbox="280 748 437 781">Interviews:</p> <p data-bbox="280 815 692 848">Random Sample of Staff (12)</p> <p data-bbox="280 882 612 916">Findings (By Provision):</p> <p data-bbox="280 949 1482 1744">115.264 (a). The agency has a first responder policy for allegations of sexual abuse. The policy 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. The policy 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 preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be 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. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p data-bbox="280 1778 1378 1856">In the past 12 months, the number of allegations that a resident was sexually abused: 0</p> <p data-bbox="280 1890 1474 1968">Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0</p> <p data-bbox="280 2002 1458 2080">In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0</p>

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

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

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

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon learning of an allegation that a resident was sexually abused, the first responding staff member shall separate the alleged victim and abuser ensuring that neither showers, bathes, eats, drinks, uses the toilet, or changes clothes if the abuse occurred within a time period that still allows for the collection of physical evidence”. In addition, the policy states that “the staff member will also secure the crime scene to preserve any physical evidence available and make appropriate notifications”.
- Upon learning of an allegation that a resident was sexually abused, the first responding staff member shall separate the alleged victim and abuser ensuring that neither shower, bathes, eats, drinks, uses the toilet, or changes clothes if the abuse occurred within a time period that still allows for the collection of physical evidence.
- The staff member will also secure the crime scene to preserve any physical evidence available and make appropriate notifications.

Corrective Actions:

- N/A. There are no corrective actions for this provision.
- Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.264 (b). Agency policy requires that if the first staff responder is not a security

staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.

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: 0

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: 0

Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0

Compliance Determination:

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

Interviews

Random Sample of Staff/ Security Staff and Non-Security Staff First Responders - The interviewed random staff reported that if they are first person to be alerted that a resident has allegedly been the victim of sexual abuse, their responsibilities include: secure area, separate involved parties, not allow them to shower or use the bathrooms, notify police and the supervisor. When probed most staff reported that they would not share with the other residents. It should also be noted that all staff are considered first responders.

Corrective Actions:

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

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

Overall Findings:

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

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

Interviews

Director

Findings (By Provision):

115.265 (a). The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “Coordinated response plans are available for each Career Resources Inc. Residential Program”.

Interviews

Director or Designee - The interviewed director reported that all staff must immediately report to the Program Manager, Executive Director, or any supervisor or manager any knowledge they have re: suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the program. These supervisors, along with the PREA Coordinator, are designated to coordinate the agency response.

Corrective Actions:

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

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

Overall Findings:

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

	online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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115.266	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Interviews:</p> <p>Agency Head</p> <p>Findings (By Provision):</p> <p>115.266 (a). The agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency’s behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “career Resources, Inc shall not enter or renew any collective bargaining agreement or other agreement that limits the facility’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted”. <p>Interviews</p> <p>Agency Head - The interviewed agency head reported that Career Resources is not involved in any collective bargaining agreements.</p> <p>Corrective Actions:</p>

	<p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.266 (b). N/A- Auditor is not required to audit this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.267	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Monitoring for Retaliation -example</p> <p>Interviews:</p> <p>Agency Head</p> <p>Director or Designee</p> <p>Designated Staff Member Charged with Monitoring Retaliation (or Director if not available)</p> <p>Findings (By Provision):</p> <p>115.267 (a). The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.</p>

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “it is Career Resources, Inc. 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”.

Corrective Actions:

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

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

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

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “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”.

- Monitoring for Retaliation Example

Interviews

Agency Head - The interviewed agency head reported that there are several measures taken to protect residents and staff from retaliation for sexual abuse or sexual harassment allegations. Initially, alleged victims and accused are separated for safety and in the event that allegations are found to be true, and it relates to resident-on-resident offenses, DOC typically makes the decision to move one or both of the parties. If this is a staff on resident accusation, a full investigation is completed and if the staff are found to be guilty, they are terminated and face potential criminal charges to be determined by law enforcement. If the resident complaint is not confirmed to be true, the resident is dealt with by DOC/Parole. In

these events, residents are either moved, remanded or otherwise sanctioned by DOC.

Director or Designee - The interviewed director reported that it is agency policy that all residents or staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation will be protected from retaliation by other residents or staff. The PREA Coordinator shall monitor the conduct and treatment of any resident or staff member who reported the abuse to see if there are changes that may suggest possible retaliation.

Designated Staff Member Charged with Monitoring Retaliation (or Director if nonavailable) - The interviewed staff reported that their role is to confidentially monitor the behavior and conduct of all residents or staff who report abuse or cooperate in sexual abuse or harassment investigations. Residents or staff who report such retaliation may be relocated to another facility for their protection and referred for counseling for emotional support. Investigations that identify any individual who is retaliating may also be removed from the facility. Designated staff will have frequent counseling sessions with residents in this situation to monitor and note any behavioral changes indicating retaliation. Supervisors will also discuss this concern with other staff members to determine if they observe any warning signs or red flags. The designated staff person is mandated to promptly contact and speak with a resident to thoroughly and objectively investigate all allegations of sexual abuse or sexual harassment. Contact with a resident reporting such abuse will continue until the investigation is complete.

Corrective Actions:

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

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

115.267 (c). The agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The number of times an incident of retaliation occurred in the past 12 months: 0

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "monitoring shall be conducted for at least 90 days but shall be extended beyond 90 days if there is a continuing need".
- Monitoring for Retaliation Example

Interviews

Director or Designee - The interviewed director reported that the PREA Coordinator must investigate any allegation of retaliation and separate and protect individuals as needed. Monitoring shall be conducted for at least 90 days but shall be extended throughout the resident's stay if there is a continuing need. The PREA Coordinator shall conduct periodic status checks and take any necessary protective measures to ensure resident and staff safety.

Designated Staff Member Charged with Monitoring Retaliation (or Director if nonavailable) - Designated staff will monitor the following areas to determine if a resident is being targeted for retaliation: Changes in behavior, i.e. aggressive conduct not in keeping with past behaviors, or a resident known for normal social interaction becomes shy and withdrawn. Also noted will be requests for housing changes, acting fearful of other residents or staff - or staff persons who are suddenly receiving negative job performance reviews for not fulfilling their job duties, etc. The program will monitor residents & staff who report the sexual abuse of a resident or reported they had been the victim of sexual abuse or harassment for a minimum of 90 days but monitoring will be extended as needed until the resident is discharged from the program. Such monitoring would be conducted for at least 90 days but will be extended as needed until the resident in question is discharged for transferred from the program.

Corrective Actions:

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

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

115.267 (d). In the case of residents, such monitoring shall also include periodic status checks.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "the PREA Coordinator shall conduct periodic status checks and take necessary protective measures to ensure resident and staff safety".
- Monitoring for Retaliation Example

Interviews

Designated Staff Member Charged with Monitoring Retaliation (or Director if nonavailable) - Designated staff will monitor the following areas to determine if a resident is being targeted for retaliation: Changes in behavior, i.e. aggressive

conduct not in keeping with past behaviors, or a resident known for normal social interaction becomes shy and withdrawn. Also noted will be requests for housing changes, acting fearful of other residents or staff – or staff persons who are suddenly receiving negative job performance reviews for not fulfilling their job duties, etc.

Corrective Actions:

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

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

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

Compliance Determination:

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

- Monitoring for Retaliation Example

Interviews

Agency Head – The interviewed agency head reported that if an individual who cooperates with an investigation expresses fears of retaliation, typically, staff may reassign rooms and extra care is taken to observe behaviors that may be deemed retaliatory. If the resident absolutely feels unsafe in our care, they can request to be moved to another agency or another building which in the case of CRI would only pertain to male residents as we have three separate houses for males and only one for females.

Director or Designee – The interviewed director reported that it is agency policy that all residents or staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation will be protected from retaliation by other residents or staff. The PREA Coordinator shall monitor the conduct and treatment of any resident or staff member who reported the abuse to see if there are changes that may suggest possible retaliation. The PREA Coordinator must investigate any allegation of retaliation and separate and protect individuals as needed. Monitoring shall be conducted for at least 90 days but shall be extended throughout the resident's stay if there is a continuing need. The PREA Coordinator shall conduct periodic status checks and take any necessary protective measures to ensure resident and staff safety.

Corrective Actions:

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

	<p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.267 (f). N/A 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 facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Specialized Training for Investigating Allegations of Sexual Abuse (2)</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Investigative Staff</p> <p>Director</p> <p>Findings (By Provision):</p> <p>115.271 (a). The agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and

Procedures states that “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”. The policy further states that “any allegation determined to be criminal in nature shall be immediately reported to law enforcement for investigation. If law enforcement determines there is no criminal activity, the facility will conduct its own administrative investigation into the incident”; and an administrative investigation shall be documented listing all findings including a determination whether staff actions or failures to act contributed to the incident”.

Interviews

Investigative Staff - The interviewed investigator reported that an investigation is initiated immediately after an allegation is made. Anonymous or third-party investigations are handled in the same manner.

Corrective Actions:

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

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

115.271 (b). Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234.

Compliance Determination:

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

- Specialized Training Certification for Investigating Sexual Abuse Allegations (2)

Interviews

Investigative Staff - The interviewed investigator reported that they have received training specific to conducting sexual abuse investigations. The training is online through the PREA Resource Center "Your Role in Responding to Sexual Abuse" and "Investigating Sexual Abuse in a Confinement Setting".

Corrective Actions:

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

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

115.271 (c). Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available

electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Compliance Determination:

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

Interviews

Investigative Staff - The interviewed investigator reported that when initiating an investigation, they would promptly gather and preserve all evidence, interview the alleged victim, suspected perpetrator and witnesses. Depending on the level of cooperation of all involved would determine how long the investigation would take place. The administrative investigation would include the above steps. The gathered information would be turned over to local law enforcement.

Corrective Actions:

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

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

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

Compliance Determination:

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

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

Interviews Investigative Staff - The interviewed investigator reported that the information would be turned over to local law enforcement to determine if the case is criminal in nature.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and

review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.271 (e). The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. However, it should be noted that law enforcement would conduct the interviews.

Compliance Determination:

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

Interviews

Investigative Staff - The interviewed investigator reported that credibility is based on the evidence received along with the interviews. The agency does not conduct polygraph exams.

Corrective Actions:

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

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

115.271 (f). Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Compliance Determination:

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

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

- Audit Site Review: The auditor observed that the PREA related information is stored in a locked cabinet.

Interviews

Investigative Staff - The interviewed staff reported that the following efforts are

made during the administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse: interviews, review prior allegations. Administrative investigations are documented along with evidence and fact findings.

Corrective Actions:

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

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

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

Compliance Determination:

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

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

Interviews

Investigative Staff - The interviewed investigator reported that criminal investigations are documented and turned over to local law enforcement.

Corrective Actions:

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

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

115.271 (h). Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

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: 0

Interviews

Investigative Staff - The interviewed investigator reported that referrals for

prosecution are made by outside law enforcement.

Corrective Actions:

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

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

115.271 (i). As reported in the PAQ, the agency does not retain all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Corrective Actions:

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

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

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

Compliance Determination:

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

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

Interviews

Investigative Staff - The interviewed investigator reported that such investigation is conducted by outside law enforcement.

Corrective Actions:

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

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

115.271 (k). Auditor is not required to audit this provision.

115.271 (l). When outside agencies investigate sexual abuse, the facility shall

	<p>cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “criminal investigation shall be conducted by law enforcement officials. Facility staff shall cooperate with and assist with any request made by law enforcement. The PREA Coordinator shall endeavor to remain informed about the progress of the investigation”. <p>Interviews</p> <p>Director or Designee - The interviewed director reported that the PREA Coordinator must report all allegations of sexual abuse being investigated by third parties and anonymous reports, to the local authorities for further investigation, requesting regular updates on the progress of such an investigation.</p> <p>PREA Coordinator - The interviewed PREA Coordinator reported that when an outside agency investigates allegations of sexual abuse, the PREA Coordinator and the appropriate law enforcement agency will coordinate the investigation.</p> <p>Investigative Staff - The interviewed investigator reported that allegations would be referred to outside to local law enforcement and the agency would cooperate with the investigation.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

Specialized Training Certification for Investigating Sexual Abuse Allegations (2)

Interviews:

Investigative Staff

Findings (By Provision):

115.272 (a). As reported in the PAQ, the agency does not impose a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse of sexual harassment are substantiated.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual assault are substantiated”.

Interviews

Investigative Staff - The interviewed investigator reported that they only conduct administrative investigations. They would like physical evidence, credibility, fact finding and reporting.

Corrective Actions:

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

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

Overall Findings:

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

	analysis, the facility is compliant with all provisions in this standard.
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115.273 Reporting to residents	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Notification-example</p> <p>Interviews:</p> <p>Director</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.273 (a). The agency has a policy requiring that any resident who alleges that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>As reported 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: 0</p> <p>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: 0</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “it is the policy of Career Resources Inc. residential programs 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”.

- Notification -example

Interviews

Director or Designee - The interviewed director reported that the Agency policy mandates that residents shall be informed of the outcome of an investigation whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. Any action taken against a staff member shall be reported to the resident victim. All victim notifications will be documented.

Investigative Staff - The interviewed investigator reported that residents are informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

Corrective Actions:

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

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

115.273 (b). If an outside entity conducts the investigation, the agency will request the relevant information from the investigation entity in order to inform the resident of the outcome of the investigation.

The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0

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 investigation: 0

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “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”.

Corrective Actions:

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

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

115.273 (c). Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: (a) the staff member is no longer posted within the resident's unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "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".
- Notification-example

Corrective Actions:

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

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

115.273 (d). Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) 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:

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and

Procedures states that “it is the policy of Career Resources, Inc. 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”.

Corrective Actions:

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

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

115.273 (e). The agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0

Of those notifications made in the past 12 months, the number that were documented: 0

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all victim notifications will be documented in an incident report”.

- Notification-example

Corrective Actions:

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

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

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

Overall Findings:

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

115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Findings (By Provision):</p> <p>115.276 (a). Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that: · Any staff member found in violation of sexual assault will be terminated immediately · Any staff member found in violation of sexual harassment shall be subject to disciplinary sanctions up to and including termination. · Any staff member found to be guilty of sexual assault will be reported to law enforcement regardless of if the staff member resigns. <p>Corrective Actions:</p> <ul style="list-style-type: none"> · N/A. There are no corrective actions for this provision. <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.276 (b). Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>In the past 12 months, the number of staff from the facility who have violated</p>

agency sexual abuse or sexual harassment policies: 0

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

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that:

Any staff member found in violation of sexual assault will be terminated immediately

Any staff member found in violation of sexual harassment shall be subject to disciplinary sanctions up to and including termination.

Any staff member found to be guilty of sexual assault will be reported to law enforcement regardless of if the staff member resigns.

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

Corrective Actions:

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

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

115.276 (c). The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

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 actually engaging in sexual abuse): 0

Compliance Determination:

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

Corrective Actions:

	<ul style="list-style-type: none"> · N/A. There are no corrective actions for this provision. <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.276 (d). All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “any staff member found to be guilty of sexual assault will be reported to law enforcement regardless of if the staff member resigns”. <p>Corrective Actions:</p> <ul style="list-style-type: none"> · N/A. There are no corrective actions for this provision. <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination: Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

Interviews:

Director

Findings (By Provision):

115.277 (a). Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.

In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0

In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "any contractor or volunteer who engages in sexual assault, sexual abuse, or sexual harassment shall be prohibited from contact with residents and local law enforcement will be contacted unless the activity is determined to be non-criminal. Career Resources, Inc shall discontinue the services of Contractors, Volunteers or Interns who have engaged in sexual abuse and/or harassment."

Corrective Actions:

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

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

115.277 (b). 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

	<p>because:</p> <ul style="list-style-type: none"> · Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “appropriate remedial measures will be taken on violations of sexual abuse or sexual harassment by contractors or volunteer or non-criminal incidents”. <p>Interviews</p> <p>Director or Designee - The interviewed director reported that any contractor or volunteer who engages in sexual assault, sexual abuse, or sexual harassment shall be prohibited from contact with residents. Local law enforcement will be contacted unless the activity is determined to be non-criminal. Appropriate remedial measures will be taken on violations of sexual abuse or sexual harassment by contractors or volunteer on non-criminal incidents. One remedial action that the agency can take in this situation is to terminate that individual from the contract or volunteer position. The site currently does not have any.</p> <p>Corrective Actions:</p> <ul style="list-style-type: none"> · N/A. There are no corrective actions for this provision. <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p>

Interviews:

Director

Medical and Mental Health Staff

Findings (By Provision):

115.278 (a). 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. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0

In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “residents will be subject to disciplinary sanctions or remanded back to the CTDOC 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 returned to the CTDOC (remanded)”.

Corrective Actions:

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

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

115.278 (b). Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

Compliance Determination:

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

- Policy: “The disciplinary process allows sanctions to 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 within the facility”.

Interviews

Director or Designee - The interviewed director reported that residents will be subject to disciplinary sanctions or remanded back to the CTDOC 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 returned to the CT Dept. of Corrections. CT DOC will determine the appropriate level of discipline and sanctions.

Corrective Actions:

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

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

115.278 (c). The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Compliance Determination:

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

Interviews

Director or Designee - The interviewed director reported that residents will be subject to disciplinary sanctions or remanded back to the CTDOC 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 returned to the CT Dept. of Corrections. CT DOC will determine the appropriate level of discipline and sanctions.

Corrective Actions:

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

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

115.278 (d). The facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

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

Compliance Determination:

· Policy: "Isaiah/STARS/Women and Children's Program offers outside counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse. Our facilities consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits".

Corrective Actions:

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

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

115.278 (e). The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

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

Compliance Determination:

· Policy: "Upon finding that staff did not consent to contact sexual abuse or sexual

harassment, the resident shall be immediately remanded to the CTDOC. Inmates who violate this policy shall be subject the disciplinary action, civil liability and criminal prosecution".

Corrective Actions:

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

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

115.278 (f). For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Compliance Determination:

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

Policy: "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,

	<p>or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation”. No further is action is needed.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.278 (g). The agency prohibits all sexual activity between residents and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and</p>

Procedures

Findings (By Provision):

115.282 (a). Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “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”

The allegation reported would not have necessitated access to medical services.

Corrective Actions:

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

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

115.282 (b). N/A Career Resources Inc. residential programs do not employ medical or mental health staff.

Compliance Determination:

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

- The site does not have onsite medical and mental health staff therefore security staff would be the first responders.

Interviews

Security Staff and Non-Security Staff First Responders – All of the direct care staff are first responders. The interviewed staff were responsible for the agency’s first responder protocol, which included how to protect the evidence, separate the involved parties, and report to supervisor/ management for further action.

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

115.282 (c). Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "Career Resources, Inc. 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".

Interviews

Security Staff and Non-Security Staff First Responders - All of the staff are first responders. The interviewed staff were responsible for the agency's first responder protocol, which included how to protect the evidence, separate the involved parties, and report to supervisor/ management for further action.

Corrective Actions:

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

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

115.282 (d). As reported in the PAQ, 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.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "Career Resources, Inc. 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.

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

	<p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Findings (By Provision):</p> <p>115.283 (a). The facility does not offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “continued medical and mental health treatment for victims and abusers will be provided by CTDOC or local medical facilities as deemed appropriate at no cost to the resident(s)”. CTDOC policy states it will conduct a mental health evaluation within 60 days on all known resident-on-resident abusers. <p>Corrective Actions:</p> <ul style="list-style-type: none"> · N/A. There are no corrective actions for this provision. <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p>

115.283 (b). The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Compliance Determination:

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

- The facility will enlist the services of an external medical and victim support provider to address the needs of the client.

115.283 (c). The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Compliance Determination:

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

- The facility will enlist the services of an external medical, mental health, and victim support provider to address the needs of the client.

Corrective Actions:

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

115.283 (d). Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. It was further reported that are no males employed at the facility.

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

115.283 (e). If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. It was further reported that are no males employed at the facility.

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

because:

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "Career Resources, Inc. 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.

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

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

Compliance Determination:

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

- The facility will enlist the services of an external medical and victim support provider to address the needs of the client.

Corrective Actions:

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

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

115.283 (h). The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Compliance Determination:

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

Corrective Actions:

	<p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Memo: Incident Review</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Incident Review Team</p> <p>Findings (By Provision):</p> <p>115.286 (a). The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 0.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard</p>

because:

· Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that:

The PREA Coordinator in consultation with the Incident Review Team, which includes the Vice President of Re-Entry and Residential Services (PREA Coordinator), Program Director, Assistant 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.

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.

The Incident Review Team shall examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; assess staffing levels; assess use of monitoring equipment; and prepare a report of its findings and recommendations for improvement.

Based on the review of an incident, appropriate corrective actions shall be taken as determined by the Incident Review Team.

Corrective Actions:

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

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

115.286 (b). The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 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: 0

Compliance Determination:

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

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "the PREA Coordinator in consultation with the Incident Review Team, which includes the Vice President of Re-Entry and Residential Services (PREA Coordinator), Program Director, Assistant 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".

Corrective Actions:

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

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

115.286 (c). 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.

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: 0

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "the PREA Coordinator in consultation with the Incident Review Team, which includes the Vice President of Re-Entry and Residential Services (PREA Coordinator), Program Director, Assistant 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".

- PREA Incident Report Template: sample template of how the incident review will be documented.

Interviews

Director or Designee - The interviewed director reported that agency does have an Incident Review Team, which includes CR/ Vice President for Re Entry and Residential Services Kim Harris and Program Director. The Review Team seeks input in all investigations from line staff, supervisors, investigators, medical and mental health professionals.

Corrective Actions:

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

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

115.286 (d). The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

because:

· Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that:

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.

The Incident Review Team shall examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; assess staffing levels; assess use of monitoring equipment; and prepare a report of its findings and recommendations for improvement.

Interviews

Director/PREA Coordinator - The interviewed PREA Coordinator reported that the facility conducts incident reviews, and such reviews are forwarded for further review. The team will also review to determine if changes need to be made for monitoring equipment, staff training, and/or policy revisions. The team will write a report of its findings and recommendations.

Incident Review Team - The interviewed staff on the incident review team reported that 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 of gang affiliation, or was motivated or otherwise caused by a group of dynamics at the facility. The Incident Review Team shall examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled abuse - and prepare a report of its findings and recommendations for improvement. The Incident Review Team shall assess staffing levels - and prepare a report on its findings and recommendations for improvement. The Incident Review Team shall assess the use of monitoring equipment - and prepare a report of its findings and recommendations for improvement. It was further reported that they recently upgraded our camera system. If determined the need for additional surveillance recommendations are made.

Corrective Actions:

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

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

115.286 (e). The facility implements recommendations for improvement or documents its reasons for not doing so.

Compliance Determination:

	<p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Annual Report (2023)</p> <p>Outcome Measures Report</p> <p>Corrective Action Documents:</p> <p>SSV Report</p> <p>Interviews:</p> <p>Findings (By Provision):</p> <p>115.287 (a). The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p>

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that.

Career Resources, Inc. shall collect accurate, uniform data for every allegation of sexual abuse that has taken place in each of its programs/facilities. Data shall be aggregated according to facility as well as the agency. A standardized tool shall be used, which answers all the questions from the most recent Survey of Sexual Violence conducted by the Department of Justice. The following shall be collected on each alleged report:

- On each alleged report, creating a total number of reports and their outcome
- What type of alleged harassment / abuse occurred - client on client, client on staff, staff on client, staff on staff
- What Type of Client - originating referral source
- Type of abuse or harassment - nonconsensual sexual acts, abusive sexual contact, sexual harassment, sexual misconduct.
- Was the alleged claim of sexual harassment /abuse substantiated, unfounded, or the investigation is still ongoing
- Contributing factors - race, gang affiliation, sexual identity, sexual orientation, physical plan issues, staff supervision, violation of Codes of Ethics
- Outcome Measures Report

Corrective Actions:

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

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

115.287 (b). The agency shall aggregate the incident-based sexual abuse data at least annually.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "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".

· Annual Report (2023)

Corrective Actions:

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

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

115.287 (C). The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

Compliance Determination:

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

· SSV Report

Corrective Actions:

· SSV report pending. The site submitted the requested document. No further action needed.

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

115.287 (d). The agency maintains, reviews, and collects 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:

Corrective Actions:

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

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

115.287 (e). N/A the agency does not contract for the confinement of its residents.

115.287 (f). N/A the DOJ has not requested agency data.

Overall Findings:

	<p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.288	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Annual Report (2023)</p> <p>Interviews:</p> <p>Agency Head</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.288 (a). The agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that: <p>Career Resources, Inc. 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</p>

used, which answers all the questions from the most recent Survey of Sexual Violence conducted by the Department of Justice. The following shall be collected on each alleged report:

- On each alleged report, creating a total number of reports and their outcome
- What type of alleged harassment / abuse occurred - client on client, client on staff, staff on client, staff on staff
- What Type of Client - originating referral source
- Type of abuse or harassment – nonconsensual sexual acts, abusive sexual contact, sexual harassment, sexual misconduct...
- Was the alleged claim of sexual harassment /abuse substantiated, unfounded, or the investigation is still ongoing
- Contributing factors – race, gang affiliation, sexual identity, sexual orientation, physical plan issues, staff supervision, violation of Codes of Ethics
- Annual Report (2023)

Interviews:

Agency Head – The interviewed agency head reported that CRI strives to supply staff with ongoing training up to and including PREA training every year. CRI has also taken the direction of our funder, CT DOC, and makes changes as necessary to the positioning of our PREA signs and security cameras to make improvements when they are deemed to be in the best interest of our residents. In general, CRI works very hard to make improvements when the opportunities arise.

PREA Coordinator – The interviewed PREA Coordinator reported that the agency will 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, and training. In addition, the agency prepares an annual report of findings from its data review and any correction actions for each facility, as well as the agency as a whole.

Corrective Actions:

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

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

115.288 (b). The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides 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:

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “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:

- Annual Report (2023)

Corrective Actions:

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

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

115.288 (c). The agency makes its annual report readily available to the public at least through its website.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “the annual report shall be approved by the President of Re-Entry and Residential Services and shall be made readily available to the public through its website or other means upon request”.

- The agency website (CAREER-RESOURCES-Annual-Report.docx (live.com)) contains the annual reports.

- Annual Report (2023)

Interviews

Agency Head – The interviewed agency head reported that the approvals for these reports are managed by the Vice President of Residential Services.

Corrective Actions:

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

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

115.288. (d). When the agency redacts material from an annual report for

	<p>publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “prior to making the data public, all personal identifiers shall be redacted. This data, minus redactions, shall also be provided to the CT DOC for inclusion in their annual report”. <p>Interviews:</p> <p>PREA Coordinator – The interviewed PREA Coordinator reported that personal identifiers would be redacted from the annual report.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.289	<p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p>
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Annual Report (2023)

Interviews:

PREA Coordinator

Findings (By Provision):

115.289 (a). The agency ensures that incident-based and aggregate data are securely retained.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "Career Resources, Inc. will collect data and maintain records of all incidents related to sexual abuse and sexual harassment whether alleged or actual. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice".

Interviews

PREA Coordinator - The interviewed PREA Coordinator reported that 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, and training. The information reviewed allows the agency to effectively improve their prevention, detection and training.

Corrective Actions:

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

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

115.289 (b). N/A the facility does not contract for services or the placement of residents.

115.289 (c). Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “Prior to making the data public, all personal identifiers shall be redacted. This data, minus redactions, shall also be provided to the CT DOC for inclusion in their annual report” The policy further states that “records will be maintained for at least 10 years after the date of initial collection”.

- Annual Report (2023)

Interviews

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

Corrective Actions:

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

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

115.289 (d). The agency shall 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.

Compliance Determination:

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

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “records will be maintained for at least 10 years after the date of initial collection”.

- Annual Report (2023)

Corrective Actions:

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

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

Overall Findings:

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

115.401	Frequency and scope of audits
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 1342 378">The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="280 412 523 445">1. Documents: <ol style="list-style-type: none"> <li data-bbox="280 479 464 512">a. Website <p data-bbox="280 557 611 591">Findings (By Provision):</p> <p data-bbox="280 636 1362 703">115.401 (a). The agency website contains the results of all the PREA audits conducted.</p> <p data-bbox="280 748 943 781">115.401 (b). The site is in Cycle 4 Audit Year 2.</p> <p data-bbox="280 815 1477 1061">115.401 (h). During the inspection of the physical plant the auditor and was escorted throughout the site by the program lead. The auditor was provided unfettered access throughout the institution. Specifically, the auditor was not barred or deterred entry to any areas. The auditor had the ability to freely observe, with entry provided to all areas without prohibition. Based on review of documentation the site is compliant with the intent of the provision.</p> <p data-bbox="280 1106 1442 1308">115.401 (i). During the on-site visit, the auditor was provided access to all documents requested. All documents requested were received to include, but not limited to employee and resident files, sensitive documents, and investigation reports. Based on review of documentation the site is compliant with the intent of the provision.</p> <p data-bbox="280 1352 1458 1576">115.401 (m). The auditor provided private rooms throughout the site to conduct interviews. The staff staged the residents in a fashion that the auditor did not have to wait between interviews. The rooms provided for inmate interviews were soundproof and somewhat visually confidential from other residents which was judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related content during interview.</p> <p data-bbox="280 1621 1466 1733">A review of the appropriate documentation and interviews with staff indicate that the site is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p data-bbox="280 1778 1458 1890">115.401 (n). Residents were able to submit confidential information via written letters to the auditing agency PO Box or during the interviews with the auditor. The auditor did not receive any correspondence from the site.</p> <p data-bbox="280 1935 480 1968">Final Analysis:</p> <p data-bbox="280 2002 1469 2069">Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>

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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Website <p>Findings (By Provision):</p> <p>115.403 (a). The Career Resources, posts its PREA Audit reports on the Agency website. The reports are available for review at CAREER-RESOURCES-Annual-Report.docx (live.com . There is a link to the final PREA reports. The facility is compliant with the intent of the standard.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	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.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	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.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	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	yes

	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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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