

# PREA Facility Audit Report: Final

**Name of Facility:** Waterbury East Work Release Program

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 05/13/2024

**Date Final Report Submitted:** 06/13/2024

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"/>
<b>Auditor Full Name as Signed:</b> Latera M. Davis	<b>Date of Signature:</b> 06/13/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Davis, Latera
<b>Email:</b>	laterad@yahoo.com
<b>Start Date of On-Site Audit:</b>	04/03/2024
<b>End Date of On-Site Audit:</b>	04/04/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Waterbury East Work Release Program
<b>Facility physical address:</b>	31 Wolcott Street , Waterbury , Connecticut - 06702
<b>Facility mailing address:</b>	

Primary Contact
-----------------

<b>Name:</b>	Katie Seto
<b>Email Address:</b>	kseto@ctrenaissance.org
<b>Telephone Number:</b>	475-225-9089

<b>Facility Director</b>	
<b>Name:</b>	Luis Irizarry
<b>Email Address:</b>	lirizarry@ctrenaissance.org
<b>Telephone Number:</b>	203-753-2341

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	64
<b>Current population of facility:</b>	61
<b>Average daily population for the past 12 months:</b>	57
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18+
<b>Facility security levels/resident custody levels:</b>	Level 1
<b>Number of staff currently employed at the facility who may have contact with</b>	13

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

<b>AGENCY INFORMATION</b>	
---------------------------	--

<b>Name of agency:</b>	Connecticut Renaissance, Inc. Headquarters
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	One Waterview Drive, Suite 202, Shelton, Connecticut - 06484
<b>Mailing Address:</b>	
<b>Telephone number:</b>	203-336-5225

<b>Agency Chief Executive Officer Information:</b>	
--	--

<b>Name:</b>	Kathleen Deschenes
<b>Email Address:</b>	kdeschenes@ctrenaissance.org
<b>Telephone Number:</b>	203-336-5225 ext 222

<b>Agency-Wide PREA Coordinator Information</b>			
---	--	--	--

<b>Name:</b>	Katie Seto	<b>Email Address:</b>	kseto@ctrenaissance.org
--------------	------------	-----------------------	-------------------------

<b>Facility AUDIT FINDINGS</b>	
--------------------------------	--

<b>Summary of Audit Findings</b>	
----------------------------------	--

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:**

1

- 115.233 - Resident education

**Number of standards met:**

40

**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:	2024-04-03
2. End date of the onsite portion of the audit:	2024-04-04

#### 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 Connecticut Alliance to End Sexual Violence

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	64
15. Average daily population for the past 12 months:	57
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**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	62
<b>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:</b>	5
<b>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:</b>	2
<b>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:</b>	1
<b>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:</b>	0
<b>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:</b>	2
<b>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:</b>	0

<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>1</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>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:</b></p>	<p>13</p>
<p><b>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:</b></p>	<p>0</p>

<b>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:</b>	0
<b>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:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	8
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<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
<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	All random and targeted residents received the random interview protocol (total 16)
<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No



<b>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):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	8
<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>	
<b>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:</b>	3
<b>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:</b>	2
<b>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:</b>	1

<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Through file review and staff reporting there were no identified residents in the targeted area.</p>
<p><b>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:</b></p>	<p>2</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Through file review and staff reporting there were no identified residents in the targeted area.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Through file review and staff reporting there were no identified residents in the targeted area.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Through file review and staff reporting there were no identified residents in the targeted area.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Through file review and staff reporting there were no identified residents in the targeted area.</p>
<p><b>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:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Through file review and staff reporting there were no identified residents in the targeted area.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>11</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>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):</b></p>	<p>All random staff scheduled to work during the onsite audit phase were interviewed.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></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><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>18</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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



	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

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

<b>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)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

<p><b>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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>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).</b></p>	<p>No text provided.</p>
<p><b>Documentation Sampling</b></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><b>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?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></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
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	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
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	There were no reported allegations.

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></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><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were no reported allegations.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></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><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></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><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></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><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></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

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></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>

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· Pre-Audit Questionnaire</li> <li>· Prison Rape Elimination Act (PREA)</li> <li>· Agency Organization Chart</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>· Agency PREA Coordinator</li> </ul> <p>Compliance Determination by Provisions and Corrective Actions:</p>

115.211 (a)

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

Compliance Determination:

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

- The policies mandate a zero tolerance toward all forms of sexual abuse and sexual harassment (p. 1). The policies outlined the approach to prevent, detect, and response to sexual abuse and sexual harassment. The policy further defines sexual abuse and sexual harassment (pp.3-4).

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.

115.211 (b)

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

Compliance Determination:

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

- The agency/facility has PREA policies which ensure the sexual safety of facility residents and staff. The policy includes zero-tolerance philosophy from the agency central office through the front-line staff in its facilities. The agency/facility PREA coordinator has direct access to the head of the agency and regular communication with the senior leadership team.

- As reported in the PAQ, the agency employs or designates an upper-level, agency-side 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. The position of the PREA Coordinator is the Clinical Performance and Outcomes Director.

- Policy: Prison Rape Elimination Act (PREA) Policy states that "CT Renaissance shall employ or designate an upper-level, agency-wide PREA Coordinator. The PREA Coordinator will be responsible for implementing and overseeing the agency's

efforts to comply with policies and procedures related to PREA standards. The PREA Coordinator is also responsible for initiating internal administrative investigations for allegations of sexual harassment, administrative reviews of all reported incidents, maintaining documentation, writing reports, presenting findings and ensuring appropriate referrals are made” (p. 1).

- Agency Organization Chart

Interviews:

- PREA Coordinator: The interviewed staff reported that as the PREA coordinator they oversee the agency’s PREA response, and the agencies man point of contact for PREA. My efforts include, but not limited to taking PREA reports, monitoring and updating PREA policies and written materials, providing PREA training and guidance, handling administrative investigations, answering questions about PREA and CT Renaissances PREA response, and generally reinforcing the agency’s zero tolerance policy and client safety.

As the PREA Coordinator issues with complying with a PREA standard, I first seek more information by reviewing the standard. I then consider what agency policies and practices are in place to meet the standard and what is at the root of the compliance issue. Consideration of policy changes or practices will be made along with specific issues related that can be contributed. Once issues are determined, appropriate action will be taken. Overall, there is enough time to manage the duties and responsibilities.

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.

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.

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Prison Rape Elimination Act (PREA) Policy

Findings (By Provision):

115.212 (a). As reported in the PAQ, the agency has not entered or renewed any contract for the confinement of residents.

Compliance Determination:

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

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

115.212 (b). As reported in the PAQ, the agency has not entered or renewed any contract for the confinement of residents.

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

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

115.212(c). As reported in the PAQ, the agency has not entered or renewed any contract for the confinement of residents.

Compliance Determination:

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

	<ul style="list-style-type: none"> <li>The facility has not had any emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed because the facility does not contract with other entities to house their residents.</li> </ul> <p>Corrective Actions:</p> <ul style="list-style-type: none"> <li>N/A. There are no corrective actions for this provision.</li> </ul> <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>
--	--

<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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: Supervision and Monitoring-Staff</p> <p>Staff Plan Assessment East 2024</p> <p>Interviews:</p> <p>Director or Designee</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.213(a). As reported in the PAQ, the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents: 57. Since August 20, 2012, or last PREA audit,</p>

whichever is later, the average daily number of residents on which the staffing plan was predicated: 64.

Compliance Determination:

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

- Policy: The Supervision and Monitoring-Staff Policy states that “Each Connecticut Renaissance Residential Drug Treatment and Community Work Release facility contracted with CSSD or Dept. of Correction, shall maintain adequate staffing and supervision to ensure the safety and wellbeing of the residents. Each Program Director will develop a staffing plan. The staffing plan will be reviewed and assessed for resident sexual safety at least annually by the PREA Coordinator (or designee) and the Program Director. The staffing plan will be kept in the PREA binder at each site in the COD office and a copy will be submitted to the PREA Coordinator. (p. 1).
- The policy further states that the “Staffing shall take into consideration the following: • The physical layout of the facility. • The composition of the resident population • The use of the pop-sheet to identify and monitor any residents identified as vulnerable victims (VV) or sexually aggressive (SA) • Prevalence of substantiated and unsubstantiated incidents of sexual abuse and/or harassment” (p. 1).
- Staffing Plan
- 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 or Designee - The interviewed staff reported that the facility has a staffing plan. There is a minimum of two staff per shift. Tours are conducted hourly and clients are not allowed in each other's rooms. All staff have access to video cameras from the computers in their office. The staffing plan is in the PREA binder located in cabinet across from the Program Directors Office. PREA indicators are reviewed within 30 days and safety improvements and trends are discussed. Their annual PREA report also identifies prevalence of incidents in the program. Any other relevant factors are addressed. The program director updates the staffing schedule every month, to include vacations and open shifts. Open shifts are offered to all staff to ensure the minimum coverage is met. If an open shift becomes available and no staff volunteers to cover, a staff member from the previous shift will be held over.

PREA Coordinator - The interviewed staff reported that Staffing plans are assessed for resident sexual safety at least annually and reviewed by the Director of Work Release, the Facility Director and the PREA Coordinator. Each plan considers and specifies the physical layout of the facility, the resident population, prevalence of incidents and other factors that impact client safety and monitoring. Findings from any incident reviews are incorporated into the plan with respect to addressing factors that may contribute to PREA incidents including accounting for staff's ability to appropriately monitor residents throughout the facility. The staffing plan is kept in a binder on site. Our Work Release program must ensure certain staffing levels, so there are no deviations of the staffing plan reported. Our location is adequately monitored by video surveillance which has the ability to play back videos. At least once a year, assessments of video monitoring needs are conducted including analyzing the number of cameras, the placement, and monitoring/dependability of systems. In addition to the annual update of the facility staffing plan, any changes that may be needed throughout the year are overseen by the PREA Coordinator, in consultation with the Director of Residential and Facility 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.

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.

#### Interviews

Director or Designee - The interviewed staff reported that all shifts are covered by staff and if no staff is available the Supervisor or Program Director will cover the shift.

#### 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.

115.213(c). As reported in the PAQ, 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:

- Staffing Plan Assessment

- Staffing Plan

- 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

	<p>part of the annual review.</p> <ul style="list-style-type: none"> <li>· 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.</li> <li>· 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.</li> <li>· 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 have one-on-one contact outside of the camera's view. Staff are briefed on the locations of all blind spots and those identified areas are checked during supervisory security checks and unannounced rounds.</li> </ul> <p>Interviews</p> <p>PREA Coordinator - The interviewed staff reported that all staffing plan updates are made in consultation with the PREA Coordinator and reviewed at least once per year.</p> <p>Corrective Actions:</p> <ul style="list-style-type: none"> <li>· N/A. There are no corrective actions for this provision.</li> </ul> <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>
--	---

<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Search Facility and Person

Cross-Gender Pat-Down Search Documentation Report

Pat Search Curriculum

Copy of Pat Search Steps

Cross Gender Search Training Record (14)

12-month Cross Gender Pat Search Log

Interviews:

Resident Interview Questionnaire (16)

Random Sample of Staff (11)

Compliance Determination by Provisions and Corrective Actions:

115.215 (a). As reported in the PAQ, 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

In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0

Compliance Determination:

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

- The facility does not conduct strip searches or body cavity searches at all. Staff are also prohibited from conducting any form of search that involves “touching” by either gender staff. 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.

- Policy: The Searches Facility and Person policy states that “when, in exigent circumstances, a cross gender pat down search occurs, documentation shall be completed and submitted to DOC and the Clinical Performance and Outcomes Department” (p.3).

- 12-month Cross Gender Pat Search Log

- Audit Site Review: During the site review the auditor did not observe any staff conducting body searches. The auditor was able to observe a new resident intake and did not see any cross-gender searches. Information 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). NA-the facility houses male residents.

Compliance Determination:

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

Interviews

Random Sample of Staff – The interviewed staff reported that there are no females housed at the site.

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). N/A-the facility does not conduct cross-gender strip searches or visual cavity searches.

Compliance Determination:

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

- Policy: The Searches Facility and Person Policy states that “when, in exigent circumstances, a cross gender pat down search occurs, documentation shall be completed and submitted to DOC and the Clinical Performance and Outcomes Department” (p.3).

- 12-month Cross Gender Pat Search Log

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

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 Searches Facility and Person Policy states that “all agency staff is prohibited from viewing residents while dressing, showering or performing bodily functions. Searches of a client's belongings shall be conducted upon admission, discharge, upon return to facility after a community activity and when additional personal belongings enter the facility” (p. 1).
- The policy further states that “The following guidelines shall be adhered to when searching a particular client's room: a. Respect the client's property rights, taking care not to break or otherwise harm their property. b. Do not disrupt the room any more than necessary. Avoid unnecessarily embarrassing the client or ridiculing them in the process of the search. c. Do not use any force. d. Opposite gender staff will announce themselves prior to entering a resident’s room or bathroom” (p. 2).
- 12-month Cross Gender Pat Search Log

Onsite Review/Observations:

- 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.
- 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”.
- 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.
- 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

During the site review, the auditor informally interviewed residents regarding staff of the opposite gender announcing their presence when entering the living units. All residents indicated yes that staff announced their presence.

Resident Interview Questionnaire - The interviewed residents reported that female staff announce their presence when entering the housing area. All of the interviewed residents reported consistency with staff announcements. All of the interviewed residents reported that they are never naked in full view of opposite gender staff.

Random Sample of Staff - The interviewed staff reported that opposite gender staff announce themselves when entering the housing area. It was further reported that residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender. Several staff reported that they will obtain permission first before entering the rooms

#### 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). As reported in the PAQ, 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 reported searches that occurred in the last 12 months.

#### Compliance Determination:

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

- Policy: The Searches Facility and Person states that "all staff is prohibited from searching a transgender or intersex client for the purpose of determining genital status" (p. 3).
- 12-month Cross Gender Pat Search Log

#### Interviews

Random Sample of Staff - The interviewed staff reported that they are prohibited from searching or physically examining a transgender or intersex resident for the

sole purpose of determining the resident's genital status. It should be noted that initially one member of staff stated yes, however when probed they stated that such practices are not allowed.

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). As reported in the PAQ, 100% of staff who have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional manner with security needs. The facility has a form (Cross-Gender Pat-Down Search) to document any pat down searches.

Compliance Determination:

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

- The agency/facility provided the auditor copies of staff training power points that include slides on conducting cross-gender pat down searches, and searches of transgender and intersex Residents in a respectful manner.
- Cross-Gender Pat Down Search Training (14)
- Pat Search Steps
- Copy of Pat Search Steps
- 12-month Cross Gender Pat Search Log

Interviews

Random Sample of Staff - All of the interviewed staff reported that they have received training on how to conduct cross gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner. When probed, two staff could not recall the details regarding searching a transgender resident. It was further reported that the facility is a no touch facility. Searches are only pat-down.

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:



	<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>
--	--

<p><b>115.216</b></p>	<p><b>Residents with disabilities and residents who are limited English proficient</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></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: Prison Rape Elimination Act (PREA)</p> <p>Admission and Orientation Policy</p> <p>Language Line Handout</p> <p>Pictures (how to report/victim advocacy)</p> <p>PREA Refresher PPT</p> <p>Interviews:</p> <p>Agency Head</p> <p>Residents (with disabilities or who are limited English proficient) (8)</p> <p>Random Sample of Staff (11)</p> <p>Findings (By Provision):</p> <p>115.216 (a). As reported in the PAQ, 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.</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"> <li>· To ensure effective communication with residents or residents who are deaf or</li> </ul>

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.

- Policy: The Prison Rape Elimination Act (PREA) Policy states that "the Agency will provide materials related to the zero-tolerance policy in the language of current limited English proficient residents. The agency will create a system for staff to access alternative language lines for additional interpretive services. Information regarding access to the Language Line is available in the PREA Binder available through the program Director or in the COD office. In the case of a LEP client (limited English proficiency) or disabled person unable to read and/or understand the written PREA policy, a staff member will read the PREA policy and elicit responses to confirm that the person understands the policy. Someone who is severely disabled may meet our exclusionary criteria for admission" (p. 1).

- Admission and Orientation Policy further confirms the above.

- 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.

Documentation Reviewed

Language Line (handout)

Interviews

Agency Head - The interviewed agency head reported that residents with disabilities such as behavioral health issues are provided with information about how the organization works to prevent sexual abuse and/or harassment. PREA guidelines are reviewed with each resident upon admission. Those who are Spanish

speaking will receive PREA guidelines in Spanish. CT Renaissance has access to interpreters if translation in other languages is needed.

Residents (with disabilities or who are limited English proficient) – There were six residents identified with a disability and two that were limited English proficient. The interviewed residents reported that the facility provided information about sexual abuse and sexual harassment in a manner in which they could understand. The disabled individuals further reported that they either didn't need assistance or staff read over the documentation. The limited English proficient resident further reported that a staff interpreter was made available and is readily available as needed.

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 or sexual harassment.

Compliance Determination:

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

- Policy: The Prison Rape Elimination Act (PREA) Policy states that "the Agency will provide materials related to the zero-tolerance policy in the language of current limited English proficient residents. The agency will create a system for staff to access alternative language lines for additional interpretive services. Information regarding access to the Language Line is available in the PREA Binder available through the program Director or in the COD office. In the case of a LEP client (limited English proficiency) or disabled person unable to read and/or understand the written PREA policy, a staff member will read the PREA policy and elicit responses to confirm that the person understands the policy. Someone who is severely disabled may meet our exclusionary criteria for admission" (p. 1).
- Admission and Orientation Policy further confirms the above.
- Staff Training
- 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.

- PREA Refresher PPT: The PPT training contains the required staff training.

#### Interviews

Residents (with disabilities or who are limited English proficient) – There were six residents identified with a disability and two that were limited English proficient. The interviewed residents reported that the facility provided information about sexual abuse and sexual harassment in a manner in which they could understand. The disabled individuals further reported that they either didn't need assistance or staff read over the documentation. The limited English proficient resident further reported that a staff interpreter was made available and is readily available as needed.

#### 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). As reported in the PAQ, the agency policies prohibit other use of resident interpreters, resident readers, or other type of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the residents' allegations. Furthermore, 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:

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

- The program has not relied on resident interpreters, resident readers, or other types of resident assistants.
- All staff indicated that they would not let residents serve as interpreters. The facility has staff interpreters.
- The agency/facility has access to professional translations services. Prior to entry into the facility/program, residents are screened out about certain disabilities because of the nature of the program, which is work release, however when a

	<p>disabled resident is admitted the facility “meets them at the point of their needs”.</p> <ul style="list-style-type: none"> <li>· Policy: The Prison Rape Elimination Act (PREA) Policy states that “the agency prohibits the use of residents as interpreters in matters regarding allegation of sexual abuse/harassment during an internal investigation, unless the delay could compromise the resident’s safety. The agency has identified a staff member for Spanish speaking individuals who would be able to provide interpreter assistance as needed” (p. 1).</li> </ul> <p>Interviews</p> <p>Random Sample of Staff - All of the interviewed staff reported that they have never seen the agency allow resident to serve as interpreters for each other. Most staff stated that they would access an interpreter if needed. The staff further reported that there are several Spanish speaking staff onsite.</p> <p>Residents (with disabilities or who are limited English proficient) - There were six residents identified with a disability and two that were limited English proficient. The interviewed residents reported that the facility provided information about sexual abuse and sexual harassment in a manner in which they could understand. The disabled individuals further reported that they either didn’t need assistance or staff read over the documentation. The limited English proficient resident further reported that a staff interpreter was made available and is readily available as 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>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>
--	--

<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Hiring

Policy: Employment Background Checks

Personnel File (3 new hire):

- New Hire Orientation Checklist
- Reference Check Form
- Internal Career Opportunity
- PREA-Employment Questionnaire
- Employment Application
- Background Check
- Staff PREA Understanding

5-year background checks (2)

Interviews:

Administrative (Human Resources) Staff

Findings (By Provision):

115.217 (a). As reported in the PAQ, the agency policy does not prohibit 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.
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).

Compliance Determination:

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

- Policy: Employment Background Checks states that “to ensure that individuals who join CT Renaissance are well qualified and have a strong potential to be

productive and successful, it is the policy of CT Renaissance to make inquiries into a candidate's background in the following areas including, but not limited to, the following examples: 1. Criminal History 2. Employment Reference Checks 3. Verification of Education, Licenses and/or Certifications 4. Driver Record Check 5. Drug Screen - Urine Test 6. Medical Condition, including Tuberculosis Certification 7. Citizenship / Valid Work Permit Status Check 8. Consumer Credit History (if applicable) Notification of any prior criminal acts (including sexual abuse or sexual harassment) or illegal substance use history is requested and a criminal records check shall be conducted prior to making a job offer" (p. 1). The policy further states that "CT Renaissance shall not hire, appoint or promote anyone who has engaged in, or has attempted to engage in sexual abuse or sexual harassment" (p. 1).

- Policy: The Hiring Policy states that "Renaissance relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and while employed. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in Renaissance's exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment shall be considered" (p. 1). The policy further states that "CT Renaissance will not knowingly hire, appoint, or promote anyone who may have contact with individuals in the custody of the Judicial Branch or the Department of Correction, and has been convicted of, has engaged in, or has attempted 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 has been civilly or administratively adjudicated to have engaged in the activity describe above. CT Renaissance will consider any prior reported incidents of sexual harassment in determining whether to hire, appoint, or promote an individual who may have contact with a person in the custody of the Judicial Branch or the Department of Correction" (p. 2).

- Personnel Files (3)

Corrective Actions:

N/A. There are no corrective actions.

Discussion: The auditor reviewed the personnel files for all staff hired in the last 12 months. The agency has a process in place to ask the pre-employment questions, and throughout the programs have consistently completed the requirement.

115.217 (b). As reported in the PAQ, the 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:

· Policy: The Hiring Policy states that “Renaissance relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and while employed. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in Renaissance's exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment shall be considered” (p. 1). The policy further states that “CT Renaissance will not knowingly hire, appoint, or promote anyone who may have contact with individuals in the custody of the Judicial Branch or the Department of Correction, and has been convicted of, has engaged in, or has attempted 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 has been civilly or administratively adjudicated to have engaged in the activity describe above. CT Renaissance will consider any prior reported incidents of sexual harassment in determining whether to hire, appoint, or promote an individual who may have contact with a person in the custody of the Judicial Branch or the Department of Correction” (p. 2).

#### Interviews

Administrative (Human Resources) Staff - The interviewed staff reported that the agency does consider prior incidences of sexual harassment. We have a very strict policy and will not consider someone for employment if there are claims of sexual harassment. For existing staff, any sexual harassment complaint is handled with a thorough, HR department led investigation that can ultimately lead to immediate termination if a claim is found.

#### 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 (c). As reported in the PAQ, the 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: 3.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard



because:

- Policy: The Hiring policy states that “CT Renaissance’s procedures in obtaining and reviewing a candidate’s criminal history. Criminal Record Checks shall be completed prior to hire and every 5 years thereafter for all potential employees, volunteers, interns and contractors. Policy reviewed Oct 2020 DP Policy updated 5/31/19 DP The Reference Check will utilize the signed Reference Check Authorization and Release of Information Form and consist of the following: 1. Assessing the accuracy of information provided on the application/resume; 2. Personal or professional character references; 3. Educational History; 4. Prior Employers; 5. Other Relevant Sources. 6. Will include an inquiry as to whether the candidate engaged in any substantiated allegations of sexual abuse or resigned during the pendency of an investigation of alleged sexual abuse” (pp. 3-4).

- Policy: The Employment Background Checks states that “to ensure that individuals who join CT Renaissance are well qualified and have a strong potential to be productive and successful, it is the policy of CT Renaissance to make inquiries into a candidate’s background in the following areas including, but not limited to, the following examples: 1. Criminal History 2. Employment Reference Checks 3. Verification of Education, Licenses and/or Certifications 4. Driver Record Check 5. Drug Screen - Urine Test 6. Medical Condition, including Tuberculosis Certification 7. Citizenship / Valid Work Permit Status Check 8. Consumer Credit History (if applicable)” (p. 1).

- Personnel Files hired in the last 12 months (3)

#### Interviews

Administration (Human Resources Staff): The interviewed staff reported that the agency conducts criminal background checks at the state and federal level, in addition to conducting motor vehicle checks. The agency also conducts a drug screening for all new hires, regardless of role.

#### 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 (d). As reported in the PAQ, the 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:

- Policy: The Hiring policy states that “criminal Record Checks shall be completed prior to hire and every 5 years thereafter for all potential employees, volunteers, interns and contractors” (p. 3).

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

#### Interviews

Administration (Human Resources Staff): The interviewed staff reported that the agency conducts criminal background checks at the state and federal level, in addition to conducting motor vehicle checks. The agency also conducts a drug screening for all new hires, regardless of role.

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). As reported in the PAQ, the 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 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 Hiring policy states that “criminal Record Checks shall be completed prior to hire and every 5 years thereafter for all potential employees, volunteers, interns and contractors” (p. 3).

- Policy: The Employment Background Checks policy states that “criminal records checks shall also be performed on all Renaissance employees every five years following their hiring. If the checks reveal any criminal charges or cases not previously reported in writing by the employee to Renaissance, the employee may be subject to termination. Any employee who is applying for an internal transfer or promotion shall also undergo a criminal background check prior to the agency offering the employee the requested transfer or promotion” (p. 1).

- 5- year background check (2)

#### Interviews

Administrative (Human Resources) Staff – The interviewed staff stated that every employee at the agency is required to complete a successful background check

prior to being employed officially by the agency. Prior to a new hire start date, the agency arranges a meeting with the candidate at the administrative building to complete paperwork authorizing the background check, as well as complete a urine drug screening which is collected at that time. The vendor we use to submit background checks is Employer Reference Source (ERS). Background checks are conducted every title change, every promotion, and every five years. If there is a background check that reveals criminal history the employee could be subject to termination.

Corrective Actions:

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

Discussion: There were two staff who were eligible for the five-year background check. While the facility did not already have the checks run, the checks were conducted during the post audit phase of the audit. No further action is needed.

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

Compliance Determination:

- Pre-employment questionnaire (3)

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

Interviews

Administrative (Human Resources) Staff - The interviewed staff reported that new hires and staff considered for promotion in our residential areas must complete a PREA Employment Questionnaire. It was further reported that the facility does impose a continuing affirmative duty to disclose any such previous misconduct.

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 (g). As reported in the PAQ, the agency policy states that material omission regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Compliance Determinations:

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

- Policy: The Hiring Policy states that “Omissions on the part of the employee, volunteer, intern or contractor or the provision of materially false information, shall be grounds for termination” (p. 3).

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

Compliance Determination:

- There were no identified requests involving a former employee.

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

Interviews

Administrative (Human Resources) Staff - The interviewed staff stated that the agency does disclose sexual abuse or sexual harassment information to other institutional employers about former employees, upon request from that institution.

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.

**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)

Monitor Technology Upgrade Work Orders (Hawkeye Communications and IMC, LLC)

Interviews:

Agency Head

Director

Findings (By Provision):

115.218 (a). As reported in the PAQ, 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.

Compliance Determination:

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

- 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 CT Renaissance seeks to provide a safe residential environment that protects its residents by providing adequate interior and exterior lighting and video surveillance. Tours of the buildings are conducted at regular intervals and bed checks are conducted hourly throughout the night. Bathrooms are equipped with shower curtains that are clear on the upper portion.

Director or Designee - The interviewed staff reported that there has been no substantial expansions or modifications to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

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). As reported in the PAQ, the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. The facility provided documentation of the upgrades made to the video monitoring system.

Compliance Determination:

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

- Upgrade to camera system: Monitor Technology Upgrade Work Orders (Hawkeye Communications and IMC, LLC)
- 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 interior and external video surveillance is used at all locations. The counselor on duty monitors the cameras of multiple areas within and outside of each residence. The cameras have the ability to record; if there is a report of abuse, staff have the ability to review the recording.

Director or Designee - The interviewed staff reported that electronic surveillance equipment has been added to enhance supervision and monitoring of the residence and to protect the 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.

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.

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment

Policy: Medical and Mental Health Care for Victims of Sexual Abuse

Email Correspondence with Waterbury Hospital

Safe Haven Information Sheet

MOU: Safe Haven of Greater Waterbury

Additional Email Correspondence: Waterbury Hospital SANE

Interviews:

Random Sample of Staff (11)

Findings (By Provision):

115.221 (a). As reported in the PAQ, the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Connecticut State Policy is responsible for conducting criminal investigations. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

Compliance Determination:

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

- Policy: Responding to Allegations of Sexual Abuse and/or Sexual Harassment states that:

Investigations into allegations of sexual abuse and sexual harassment shall be done so promptly, thoroughly, and objectively for all allegations including third-party and anonymous reports. Investigations shall be conducted by law enforcement for sexual abuse reports, internal reviews and investigations of reports of sexual harassment incidents will be reviewed and coordinated by the PREA Coordinator. • PREA Coordinator, Program Director or designee shall contact the State Police Department to initiate a criminal investigation when appropriate. • Law enforcement will take the lead role in investigations into sexual abuse and CTR staff will cooperate with such investigations and shall endeavor to remain informed about

the progress of the investigation. • CT Renaissance Administrative Review shall include o An effort to determine whether staff actions or failures to act contributed to the abuse of Shall be documented in written reports of the review and the findings” (p. 1).

· The policy provides the following staff first responder guidance to address uniform evidence protocol:

“Upon learning of an allegation that a resident was sexually abused, the first staff person to receive the report must notify the Program Director. • Arrangements will immediately be made to separate the alleged victim and abuser • Law enforcement will immediately be called in the case of alleged sexual abuse • The crime scene will be closed off until the arrival of law enforcement. • The alleged victim will be asked not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. • The alleged abuser will be asked to not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. • The Program Director or first responder if Director is not available shall make immediate notification to the PREA Coordinator and the referral source. • The PREA Coordinator will take the lead, provide direction and coordinate the activities necessary to ensure care to the victim. Law enforcement will be called immediately to investigate the allegations” (p. 1).

· Policy: The Medical and Mental Health Care for Victims of Sexual Abuse policy states that “CT Renaissance shall offer all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If the area hospitals do not have available SAFE or SANEs then the examination can be performed by other qualified medical practitioners” (p. 1).

#### Interviews

Random Sample of Staff – The interviewed staff had various responses to the agency’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse. The responses went from just reporting, removing the person from the area and getting them to a safe location, don’t touch anything, securing the scene, and making sure no one contaminates the evidence. When probed, some of the ways it was described that the evidence would not get contaminated includes no showering, brushing teeth or changing clothes. When asked who conducts the investigations staff reported the cops, the “PREA person”, Program Director, all staff, an external agency, or the supervisor. When asked how they would bag the information the responses were paper, and some said plastic bags.

#### Corrective Actions:

· Recommend additional training for staff on how to handle evidence. The facility provided additional staff on the evidence protocol process. The facility provided an



overview of the training requirements and the participant list. No further action is warranted.

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). As reported in the PAQ, 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 Medical and Mental Health Care for Victims of Sexual Abuse policy states that "CT Renaissance shall offer all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If the area hospitals do not have available SAFE or SANEs then the examination can be performed by other qualified medical practitioners" (p. 1).

- Email Correspondence with Waterbury Hospital

- Safe Haven Information Sheet

- MOU: Safe Haven of Greater Waterbury

- Updated email correspondence with Waterbury Hospital indicated that the scope of services identified in the MOU are still valid.

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). As reported in the PAQ, 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:

- Policy: The Medical and Mental Health Care for Victims of Sexual Abuse policy states that “the agency shall obtain and maintain Memorandum of Understanding with local crisis centers and the hospitals to ensure a portal for services. Documentation of the MOU will be maintained by the PREA Coordinator. • As requested by the victim, the victim advocate, CT Renaissance staff and/or other requested support may accompany the victim through the forensic medical examination process and investigatory interviews and shall provide crisis intervention, information and referrals” (p. 1).
- Safe Haven Information Sheet
- MOU: Safe Haven of Greater Waterbury
- Updated email correspondence with Waterbury Hospital indicated that the scope of services identified in the MOU are still valid.

Interviews

PREA Coordinator - The interviewed staff reported that the facility has a Coordinated Response Plan that specifically includes the directive to offer contact to victim advocacy services. The agency maintains a Memorandum of Understanding with the Center for Family Justice.

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). As reported in the PAQ, 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 Medical and Mental Health Care for Victims of Sexual Abuse policy states that “the agency shall obtain and maintain Memorandum of Understanding with local crisis centers and the hospitals to ensure a portal for services. Documentation of the MOU will be maintained by the PREA Coordinator. • As requested by the victim, the victim advocate, CT Renaissance staff and/or other requested support may accompany the victim through the forensic medical examination process and investigatory interviews and shall provide crisis intervention, information and referrals” (p. 1).
- Safe Haven Information Sheet
- MOU: Safe Haven of Greater Waterbury
- Updated email correspondence with Waterbury Hospital indicated that the scope of services identified in the MOU are still valid.

#### Interviews

PREA Coordinator – The interviewed staff reported that victims of sexual abuse shall receive timely access to emergency medical treatment and crisis intervention services. Upon receiving a report, CT Renaissance will promptly connect the victim to emotional support services, appropriate treatment planning, recommended services and referrals for continued care. CT Renaissance offers all victims access to forensic medical examinations without financial cost where evidentiary or medically appropriate which are performed by SAFE (Sexual Assault Forensic Examiners) where possible or other qualified medical practitioners. Victims will be referred to a victim advocate at a rape crisis center. As requested by the victim, the victim advocate, CT Renaissance staff or other requested support may accompany the victim through the forensic exam process, investigatory interviews, crisis intervention, information and referral process. The agency doesn’t provide specialized treatment for sexual assault but victims will be referred outside for medical and mental health 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.

115.221 (f). As reported in the PAQ, 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:

	<p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· MOU: Safe Haven of Greater Waterbury</li> </ul> <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>
--	--

<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></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: Responding to Victims of Sexual Abuse</p> <p>SH Allegations</p> <p>Interviews:</p> <p>Agency Head</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.222 (a). As reported in the PAQ, 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</p>

misconduct).

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 Responding to Sexual Abuse and Harassment Policy provides guidance on the administrative and criminal response to a sexual abuse or sexual harassment allegation. The policy states that: Investigations into allegations of sexual abuse and sexual harassment shall be done so promptly, thoroughly, and objectively for all allegations including third-party and anonymous reports. Investigations shall be conducted by law enforcement for sexual abuse reports, internal reviews and investigations of reports of sexual harassment incidents will be reviewed and coordinated by the PREA Coordinator. • PREA Coordinator, Program Director or designee shall contact the State Police Department to initiate a criminal investigation when appropriate. • Law enforcement will take the lead role in investigations for sexual abuse and CTR staff will cooperate with such investigations and shall endeavor to remain informed about the progress of the investigation. • CT Renaissance Administrative Review shall include:
  - o An effort to determine whether staff actions or failures to act contributed to the abuse
  - o Shall be documented in written reports of the review and the findings (p. 1).

#### Interviews

Agency Head – The interviewed agency head reported that an administrative investigation is conducted into all allegations. If there is evidence that abuse or harassment occurred, the DOC PREA Unit and the State Police are notified, and the investigation is turned over to them. The PREA Coordinator is notified of any allegation and conducts the administrative investigation. If there is substantiating evidence of sexual abuse or harassment, the DOC PREA unit is notified, and the investigation is turned over to the State 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.

115.222 (b). As reported in the PAQ, 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 Responding to Sexual Abuse and Harassment Policy provides guidance on the administrative and criminal response to a sexual abuse or sexual harassment allegation. The policy states that: Investigations into allegations of sexual abuse and sexual harassment shall be done so promptly, thoroughly, and objectively for all allegations including third-party and anonymous reports. Investigations shall be conducted by law enforcement for sexual abuse reports, internal reviews and investigations of reports of sexual harassment incidents will be reviewed and coordinated by the PREA Coordinator. • PREA Coordinator, Program Director or designee shall contact the State Police Department to initiate a criminal investigation when appropriate. • Law enforcement will take the lead role in investigations for sexual abuse and CTR staff will cooperate with such investigations and shall endeavor to remain informed about the progress of the investigation. • CT Renaissance Administrative Review shall include: o An effort to determine whether staff actions or failures to act contributed to the abuse o Shall be documented in written reports of the review and the findings (p. 1).

- Website: <https://ctrenaissance.org/about/licensing-accreditation/prea/>

Interviews

Investigative Staff - The interviewed staff stated allegations of sexual abuse or sexual harassment are referred to the CT State Police for criminal investigations. Administrative investigations are handled internally.

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

	<p>Compliance Determinations:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Website: <a href="https://ctrenaissance.org/about/licensing-accreditation/prea/">https://ctrenaissance.org/about/licensing-accreditation/prea/</a></li> </ul> <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>115.222 (d). Auditor is not required to audit this provision.</p> <p>115.222 (e). 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>
--	---

<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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: Training Requirements</p> <p>Policy: Outline of Training Requirements</p> <p>Prevention and Responding to Corrections-Based Sexual Abuse &amp; Harassment</p> <p>PREA Training PPT</p> <p>Employee New Hire PREA Training Acknowledgement (3)</p> <p>Refresher Acknowledgement (12)</p>

PREA Training Pamphlet (Preventing and Responding to Correctives-Based Sexual Abuse: A PREA Training Pamphlet)

Mandated Reporter Training PPT

Staff PREA Understanding Blank

Interviews:

Random Sample of Staff (11)

Findings (By Provision):

115.231 (a). As reported in the PAQ, 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 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 Training Requirements policy states that "sexual Abuse and Harassment - agency policies and procedures in conjunction with PREA must be attended annually by all staff and administration. The agency PREA coordinator and any staff conducting PREA investigations will complete training in conducting sexual abuse investigations in confinement settings (NIC PREA: Investigating Sexual Abuse in a Confinement Setting or equivalent)" (p. 1).

- 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 15 training records (PREA



Acknowledgement Statements).

- PREA Training PPT
- Review for Community Confinement Employees (PPT)
- Outline of Training Requirements
- PREA Training Pamphlet (Preventing and Responding to Correctives-Based Sexual Abuse: A Guide for Community Corrections Professionals)
- Mandated Reporter Training PPT
- Prison Rape Elimination Act (PREA) Judicial Branch, Court Support Services Division Adult Residential Services (PPT)
- Employee PREA Training Acknowledgement New hire and refresher (Blank)
- Training Records (3)

#### Interviews

Random Sample of Staff – All of the interviewed staff reported that they received training in the above-mentioned elements. The staff reported that they received as a new hire and that they received a refresher recently. When probed the staff were able to describe various components of the training such as signs to look out for if someone is being victimized, and some of the common reactions of sexual abuse victims. All of the staff reported receiving additional information on mandatory reporter training. The staff reported that the PREA trainings were in person and online. They also articulated that PREA is discussed during staff meetings.

#### 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). As reported in the PAQ, the training is tailored to the gender of the residents at the facility.

#### Compliance Determination:

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

- Training Curriculum
- New Hire Training records (3)

#### 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). As reported in the PAQ, in 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:

- Refresher: Employee PREA Training Acknowledgment (12)
- Community Confinement Employees PPT

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 (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 Training Requirements Policy states that “Each employee shall sign a signature form to verify attendance and complete an instructor evaluation and post-test if applicable” (p. 2).
- New Hire Staff PREA Understanding Acknowledgement Signed (3)-electronic
- Refresher Acknowledgement (12)

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

	<p>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>
--	---

<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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: Volunteers and Interns</p> <p>Policy: Independent Contractors</p> <p>PREA Visitor/Contractor PREA Acknowledgement blank</p> <p>PREA Volunteer Training</p> <p>Findings (By Provision):</p> <p>115.232 (a). As reported in the PAQ, 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. 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: 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"> <li>· Policy: The Volunteers and Interns policy states that “all applicants accepted as Volunteers or Interns shall have a complete orientation and training period that includes at a minimum client rights, security and confidentiality regulations, emergency procedures, lines of communication and authority, information regarding</li> </ul>

insurance coverage, information about personal risks and liability, and all agency policies and procedures. Volunteers / Interns are given the opportunity to attend internal workshop and seminars” (p. 1).

- PREA Visitor/Contractor PREA Acknowledgement Blank

Interviews:

- Volunteer(s) or Contractor(s) who may have Contact with Residents: There were no volunteers or contractors at the program during the audit period.

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). As reported in the PAQ, 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. It was further reported that all volunteers and contractors receive the same training as employees.

Compliance Determination:

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

- Policy: The Volunteers and Interns policy states that “all applicants accepted as Volunteers or Interns shall have a complete orientation and training period that includes at a minimum client rights, security and confidentiality regulations, emergency procedures, lines of communication and authority, information regarding insurance coverage, information about personal risks and liability, and all agency policies and procedures. Volunteers / Interns are given the opportunity to attend internal workshop and seminars” (p. 1).

- PREA Visitor/Contractor PREA Acknowledgement blank

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 (c). As reported in the PAQ, the agency maintains documentation

	<p>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"> <li>· PREA Visitor/Contractor PREA Acknowledgement</li> </ul> <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>
--	--

<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<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: Admission and Orientation</p> <p>Policy: Prison Rape Elimination Act (PREA) Policy (Client Signature) (24)</p> <p>Client PREA Brochure Acknowledgement (English/Spanish) (24)</p> <p>CT PREA Brochure (English/Spanish)</p> <p>12-month roster of residents</p> <p>Postings</p>

Interviews:

Intake Staff

Resident

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: 147.

Compliance Determination:

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

- Policy: Admission and Orientation, Waterbury states that “all clients who are approved for admission shall complete an intake process upon arrival at the facility. Under staff supervision, the clients shall complete case record paperwork, PREA Screening and a drug screening. Furthermore, they shall be oriented to the facility, assigned a primary counselor, have an opportunity to review and discuss program rules and regulations, services available, program goals, rules governing conduct, possible disciplinary actions, and any limitations of available services. Clients in residential programs under the PREA standards will receive a brochure which will explain PREA and provide emergency and reporting procedures. Clients shall agree to abide by the rules, regulations, and general programming standards, and acknowledge such understanding by signing the Client Handbook Acknowledgement Form” (p. 1).
- Admission and Orientation Policy further confirms the above process.
- Client PREA Brochure Acknowledgement (English/Spanish) (24)
- Policy: Prison Rape Elimination Act (PREA) Policy (Client Signature) (24)
- CT PREA Brochure (English/Spanish)
- 12-month roster of residents
- 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.

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:

Intake Staff - The interviewed intake staff reported that when new clients arrive the intake process is started. We will go over the PREA information and clients will complete an initial PREA assessment of their Rights and Responsibilities, the process of reporting a PREA violation, the zero-tolerance policy and let them know there is no retaliation for reporting a PREA violation. Clients are given handbooks during intake with everything related to PREA policy.

The information is provided to them verbally, and I will go over with them there understanding of PREA. Clients will verbally state their understanding and sign their name stating their understanding. Clients will receive a physical copy of the PREA policy and rights as well as their client Rights and Responsibilities regarding sexual abuse and sexual harassment. There are postings throughout the common area.

Resident Interview Questionnaire - A majority of the interviewed residents reported that when they first arrived at the facility there were given the rules against sexual abuse and sexual harassment. When probed the residents stated that the staff went over paperwork with them, and this occurred within the same day of placement. All but two residents further confirmed that they were informed of their right to not be sexually abused or sexually harassed and how to report sexual abuse or sexual harassment. It should be noted that during some of the interview's residents were not consistent and knowing their right to not be punished for reporting sexual abuse or sexual harassment.

Corrective Actions:

- Retrain intake staff on asking all of the questions on the questionnaire and to go over additional topics such as when reporting one would not be retaliated against for reporting and explaining the victim advocacy and supportive services. Retraining was conducted with the intake staff and documentation was provided to the auditor. No further action warranted.

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). As reported in the PAQ, 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: 11. The

number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information: 11.

#### Compliance Determination:

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

- Policy: Policy: Admission and Orientation, Waterbury states that "PREA Acknowledgement - Residents shall receive information explaining CT Renaissance's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and the review process. Such information shall be provided as a refresher whenever a resident is transferred to another facility. Client will receive a brochure upon entrance to the facility and will sign receipt of brochure" (p. 2).
- Client PREA Brochure Acknowledgement (English/Spanish) (24)
- Policy: Prison Rape Elimination Act (PREA) Policy (Client Signature)
- CT PREA Brochure (English/Spanish)

#### Interviews

Intake Staff - The interviewed staff reported that the patient access specialist goes over their rights to be free from sexual abuse and sexual harassment. Upon intake a PREA assessment is completed, and they sign a PREA Acknowledgement statement form. The client provides a signature and vocalizes their understanding. When the clients arrive from DOC their intake is processed the same day. In some situations, clients may arrive as an emergency after end of shift and the intake process will occur the next day.

Resident Interview Questionnaire - All the interviewed residents reported that they arrived at the facility within the last twelve months. All of the interviewed residents arrived at the facility from another site.

#### 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). As reported in the PAQ, 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:

- During the onsite inspection the auditor observed that the facility had signage for translation services. In addition, the facility had several bi-lingual staff to provide interpretation services for the most common secondary language (Spanish).
- Client PREA Brochure Acknowledgement (English/Spanish) (24)
- Policy: Prison Rape Elimination Act (PREA) Policy (Client Signature) (24)
- CT PREA Brochure (English/Spanish)

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). As reported in the PAQ, 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:

- Client PREA Brochure Acknowledgement (English/Spanish) (24)
- Policy: Prison Rape Elimination Act (PREA) Policy (Client Signature) (24)
- CT PREA Brochure (English/Spanish)
- PREA Care Logic Sign Off: provides the client with an overview of the agency PREA policy

Interviews

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). As reported in the PAQ, 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:

- Client PREA Brochure Acknowledgement (English/Spanish) (24)
- Policy: Prison Rape Elimination Act (PREA) Policy (Client Signature) (24)
- CT PREA Brochure (English/Spanish)
- Posting (Spanish/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 (Spanish) commonly spoken in the facility.
  - 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.

In addition to observation, the auditor engaged in informal conversations with both staff and individuals to gather insights regarding signage, including its readability,

	<p>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. The facility consistently completed intake and the PREA education process with residents upon arrival at the facility. The facility consistently exceeded the standards requirements.</p>
--	---

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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: Training Requirements</p> <p>Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting)</p> <p>Training Certificate (PREA: Coordinators' Roles and Responsibilities)</p> <p>Interviews:</p> <p>Investigator</p> <p>Findings (By Provision):</p> <p>115.234 (a). As reported in the PAQ, the agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>Compliance Determination:</p>

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

- Policy: The Training Requirements policy states that “sexual Abuse and Harassment - agency policies and procedures in conjunction with PREA must be attended annually by all staff and administration. The agency PREA coordinator and any staff conducting PREA investigations will complete training in conducting sexual abuse investigations in confinement settings (NIC PREA: Investigating Sexual Abuse in a Confinement Setting or equivalent)” (p. 1).
- Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting)
- Training Certificate (PREA: Coordinators’ Roles and Responsibilities)

#### Interviews

Investigative Staff - The interviewed staff stated that they have completed the NIC training courses called PREA: Investigating Sexual Abuse in a Confinement Setting and PREA: Coordinators’ Roles and Responsibilities. The topics included in the training were: PREA Investigative Standards, Criteria and Evidence for Administrative Action and Prosecution, the Role of Medical and Mental Health in the Investigative Process, Roles of the Victim Advocate, Working with Victims, Proper use of Miranda and Garrity Warnings, Sexual Abuse Evidence Collection in Confinement Settings, Interviewing Techniques, and Institutional Culture and Investigations.

#### 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). Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

#### Compliance Determination:

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

- Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting)
- Training Certificate (PREA: Coordinators’ Roles and Responsibilities)

#### Interviews:

Investigative Staff - The interviewed staff stated that the topics included in the training were: PREA Investigative Standards, Criteria and Evidence for Administrative Action and Prosecution, the Role of Medical and Mental Health in the Investigative Process, Roles of the Victim Advocate, Working with Victims, Proper use of Miranda and Garrity Warnings, Sexual Abuse Evidence Collection in Confinement Settings, Interviewing Techniques, and Institutional Culture and Investigations.

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). As reported in the PAQ, the agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 1.

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)
- Training Certificate (PREA: Coordinators' Roles and Responsibilities)

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 (d). Auditor is not required to audit this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and 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><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></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>Findings (By Provision):</p> <p>115.235 (a). N/A-As reported in the PAQ, the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <p>The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 0.</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>115.235 (b). N/A-As reported in the PAQ, the agency does not have onsite medical and mental health services. During the onsite portion of the audit, it was determined that the facility has one onsite clinical staff.</p> <p>115.235 (c). As reported in the PAQ, the agency does not have onsite medical and mental health services. During the onsite portion of the audit, it was determined that the facility has one onsite clinical staff.</p> <p>115.235 (d). As reported in the PAQ, the agency does not have onsite medical and mental health services. During the onsite portion of the audit, it was determined that the facility has one onsite clinical staff.</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>
--	--

<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Admission and Orientation Waterbury

Policy: Screening for Risk of Victimization and Abusiveness

PREA Screening Risk Assessment (24)

PREA Screening Risk Assessment Tool (prior/updated)

Rescreening (18)

Corrective Action:

Assessments/Reassessments (12)

Interviews:

Staff Responsible for Risk Screening (1)

Resident Interview Questions (10)

PREA Coordinator

Findings (By Provision):

115.241 (a). As reported in the PAQ, 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 Admission and Orientation stated that “All clients who are approved for admission shall complete an intake process upon arrival at the facility. Under staff supervision, the clients shall complete case record paperwork, PREA Screening and a drug screening. Furthermore, they shall be oriented to the facility, assigned a primary counselor, have an opportunity to review and discuss program rules and regulations, services available, program goals, rules governing conduct, possible disciplinary actions, and any limitations of available services” (p. 1).
- Policy: The Screening for Risk of Victimization & Abusiveness policy states that “all residents will be assessed during and the intake and evaluation process for their risk of being sexually abused by other residents or sexually abusive toward other residents. CT Renaissance programs will utilize a screening tool to determine a level of risk for abusiveness and/or victimization” (p. 1).
- PREA Risk Screening (paper version) Blank

· 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 reported that all residents are screened upon admission or transfer.

Resident Interview Questionnaire - All but one of the interviewed residents reported that on the facility they were asked questions like whether or not they had been in jail or prison before, whether they have been sexually abused, whether they identify as gay, lesbian, bisexual, or whether they may be in danger of sexual abuse. When probed the residents reported that the questions were asked the same day, a few days, or within a week.

Corrective Actions:

· Retrain intake staff on asking all of the questions on the questionnaire and to



go over additional topics such as when reporting one would not be retaliated against for reporting and explaining the victim advocacy and supportive services. Retraining was conducted with the intake staff and documentation was provided to the auditor. No further action warranted.

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). According to the PAQ, the policy requires that residents be screened for risk of sexual victimization or risk of sexual abuse of 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: 176.

Compliance Determination:

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

- Policy: Policy: The Screening for Risk of Victimization & Abusiveness policy states that “the PREA Screening Assessment shall be conducted with the client within 72 hours of admission. • The PREA Screening assessment shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents, for risk of being sexually abusive” (p. 1).
- PREA Screening Risk Assessment (24). It should be noted that the risk assessments were continuously completed on the same date of arrival at the site.

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that the risk of sexual victimization or risk of sexually abusing other residents occurs within 72 hours of admission.

Resident Interview Questionnaire – All but one of the interviewed residents reported that on the facility they were asked questions like whether or not they had been in jail or prison before, whether they have been sexually abused, whether they identify as gay, lesbian, bisexual, or whether they may be in danger of sexual abuse. When probed the residents reported that the questions were asked the same day, a few days, or within a week.

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 (c). As reported in the PAQ, the facility uses a risk assessment which is conducted using an objective screening instrument.

Compliance Determination:

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

- PREA Screening Risk Assessment (24)

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 (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 Risk Assessment (24)

Interviews

Staff Responsible for Risk Screening - The interviewed staff reported that the screening assesses the age, build, criminal history (including non-violent sex offenses), whether the resident has any disabilities, previous incarcerations, their perceived sexual orientation, and perception of vulnerability. The intake staff will review the client face sheet provided by DOC along with asking the client questions. If the client responses are different than the face sheet, we will go with DOCs statement.

Corrective Actions:

- Retrain intake staff on asking all of the questions on the questionnaire and to go over additional topics such as when reporting one would not be retaliated against for reporting and explaining the victim advocacy and supportive services. Retraining was conducted with the intake staff and documentation was provided to the auditor. No further action warranted.

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 (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 Risk Assessment (18)

Interviews

Staff Responsible for Risk Screening - The interviewed staff reported that the resident is initially assessed upon admission.

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 (f). As reported in the PAQ, the policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, 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: 166.

Compliance Determination:

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

- Policy: The Screening for Risk of Victimization and Abusiveness Policy states

that “within 30 days of admission, the program will reassess the resident’s risk of victimization for abusiveness based upon any additional relevant information received by the facility since the intake screening” (p. 3).

- PREA Risk Screening Assessment (24)
- Rescreening (30 Day Follow Up Review) (18)

#### Interviews

- Staff Responsible for Risk Screening – The interviewed staff reported that the initial screening occurs immediately upon intake and the residents are reassessed within 30 days.
- Resident Interview Questionnaire – Half of the interviewed residents could recall whether or not the staff have asked them the screening intake questions again since they have been here.

#### Corrective Actions:

- After examining the reassessments, it was found that they weren't consistently finished within the 30-day window. Consequently, corrective action will be implemented, and the auditor will ensure compliance for at least 60 days.
- During the corrective action phase, the site should improve consistency with completing the assessments and reassessments within the 30-day time frame. The auditor reviewed 12 assessments/reassessments to verify compliance with the provision of the standard. No further action is needed. The site is compliant with the provision.

115.241 (g). As reported in the PAQ, 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 Screening for Risk of Victimization and Abusiveness Policy states that “a resident’s risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness.” (p. 3).
- Rescreening (30 Day Follow Up Review) (20)

#### Interviews

Staff Responsible for Risk Screening -The interviewed staff reported that reassessments occur within 30 days.

- Resident Interview Questionnaire - Half of the interviewed residents could recall whether or not the staff have asked them the screening intake questions again since they have been here.

Corrective Actions:

- After examining the reassessments, it was found that they weren't consistently finished within the 30-day window. Consequently, corrective action will be implemented, and the auditor will ensure compliance for at least 60 days.
- During the corrective action phase, the site should improve consistency with completing the assessments and reassessments within the 30-day time frame. The auditor reviewed 12 assessments/reassessments to verify compliance with the provision of the standard. No further action is needed. The site is compliant with the provision.

115.241 (h). As reported in the PAQ, 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 Screening for Risk of Victimization and Abusiveness Policy states that "Residents may not be disciplined for refusing to answer, or for not disclosing complete information" (p. 3).

Interviews

Staff Responsible for Risk Screening - The interviewed staff reported that residents are not disciplined for refusing to answer any portions of the assessment tool.

Corrective Actions:

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

115.241 (i). The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard 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:

· Policy: The Screening for Risk of Victimization and Abusiveness Policy states that the “information received during the screening / evaluation process shall uphold all of CT Renaissance’s standards of confidentiality. Information received shall be used from a programmatic and treatment perspective in determining service needs and ensuring the safety of the resident. Employees, volunteers, interns or contractors found to be using sensitive information to the detriment of the resident shall be the subject of corrective action up to and including termination” (p. 3).

· 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.

- The auditor assessed the electronic safeguards in place for information/documentation collected and maintained electronically as per PREA Standards, particularly focusing on risk screening information. This involved evaluating how access to the electronic information is secured, such as through password protection, access restriction to certain areas, or role-based security protocols.

- 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

Staff Responsible for Risk Screening – The interviewed staff reported that case manager can access the screening assessment as the information is in the Care logic system.

#### 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

	<p>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. Following analysis, it has been determined that the facility does not currently meet the required standard. As a result, corrective action will be undertaken to ensure compliance is achieved.</p> <p>During the corrective action phase, the site submitted the requested documentation to verify compliance with the standard's provisions. The documentation demonstrated the site's understanding of the standard and compliance requirements. As the documentation was compliant, no further action is required. The site is now fully compliant with all provisions of the standard.</p>
--	--

<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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: Evaluation and Intake Interview</p> <p>Policy: Screening for Risk of Victimization and Abusiveness</p> <p>Resident Housing Assignment</p> <p>PREA Risk Screening Assessment (24)</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Staff Responsible for Risk Screening (1)</p> <p>Transgender/Intersex Residents</p> <p>Findings (By Provision):</p> <p>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.</p> <p>Compliance Determination:</p>

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

- Policy: The Evaluation and Intake Interview provides guidance on the above process.
- Policy states that “a comprehensive assessment is then formulated, which includes a summary of the above information, diagnosis, client strengths and limitations, clinical impression, stage of change, recommendations for treatment and initial treatment plan. This assessment is conducted within specific time frames and is used in the development of the individual treatment plan. This assessment will identify any co-occurring disabilities/disorders that should be addressed when developing the individual plan including preliminary discharge plans. This assessment is due within 5 business days from the evaluation appointment, unless otherwise noted by grant contracts” (p. 1).
- Policy: The Screening for Risk of Victimization and Abusiveness states that “each program shall develop a plan for making bed decisions when a determination has been made that a resident may be at risk for victimization or that a potential abuser is being housed” (p. 3).
- 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 (24)
- Documentation of risk-based housing decisions. You could say: 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 staff reported that all residents are assessed during the intake and evaluation process for their risk of being sexually abused by other residents or sexually abused towards. CT Renaissance uses the Screening Assessment for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) tool and clients receive this screening within 72 hours of admission. The screening tool is scored and utilized to make housing, monitoring and treatment or service decisions/recommendations. In addition, if the resident is identified as a vulnerable victim or sexually aggressive, it will be noted in the POP sheet to assist staff in monitoring them. Within 30 days, the program will be reassessed.

Staff Responsible for Risk Screening - The interviewed staff reported that all of the information on the screening tool is used to determine bed and dorm location. We have an open door setting that we use for new clients, however we will also assess personality to determine the best fit in the dorms.



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). As reported in the PAQ, 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 Evaluation and Intake Interview
- Policy states that “all individuals referred to Connecticut Renaissance will undergo an evaluation interview on the premises to assess eligibility for admission. A qualified staff or supervisor who is knowledgeable in assessing the needs of person served, trained in the use of assessment instruments, and able to communicate with the client performs the evaluation. The purpose of the evaluation is to assess for the appropriateness of available services” (p. 1).
- Utilizing the PREA screening information outlined in standard 115.41, the facility conducts individualized assessments for all residents, informing decisions regarding housing, bed assignments, education, and program placements. These assessments aim to uphold separation between residents vulnerable to sexual victimization and those with a propensity for sexual abuse.

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that that a transgender or intersex resident view for their safety would be taken into consideration. At this time, they have not had a transgender or intersex resident placed at the site.

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). As reported in the PAQ, 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:

- Policy: The Screening for Risk of Victimization & Abusiveness states that “bed placements for transgender or intersex residents shall be based on concerns for the resident’s health and safety. The transgender or intersex resident’s own view of safety needs shall be a serious consideration in making bed placements. However, the program shall not place lesbian, gay, bisexual, transgender or intersex residents in dedicated areas solely on the basis of such identification or status, unless such placement is in a dedicated area established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents. Documentation of placement considerations shall be maintained in the client’s record” (p. 2).

#### Interviews

PREA Coordinator - The interviewed staff reported that Housing and program assignments are made on a case-by-case basis, based on information from the PREA Screening and the client at intake. A variety of housing configurations are available based on need and preference. The agency prioritizes resident health and safety when making placement decisions and utilizes a client-centered approach across all services. The agency accepts referrals to Work Release within our admission criteria and as per our contract with DOC. Any management or security problems would be addressed on an individual basis, in coordination with DOC, and handled accordingly, with the joint goals of ensuring safety while facilitating client access to 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.

115.242 (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 staff reported that transgender or intersex

resident's own view with respect to his or her own safety would be given the highest consideration in placement and programming assignments.

Staff Responsible for Risk Screening – The interviewed staff reported that a transgender or intersex residents own vies of his or her own safety would be given consideration and re-consider all housing/bed assignments.

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 staff reported that the Work Release Program has a configuration that allows for private showering for a transgender or intersex resident.

Staff Responsible for Risk Screening – The interviewed staff reported that a transgender or intersex residents own vies of his or her own safety would be given consideration and re-consider all housing/bed assignments.

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

	<p>for the purpose of protecting such 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"> <li>• 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 a dedicated facility or wing specifically designed to accommodate these residents.</li> </ul> <p>Interviews</p> <p>PREA Coordinator – The interviewed staff reported that the agency is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex residents. By policy and practice, the agency does not separate lesbian, gay, bisexual, transgender, or intersex residents. CT Renaissance fosters an inclusive environment.</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>
--	--

<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p>

Policy: Reporting of Sexual Abuse & Harassment

Policy: Client Grievances

Interviews:

Random Sample of Staff (11)

Resident Interview Questionnaire (16)

Findings (By Provision):

115.251 (a). As reported in the PAQ, 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.

Compliance Determination:

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

- Policy: The Reporting of Sexual Abuse & Harassment states that “clients / Residents may make verbal or written reports of sexual abuse or harassment to their Clinician, Program Director, PREA Coordinator, Director of Quality Improvement or any other employee they feel comfortable in reporting sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse or sexual harassment; and, staff neglect or violation of responsibilities that may have contributed to such incidents. Policy reviewed 12/30/21 DP Policy created 1/11/16 GG • Staff must allow the client / resident a private area to report their concerns and make their report. Staff must accept both verbal and/or written incident reports. If the client / resident is willing to make a written report, the PREA incident report form should be utilized. If not, the staff person taking the report can write the report. The resident handbook provides multiple internal and external reporting methods (pp. 1-2).
- Policy: Client Grievances provides additional guidance on the agency grievance process and clients ability to file a grievance.
- 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.
- The facility physical layout also considers in the determinations of housing assignments.
- Resident Handbook: The Resident Handbook outlines multiple confidential reporting avenues available to residents.

· **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 Connecticut 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 methods in which residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. The various methods include telling staff, calling the hotline, or writing a grievance. Several staff reported being unaware as to how the residents would report to an outside entity. It should be noted that the use of the hotline was not a common response from staff.

Resident Interview Questionnaire - The interviewed residents reported that they are aware of multiple methods to report sexual abuse or sexual harassment. The various ways reported include telling staff, notifying police, notifying the parole officer, completing a grievance or calling the hotline.

#### 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). As reported in the PAQ, 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 Reporting of Sexual Abuse & Harassment states that:
- Clients / Residents may make verbal or written reports of sexual abuse or harassment to their Clinician, Program Director, PREA Coordinator, Director of Quality Improvement or any other employee they feel comfortable in reporting sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse or sexual harassment; and, staff neglect or violation of responsibilities that may have contributed to such incidents. Policy reviewed 12/30/21 DP Policy created 1/11/16 GG

- Staff must allow the client / resident a private area to report their concerns and make their report. Staff must accept both verbal and/or written incident reports. If the client / resident is willing to make a written report, the PREA incident report form should be utilized. If not, the staff person taking the report can write the report.
- The PREA incident report form shall be forwarded to the agency's PREA Coordinator & designated Program Director who will then contact the client's Parole Officer or other referral source.
- Clients / Residents may report concerns of sexual abuse or harassment to their Parole Officers or referral sources, who will then contact the agency's PREA Coordinator to corroborate and investigation.
- Clients / Residents may contact Safe Haven, 29 Central Ave in Waterbury, CT at (203) 753-3613 (for sexual assault services) or The Center for Family Justice located at 753 Fairfield Ave., Bridgeport, 203-334-6154. The crisis centers shall forward reports of sexual abuse and sexual harassment to agency officials. Clients may remain anonymous if they desire. Client/residents also may call 911 for an immediate report to local and CT State Police.
- CT Renaissance will provide victims with access to external victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and phone numbers of such community resources. The programs shall enable communication between residents and such community resources in as confidential manner as possible.
- Clients will be informed that when third party services are used for reporting purposes, the agency will be made aware of reports of sexual abuse and harassment. The agency will pursue a coordinated response accordingly and as necessary.
- Employees shall accept reports made verbally, in writing, anonymously and from third parties. Any report received shall be promptly documented. • Reports of sexual abuse and sexual harassment shall be thoroughly reviewed by the PREA Coordinator, who will do so in conjunction with the Clinical Director, Chief Executive Officer and other parties as appropriate.
- Residents upon admission will be oriented to CT Renaissance's PREA policies and procedures.
- 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).
- 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.

- Resident Handbook: The Resident Handbook outlines multiple confidential reporting avenues available to residents.

#### Interviews

PREA Coordinator – The interviewed staff reported that if a client wishes to report abuse or harassment to an entity outside of the agency, they can contact the Sexual Assault Hotline, or the police department. The agency provides clients with the Sexual Assault Hotline number at orientation, as well as information about their options for making such reports. The number is also posted in English and Spanish at the facilities. The procedures enable receipt and immediate transmission of resident reports of sexual abuse and sexual harassment to the agency, while the resident may choose to remain anonymous upon request. The crisis centers will forward reports of sexual abuse and sexual harassment to agency officials. Staff will accept anonymous and third-party reports, in addition to verbal or written reports.

Resident Interview Questionnaire - The interviewed residents reported that they are aware of multiple methods to report sexual abuse or sexual harassment. The various ways reported include telling staff, notifying police, notifying the parole officer, completing a grievance or calling the hotline. Half of the interviewed residents reported that they believe they could make a report without having to give their name. Upon further review when probed the residents felt like it would be pointless to do an anonymous report because they wouldn't know who to speak to.

#### 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). As reported in the PAQ, 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. Staff are required to document verbal reports within 24 hours.

#### Compliance Determination:

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

- Policy: The Reporting of Sexual Abuse & Harassment states that “CT Renaissance requires all staff to report immediately and initiate a coordinated response to any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment that may have taken place against a client by another

client, employee, volunteer, intern or contractor. Residents / Clients shall be encouraged and provided a safe means of reporting such abuse. Anyone who reports an allegation of sexual abuse or harassment may do so without fear of reprisal” (p. 1).

#### Interviews

Random Sample of Staff – The interviewed staff reported that a resident who alleges sexual abuse, can do so verbally, in writing, anonymously and from a third party. When asked do you document the report, all of the staff stated yes. It was further reported that they would document immediately by completing an incident report. When probed two staff could not articulate if they believed a resident could submit a report anonymously.

Resident Interview Questionnaire – All of the interviewed residents reported that they could make a report either in person or in writing. They further stated that family and friends could make a report for them if needed. Additionally, all of residents have their own cellphones and can make external calls.

#### 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. Staff can privately report by anonymous phone call, in writing to the PREA Coordinator, Department of Corrections or the State PREA Coordinator.

#### Compliance Determination:

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

- Policy: The Reporting of Sexual Abuse & Harassment states that the staff reporting procedures include:
  - Staff shall report to their next level Supervisor and the agency’s PREA Coordinator any knowledge or suspicion of sexual abuse and/or harassment against a client / resident by another client/resident, employee, volunteer, intern or contractor. Retaliation by other residents or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents should also be reported.
  - Staff shall utilize the PREA Incident report form on behalf of the client / resident to initiate a response by the PREA Coordinator.
  - Staff may make such reports in a private manner with which they are

comfortable. Reports of sexual abuse, harassment, known retaliation or concerns of neglect on the part of another staff, volunteer, intern or contractor may be submitted in writing or verbally to the PREA Coordinator and may be done so anonymously.

- Apart from reporting to designated supervisors or the PREA Coordinator staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, review and other security and management decisions.
- Unless otherwise precluded by Federal, State or local law, agency staff shall be required to report sexual abuse and must inform client / residents of their duty to report, and the limitations of confidentiality at the initiation of services.
- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, CT Renaissance shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.
- Upon hire, new employees will receive training on the agency's policies and procedures regarding sexual abuse and sexual harassment. A signed understanding of CT Renaissance's PREA policies shall be maintained in the employee's personnel file.
- Staff shall attend an annual re-training on PREA policies and procedures. The annual training will be competency based.
- 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 reported that they could privately report sexual abuse and sexual harassment of residents by calling the PREA hotline, call law enforcement, notifying chain of command, or notify the PREA coordinator. When probed the staff stated that they would pull the director to the side or email them to privately 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.

#### 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>
--	--

<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></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: Client Grievances</p> <p>Onsite Grievance File Review</p> <p>Grievance Form</p> <p>Findings (By Provision):</p> <p>115.252 (a). As reported in the PAQ, the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. Upon further review it was determined that the agency has a process to file Grievances.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>Policy: The Grievances policy provides guidance on how the agency will respond to allegations of sexual abuse or sexual harassment reported through the grievance process.</p> <p>The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.</p> <p>The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.</p> <p>The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p>Nothing in this section shall restrict the agency's ability to defend against a lawsuit</p>

filed by a resident on the ground that the applicable statute of limitations has expired.

The agency shall ensure that -

(1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and

(2) Such grievance is not referred to a staff member who is the subject of the complaint.

(1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

(2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.

(3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

(4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

(e)

(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.

(2) If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

(3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

(f)

(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be

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

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

- Grievances: The auditor reviewed the grievance logbook and the associated grievances over the last 12 months. There were no PREA related grievances identified.

- Grievance Form Blank

Corrective Actions:

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

115.252 (b). As reported in the PAQ, the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. Upon further review it was determined that the agency has a process to file Grievances.

Compliance Determination:

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

- 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.

115.252 (c). As reported in the PAQ, the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. Upon further review it was determined that the agency has a process to file Grievances.

Compliance Determination:

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

- 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:

	<p>N/A. There are no corrective actions for this provision.</p> <p>115.252 (d). As reported in the PAQ, the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. Upon further review it was determined that the agency has a process to file Grievances.</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"> <li>Grievances: The auditor reviewed the grievance logbook and the associated grievances over the last 12 months. There were no PREA related grievances identified.</li> </ul> <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>115.252 (e). As reported in the PAQ, the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. However, upon further review it was identified that the site has a grievance system in place.</p> <p>115.252 (f). As reported in the PAQ, the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. However, upon further review it was identified that the site has a grievance system in place.</p> <p>115.252 (g). As reported in the PAQ, the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. However, upon further review it was identified that the site has a grievance system in place.</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>
--	---

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: The Reporting of Sexual Abuse and Harassment

Policy: The Medical and Mental Health Care for Victims of Sexual Abuse

Client PREA Brochure Acknowledgement (English/Spanish)

MOU: Safe Haven of Greater Waterbury

Safe Haven of Greater Waterbury-Sexual Assault Services

CT PREA Brochure (English/Spanish)

Interviews:

Resident Interview Questionnaire - (16)

Findings (By Provision):

115.253 (a). As reported in the PAQ, 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.

Compliance Determination:

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

- Policy: The Medical and Mental Health Care for Victims of Sexual Abuse policy states that “upon receiving a report of alleged sexual abuse or sexual harassment, CT Renaissance shall promptly connect the victim with emotional support services including a mental health evaluation and, as appropriate treatment planning, recommended treatment services and referrals for continued care following discharge. • CT Renaissance shall offer all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If the area hospitals do not have available SAFE or SANEs then the examination can be performed by other qualified medical practitioners. • Victims shall be referred to a victim advocate at a rape crisis center” (p. 1).



- Waterbury Hospital SAFE
- Client PREA Brochure Acknowledgement (English/Spanish)
- MOU: Safe Haven of Greater Waterbury
- Safe Haven of Greater Waterbury-Sexual Assault Services
- CT PREA Brochure (English/Spanish)
- 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.
- 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 - All but two of the interviewed residents were aware of outside supportive services. When probed the residents who reported being aware could not clearly articulate any of the services but could recall seeing information provided by 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.

115.253 (b). As reported in the PAQ, 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 Reporting of Sexual Abuse and Harassment policy states that "clients will be informed that when third party services are used for reporting purposes, the agency will be made aware of reports of sexual abuse and

harassment. The agency will pursue a coordinated response accordingly and as necessary” (p. 2).

- Residents are informed, in compliance with policy, that staff members are mandatory reporters as well as reporting rules that apply to disclosure of sexual abuse, made to third party organizations, including limits to confidentiality under relevant federal, state, or local law.
- A review of documentation indicated that outside information regarding services was available to resident at intake, PREA brochures, and posters.
- Client PREA Brochure Acknowledgement (English/Spanish)
- MOU: Safe Haven of Greater Waterbury
- Safe Haven of Greater Waterbury-Sexual Assault Services
- CT PREA Brochure (English/Spanish)

#### Interviews

Resident Interview Questionnaire - All but two of the interviewed residents were aware of outside supportive services. When probed the residents who reported being aware could not clearly articulate any of the services but could recall seeing information provided by 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.

115.253 (c). As reported in the PAQ, 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:

- The auditor reached out to the following organizations:
  - o MOU: Safe Haven of Greater Waterbury
  - o Safe Haven of Greater Waterbury-Sexual Assault Services
  - o Just Detention International (JDI) - is a health and human rights organization that seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the

	<p>only organization in the U.S. – and the world – dedicated exclusively to ending sexual abuse behind bars. They hold government officials accountable for prisoner rape; challenge the attitudes and misperception that enable sexual abuse to flourish; and make sure that survivors get the help they need. Contact: Just Detention International (JDC) / Wilshire Blvd., Suite 340 Los Angeles, CA 90010 /</p> <p>o National Sexual Violence Resource Center (NSVRC) – is the leading nonprofit in providing information and tools to prevent and respond to sexual violence. NSVRC translates research and trends into best practices that help individuals, communities and service providers achieve real and lasting change. NSVRC also work with the media to promote informed reporting. Contact: National Sexual Violence Resources Center (NSVRC) /2101 N. Front Street Governor’s Plaza North, building #2 Harrisburg, PA 17110</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>
--	---

<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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: Reporting of Sexual Abuse and/or Harassment</p> <p>Client PREA Brochure Acknowledgement (English/Spanish)</p> <p>Website: <a href="https://ctrenaissance.org/about/licensing-accreditation/prea/">https://ctrenaissance.org/about/licensing-accreditation/prea/</a></p> <p>Findings (By Provision):</p>

115.254 (a). As reported in the PAQ, 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.

Compliance Determination:

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

- Policy: The Reporting of Sexual Abuse and/or Harassment policy states that “clients will be informed that when third party services are used for reporting purposes, the agency will be made aware of reports of sexual abuse and harassment. The agency will pursue a coordinated response accordingly and as necessary. Employees shall accept reports made verbally, in writing, anonymously and from third parties. Any report received shall be promptly documented”. The agency website provides information for third parties to report allegations of sexual abuse and sexual harassment. The site says to report a PREA allegations through a third party, call the State of Connecticut DOC, PREA Investigations Unit via the hotline (number provided) or to the Connecticut Alliance to End Sexual Violence (numbers are provided for English and Spanish).

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

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

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

- Client PREA Brochure Acknowledgement (English/Spanish)

- Website: <https://ctrenaissance.org/about/licensing-accreditation/prea/>

- Audit Site Review:

- During the site review, the auditor meticulously observed facility signage to assess its readability and accessibility.

- The clarity and comprehensibility of signage language, especially concerning services like emotional support and external reporting, were thoroughly examined.

- It was ensured that signage was provided in English and translated into other prevalent languages, catering to the diverse linguistic needs of the facility's population.
- The auditor paid close attention to signage text size, formatting, and physical placement to ensure it accommodated a wide range of readers, including those with visual or physical impairments. Signage was checked and determined to be at the 5th grade reading level.
- The accuracy and consistency of information across facility signage were carefully evaluated during the site review.
- This encompassed verifying that audit notices were pertinent to the current audit and confirming the consistency of contact information for service providers/ organizations. The auditor was able to readily access the investigator with the Department of Corrections and the Connecticut State Troopers and confirm their response to receiving any reports. There were no instances identified.
- Additionally, the auditor assessed the placement of signage to determine its accessibility to both staff and confined individuals, ensuring that it could be easily accessed when needed.
- The auditor conducted tests on the third-party reporting system either before, during, or after the onsite visit to ensure its functionality and accessibility.
- A test third-party report was completed and submitted through the same method available to the public, typically via the facility's website.
- It was confirmed that the method for submitting third-party reports was readily accessible, clearly understood, and specifically designated for reporting incidents of sexual abuse and harassment within the facility.
- Verification of the facility's process for receiving and responding to third-party reports was sought, and evidence of receiving the test report submitted by the auditor was requested for validation.
- Informal discussions were held with both staff, residents and outside reporting entities to gather insights into the effectiveness of facility signage.

Corrective Actions:

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

Overall Findings:

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

115.261	Staff and agency reporting duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></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: Reporting of Sexual Abuse &amp; Harassment</p> <p>Website: <a href="https://ctrenaissance.org/about/licensing-accreditation/prea/">https://ctrenaissance.org/about/licensing-accreditation/prea/</a></p> <p>Interviews:</p> <p>Random Sample of Staff (11)</p> <p>Director or Designee</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.261 (a). As reported in the PAQ, 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 contributed to an incident or retaliation.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Policy: The Reporting of Sexual Abuse &amp; Harassment states that “CT Renaissance requires all staff to report immediately and initiate a coordinated response to any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment that may have taken place against a client by another client, employee, volunteer, intern or contractor. Residents / Clients shall be encouraged and provided a safe means of reporting such abuse. Anyone who reports an allegation of sexual abuse or harassment may do so without fear of reprisal” (p. 1).</li> <li>· The facility complies with the state or local mandatory reporting laws and reports sexual abuse allegations concerning any victim considered to be vulnerable</li> </ul>

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 Connecticut Alliance to End Sexual Violence (numbers are provided for English and Spanish).
- Posters and information for third party reporting are posted and available throughout the program. Interviews with staff confirmed they have been trained to take all allegations and reports seriously and to report them immediately, including those reported by third parties. The verbal reports are to be followed up with a written report before the end of the shift.
- 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. The staff further reported that there is a PREA binder that shows all the ways they can make a report. When discussing outside entities staff stated that they could directly call 911 if needed. Audit Site Review: Staff Reporting Method Review:
  - 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 reported 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 a facility; retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. The reporting procedure includes completing an incident report, notifying the chain of command, notifying the PREA Coordinator and immediately report. A majority of the staff could clearly articulate to notify the Program Director.



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). As reported in the PAQ, 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 Reporting of Sexual Abuse & Harassment states that “apart from reporting to designated supervisors or the PREA Coordinator staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, review and other security and management decisions” (p. 1).

- 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 auditor observed that the PREA binder along with sensitive information was stored in a locked closet. The locked closet was available to the direct care/case management staff.

- 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 reported 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 a facility; retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. The reporting procedure includes completing an incident report, notifying the chain of command, notifying the PREA Coordinator and immediately report. A majority of the staff could

clearly articulate to notify the Program 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.

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. The facility does not have onsite medical and mental health staff.

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.

Interviews

Director or Designee - The interviewed staff reported that the police would render charges if substantiated. Possible removal would be at the discretion of the Parole and Community Services.

PREA Coordinator - The interviewed staff reported that while we do not house clients who are 18 or under, if an allegation was made by an individual 18 or under or by someone considered a vulnerable adult, the facility would report to the PREA

	<p>Coordinator and the agency would follow the state mandated reporting laws.</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>115.261 (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.</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"> <li>· There were no reported sexual abuse or sexual harassment allegations during the audit period.</li> </ul> <p>Interviews</p> <p>Director or Designee: The interviewed staff reported that all allegations of sexual abuse and sexual harassment are reported to the agency investigator.</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>
--	---

<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment

Policy: Screening for Risk of Victimization & Abusiveness

Interviews:

Agency Head

Director or Designee

Random Sample of Staff (11)

Findings (By Provision):

115.262 (a). As reported in the PAQ, 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).

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: N/A.

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. N/A.

Compliance Determination:

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

· Policy: The Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment, states that "when the agency learns that a resident is subject

to a substantial risk of imminent sexual abuse, the agency shall take immediate action to protect the resident”.

- The facility screens all newly admitted residents for potential for victimization or for potential sexual abusiveness. This process is in place to ensure that a known victim and known abuser are not housed together in the same bedroom.

#### Interviews

Agency Head - The interviewed agency head reported that if they learn that a resident is subject to a substantial risk of imminent sexual abuse CT Renaissance will move a resident to another room to protect the victim. The program will provide additional monitoring and check-ins of this resident to ensure his safety. If the suspected abuser is a staff member, that employee is put on administrative leave while an investigation is conducted.

Director or Designee - The interviewed staff reported that when they learn that a resident is subject to a substantial risk of imminent sexual abuse the protective measures taken include reviewing information does not determine best steps. Immediate measures would be taken to separate the alleged victim and the perpetrator. Law enforcement would be contacted immediately and the alleged victim would be asked not to do anything to destroy evidence. The Program Director will implement the first responder duties. The PREA Coordinator will take the lead and provide further direction.

Random Sample of Staff - The interviewed staff reported that if they learn that a resident is at imminent risk of sexual abuse, they will respond immediately. The various response methods include notifying the supervisor, changing rooms if needed, getting the person out of the situation, closely monitor and separate from others.

#### 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>
--	---

<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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: Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment</p> <p>Interviews:</p> <p>Agency head</p> <p>Director or designee</p> <p>Findings (By Provision):</p> <p>115.263 (a). As reported in the PAQ, 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.</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"> <li>· Policy: The Reporting of Sexual Abuse and/or Harassment states that “Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Program Director that received the allegation shall notify the head of the facility or the appropriate office of the agency where the alleged abuse</li> </ul>

occurred” (p. 3).

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

Compliance Determination:

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

- Policy: The Reporting of Sexual Abuse and/or Harassment states that “such notification must be done so as soon as possible, but no later than 72 hours after receiving the allegation” (p. 3).

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). As reported in the PAQ, 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 Reporting of Sexual Abuse and/or Harassment states that “such notification must be done so as soon as possible, but no later than 72 hours after receiving the allegation. • The Program Director will apprise the CT Renaissance PREA Coordinator of such allegations and collaborate with the PREA Coordinator in terms of ensuring appropriate notifications. • The PREA Coordinator will maintain documentation of such reports and communication with other organizations” (p. 3).

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). As reported in the PAQ, 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 Reporting of Sexual Abuse and/or Harassment states that “If CT Renaissance receives a report from another organization of an allegation of sexual abuse that supposedly occurred at a CT Renaissance facility. CT Renaissance shall follow up and initiate a review of the report” (p. 3).

Interviews

Agency head - The interviewed agency head reported that if another agency or facility with another agency refers an allegation of sexual abuse or sexual harassment, the PREA Coordinator is the point person for CT Renaissance for such allegations. The PREA Coordinator will further investigate the allegation. The agency has not received an allegation of sexual abuse or sexual harassment from another facility or organization.

Director or designee - The interviewed staff reported that if the facility receives a report from another facility or agency that an incident of sexual abuse or sexual harassment occurred at the facility, a report is immediately sent to the PREA coordinator to initiate the 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.

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.



<b>115.264</b>	<b>Staff first responder duties</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1342 376">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="280 412 1035 448">Supporting Documents, Interviews and Observations:</p> <p data-bbox="280 483 703 519">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="280 555 1401 631">Policy: Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment</p> <p data-bbox="280 667 871 703">Policy: Prison Rape Elimination Act (PREA)</p> <p data-bbox="280 739 437 775">Interviews:</p> <p data-bbox="280 810 1107 846">Security Staff and Non-Security Staff First Responders (11)</p> <p data-bbox="280 882 849 918">Residents who Reported a Sexual Abuse</p> <p data-bbox="280 954 609 990">Findings (By Provision):</p> <p data-bbox="280 1025 1477 1818">115.264 (a). As reported in the PAQ, 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 1854 1382 1930">In the past 12 months, the number of allegations that a resident was sexually abused: 0</p> <p data-bbox="280 1966 1471 2042">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>

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: N/A

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: N/A

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: N/A

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: N/A

Compliance Determination:

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

· Policy: The Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment states that:

PROCEDURES - STAFF FIRST RESPONDER DUTIES • Upon learning of an allegation that a resident was sexually abused, the first staff person to receive the report must notify the Program Director. • Arrangements will immediately be made to separate the alleged victim and abuser • Law enforcement will immediately be called in the case of alleged sexual abuse • The crime scene will be closed off until the arrival of law enforcement. • The alleged victim will be asked not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. • The alleged abuser will be asked to not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. • The Program Director or first responder if Director is not available shall make immediate notification to the PREA Coordinator and the referral source. • The PREA Coordinator will take the lead, provide direction and coordinate the activities necessary to ensure care to the victim. Law enforcement will be called immediately to investigate the allegations (p. 1).

Interviews

Security Staff and Non-Security Staff First Responders - All of the interviewed staff

are considered first responders. The staff was able to articulate the first responder duties, such as securing the scene, getting the involved parties to a safe location, notifying their supervisor immediately or law enforcement, and ensuring that no one contained evidence.

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). As reported in the PAQ, the 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: N/A.

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: N/A.

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

Compliance Determination:

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

Interviews

Security Staff and Non-Security Staff First Responders/Random Sample of Staff - The interviewed staff reported that if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, their responsibility is to secure the area, take down basic information, take the victim to a safe location, maintain constant supervision of the clients, and complete an incident report. Such actions would be taken immediately. When asked who they would not share the information with the responses varied from other staff and clients.

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>
--	---

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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>Sexual Abuse Incident Coordinated Response Plan</p> <p>Email Correspondence: Waterbury Hospital</p> <p>Interviews:</p> <p>Director</p> <p>Findings (By Provision):</p> <p>115.265 (a). As reported in the PAQ, 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.</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"> <li>· When a physical assault has occurred on premises all residents will be transferred to local hospital for forensic examinations.</li> <li>· Updated email correspondence with Waterbury Hospital indicated that the scope of services (SANE) identified in the MOU are still valid.</li> <li>· The policy requires that staff only reveal PREA information on a need-to-know bases. Any other information will only be disseminated to individuals necessary to make treatment, investigation, and other security or management decisions,</li> </ul>

	<p>specific actions are identified for the PREA Coordinator as well and described in Policy.</p> <ul style="list-style-type: none"> <li>· The facility does not have medical or mental health staff therefore their responsibilities in the plan are not included. The criminal investigations are not included.</li> <li>· Sexual Abuse Incident Coordinated Response Plan: outlines the coordinated steps taken by on-site staff, first responders, and external services in response to incidents of sexual abuse.</li> </ul> <p>Interviews</p> <p>Director or Designee - The interviewed staff reported that the facility maintains a written coordinated response plan which details actions to be taken in response to an alleged incident of sexual abuse, among which includes staff first responders, medical and mental health practitioners, investigators, and facility leadership.</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>
--	---

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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>Interviews:</p>

Agency Head

Findings (By Provision):

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.

Compliance Determination:

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

- There are no current agreements that limit the agency's ability to remove alleged staff sexual abusers from contact with Residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. There have not been any collective bargaining agreements since August 20, 2012.
- The agency is not involved in any form of collective bargaining and can remove any staff alleged to have violated an agency sexual abuse or sexual harassment policy.

Interviews

Agency Head - The interviewed agency head reported that the agency has not entered into any collective bargaining agreements.

Corrective Actions:

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

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.

115.266 (b). N/A- Auditor is not required to audit this provision.

Overall Findings:

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

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></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: Prison Rape Elimination Act (PREA) Policy</p> <p>Blank Retaliation Monitoring Form</p> <p>Interviews:</p> <p>Agency Head</p> <p>Director or Designee</p> <p>Designated Staff Member Charged with Monitoring Retaliation (or Director if nonavailable) (1)</p> <p>Findings (By Provision):</p> <p>115.267 (a). As reported in the PAQ, 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> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Policy: The Prison Rape Elimination Act (PREA) Policy states that “Any employee, contractor, intern, volunteer, or individual in the custody of the Judicial Branch or Department of Correction whom reports an incident of sexual abuse or sexual harassment or cooperates in a sexual abuse or sexual harassment investigation must not be retaliated against. Any complaint of retaliation by an employee, contractor, intern, volunteer, or individual in the custody of the Judicial Branch or Department of Correction will be reported and investigated in accordance with the procedures and instruction provided in this policy. Any individual who is found to have been in violation of this policy will be subject to appropriate disciplinary action and/or referred to the State Police for criminal investigation” (p. 7).</li> <li>· The agency has a system in which the staff follow up with residents who report allegations of abuse. The agency also monitors any residents closely following</li> </ul>

reports of sexual abuse. They have managers closely watch staff overseeing these residents to ensure there is no retaliation taking place. The facility informs the residents of the facility retaliation policy and notifies staff immediately if they feel they are being retaliated against. Staff can report any retaliation to the Human Resource department, the PREA coordinator or agency leadership at any time.

- Blank Retaliation Monitoring Form

- There were no allegations of sexual abuse during the audit phase that would warrant the need to monitor for retaliation.

#### Interviews

Designated Staff Member Charged with Monitoring Retaliation (or Director if nonavailable) - The interviewed staff reported that when monitoring for retaliation their responsibility is to meet with the clients periodically for signs of distress and monitor staff treatment of clients during the remaining duration of admittance in 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 (b). As reported in the PAQ, 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:

- Blank Retaliation Monitoring Form

#### Interviews

Agency Head - The interviewed agency head reported that in order to protect residents and staff from retaliation the program staff will increase the monitoring of the resident claiming sexual abuse or harassment. This includes in-person and video surveillance monitoring. The resident may be moved to another room for further protection.

Director or Designee - The interviewed staff reported that any employee, contractor, intern, or individual in the custody of the Judicial Branch or DOC who reports an incident of sexual abuse or sexual harassment or cooperates in a sexual



abuse or sexual harassment investigation must not be retaliated against. Any complaint of retaliation by an employee, contractor, intern, volunteer, or individual in the custody of the Judicial Branch or DOC will be reported and investigated in accordance with the procedures and instruction provided by the agency policy. Any individual who is found to have been in violation of this policy will be subjected to appropriate disciplinary action and/or referred to the Connecticut State Police for criminal investigation.

Designated Staff Member Charged with Monitoring Retaliation (or Director if nonavailable) – The interviewed staff reported that when monitoring for retaliation their responsibility is to provide oversight, training and encourage staff to report all instances of retaliation. Contact would be initiated with the client and would occur throughout their stay in the program. We will look for changes in client/staff behavior and interactions. For example, mood changes, overall behavior, are the isolating themselves, or they are developing new behaviors such as use of substances.

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). As reported in the PAQ, 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 Prison Rape Elimination Act (PREA) Policy states that “the agency’s PREA Coordinator in cooperation with the appropriate Program Director or designee will develop and document a plan to prevent and/or monitor any acts of retaliation Reviewed 12/29/21 DP Revised 5/31/19 DP against someone who reports an incident or cooperates in an investigation of an allegation of sexual harassment or sexual abuse. For at least 90 days following a report of sexual abuse, CT Renaissance shall monitor the conduct and treatment of clients / residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Monitoring shall continue beyond 90 days if initial monitoring indicates a continued need. Efforts to fulfill

monitoring obligations will be documented and controlled by the PREA Coordinator” (p. 8).

- Blank Retaliation Monitoring Form

#### Interviews

Director or Designee - The interviewed staff reported that CT Renaissance will take necessary measures to ensure protection of those reporting or assisting in the investigation of sexual assault or sexual harassment. Such measures may include changing residential assignments or staff assignment or offering emotional support. The agency’s PREA Coordinator and Human Resources will monitor the conduct and treatment of those employees and individuals in the custody of the Judicial Branch or the DOC and will remedy any discovered retaliation.

Designated Staff Member Charged with Monitoring Retaliation (or Director if nonavailable) - The interviewed staff reported that when monitoring for retaliation their responsibility is to provide oversight, training and encourage staff to report all instances of retaliation. Contact would be initiated with the client and would occur throughout their stay in the program. We will look for changes in client/staff behavior and interactions. For example, mood changes, overall behavior, are they isolating themselves, or they are developing new behaviors such as use of substances. Monitoring would occur until they were discharged 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:

- Blank Retaliation Monitoring Form

#### 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:

- Blank Retaliation Monitoring Form

Interviews

Agency Head - The interviewed agency head stated that if an individual who cooperates with an allegation expresses a fear of retaliation the program staff will increase the monitoring of the resident claiming sexual abuse or harassment. This includes in-person and video surveillance monitoring. The resident may be moved to another room for further protection.

Director or Designee - The interviewed staff reported that any employee, contractor, intern, or individual in the custody of the Judicial Branch or DOC who reports an incident of sexual abuse or sexual harassment or cooperates in a sexual abuse or sexual harassment investigation must not be retaliated against. Any complaint of retaliation by an employee, contractor, intern, volunteer, or individual in the custody of the Judicial Branch or DOC will be reported and investigated in accordance with the procedures and instruction provided by the agency policy. Any individual who is found to have been in violation of this policy will be subjected to appropriate disciplinary action and/or referred to the Connecticut State Police for 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.

115.267 (f). N/A the auditor is not required to audit this provision.

Overall Findings:

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

**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: Prison Rape Elimination Act (PREA) Policy

Interviews:

PREA Coordinator

Investigative Staff

Director

Findings (By Provision):

115.271 (a). As reported in the PAQ, the agency/facility has a policy related to criminal and administrative agency investigations.

Compliance Determination:

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

- Policy: The Prison Rape Elimination Act (PREA) Policy states that:

Criminal Investigations - Sexual Abuse Allegations

- The Connecticut State Police shall serve as the investigating authority for all allegations of sexual abuse that occur within a CT Renaissance facility. All allegations of sexual abuse that occur within a CT Renaissance facility and/or program must be reported as soon as practical to the Connecticut State Police, the agency's PREA Coordinator and the Chief Executive Officer. If involving another employee, HR personnel would be involved as well. CT Renaissance will assist the CT State Police as needed.

- The PREA Coordinator will work with CSSD and/or the Department of Correction and the CT State Police when an allegation of sexual abuse has been made.

Internal Administrative Investigations - Sexual Harassment Allegations Only

- All internal administrative investigations of allegations of sexual harassment will be conducted promptly, thoroughly and objectively. The PREA Coordinator shall initiate and coordinate the investigation process. The Human Resources Department shall serve as the reviewing authority for all allegations of, sexual harassment, or retaliation involving a CT Renaissance employee and an individual in the custody of

the Judicial Branch or Department of Correction.

- The internal administrative investigation will include whether the alleged incident of sexual harassment, or retaliation was the result of employee misconduct or negligence.
- The investigation shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
- The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual harassment are substantiated. Reviewed 12/29/21 DP Revised 5/31/19 DP
- The PREA Coordinator must compile a full review / incident report and submit to the affected program's contracted funder.
- The agency shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years (p. 6).

#### Interviews

Investigative Staff - The interviewed staff stated that investigations are initiated immediately upon report of an allegation of sexual abuse or sexual harassment and are conducted promptly. When an allegation is made, first responders utilize the Coordinated Response Plan to determine immediate actions including separation of the victim and suspect, immediate first aid and preservation of evidence. Criminal investigations are conducted by the state police who will be contacted by first responders as part of the coordinated response. Administrative investigations begin when the PREA Coordinator is notified. Once confirming that the investigation is Administrative in nature, the context and details of the allegation are clarified via formal and informal interviews, review of any evidence, and review of records that may have a bearing on the case. All investigations are handled the same no matter the source. Responses to all reports include keeping the victim safe from retaliation and reporting on the progress of the 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.

115.271 (b). As reported in the PAQ, 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:

- Investigator Specialized Training Record

Interviews

Investigative Staff - The interviewed staff stated that they have completed the NIC training. The National Institute of Corrections courses called PREA: Investigating Sexual Abuse in a Confinement Setting and PREA: Coordinators' Roles and Responsibilities.

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 staff stated that when an allegation is made, first responders utilize the Coordinated Response Plan to determine immediate actions including separation of the victim and suspect, immediate first aid and preservation of evidence. Criminal investigations are conducted by the State Police who would be contacted by first responders as part of the coordinated response. Administrative investigations begin when the PREA Coordinator is notified. Once confirming that the investigation is Administrative in nature, the context and details of the allegation are clarified via formal and informal interviews, review of any evidence, and review of records that may have a bearing on the case. The PREA Coordinator initiates and coordinates the investigation process, which takes into account physical, testimonial and documentary evidence gathered from interviews, records, electronic equipment and any relevant source. The internal administrative investigation will include whether the alleged incident of sexual harassment, or retaliation was the result of employee misconduct or negligence. The investigation is documented in written reports that include a description of the physical and

testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The Human Resources Department serves as the reviewing authority for all allegations of, sexual harassment, or retaliation involving a CT Renaissance employee, following the full HR investigative process.

It was further reported that As the PREA Coordinator, I am responsible for gathering testimonial and documentary evidence, which may include but isn't limited to formal and informal interviews, documentation of physical evidence, or electronic data and records that may be pertinent to the situation. Evidence collection in criminal investigations is handled by the State Police, while the agency's coordinated response includes preservation of evidence.

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:

Interviews

Investigative Staff - The interviewed staff reported that CT Renaissance does not conduct criminal investigations. Upon report of any possible criminal conduct or prosecutable crime, State Police are immediately contacted. State Police would confer with prosecutors in the handling of allegations that appears to be criminal.

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.

Compliance Determination:

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

Interviews

Investigative Staff - The interviewed staff stated that Credibility will not be assessed based on an individual's status as a client or staff person. Reasoning behind credibility assessments is documented as part of the written investigative report. If a resident who alleges sexual abuse will never be required to submit to a polygraph examination or truth telling device as a condition for proceeding with 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.

115.271 (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 Prison Rape Elimination Act (PREA) Policy 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 closet. Old records are in a separate locked storage closet located in the basement. Investigations are handled outside of the site by the PREA Coordinator and State Police.

Interviews

Investigative Staff - The interviewed staff reported that internal administrative investigation always includes whether the alleged incident of sexual harassment, or retaliation was the result of employee misconduct or negligence. The determination is made based on the available evidence and is subject to a review process by which recommendations are made to prevent future instances of staff misconduct or negligence. The investigation 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.

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. There were no reported criminal investigations.

Compliance Determination:

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

Interviews

Investigative Staff - The interviewed staff reported that the State Police would maintain documentation of their criminal investigations. CT Renaissance would make every effort to remain in communication with the State Police and to obtain a copy of their final report.

Informal conversation with the CT state trooper PREA Coordinator confirmed that the agency responds to allegations of sexual abuse at the community confinement sites across the state.

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). As reported in the PAQ, substantiated allegations of conduct that appear to be criminal are referred for prosecution. There were zero number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit. 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.

Compliance Determination:

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

· As previously stated, The Prison Rape Elimination Act (PREA) Policy states that:

#### Criminal Investigations - Sexual Abuse Allegations

· The Connecticut State Police shall serve as the investigating authority for all allegations of sexual abuse that occur within a CT Renaissance facility. All allegations of sexual abuse that occur within a CT Renaissance facility and/or program must be reported as soon as practical to the Connecticut State Police, the agency's PREA Coordinator and the Chief Executive Officer. If involving another employee, HR personnel would be involved as well. CT Renaissance will assist the CT State Police as needed.

· The PREA Coordinator will work with CSSD and/or the Department of Correction and the CT State Police when an allegation of sexual abuse has been made.

#### Internal Administrative Investigations - Sexual Harassment Allegations Only

· All internal administrative investigations of allegations of sexual harassment will be conducted promptly, thoroughly and objectively. The PREA Coordinator shall initiate and coordinate the investigation process. The Human Resources Department shall serve as the reviewing authority for all allegations of, sexual harassment, or retaliation involving a CT Renaissance employee and an individual in the custody of the Judicial Branch or Department of Correction.

· The internal administrative investigation will include whether the alleged incident of sexual harassment, or retaliation was the result of employee misconduct or negligence.

· The investigation shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

· The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual harassment are substantiated. Reviewed 12/29/21 DP Revised 5/31/19 DP

· The PREA Coordinator must compile a full review / incident report and submit to the affected program's contracted funder.

· The agency shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years (p. 6).

There were no reported criminal investigations.

#### Interviews

Investigative Staff - The interviewed staff reported that the State Police handles referral of cases for prosecution if there is a substantiated allegation of conduct that appears criminal.

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 retains 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.

Compliance Determination:

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

- Policy: Prison Rape Elimination Act (PREA) Policy states that “the agency shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years” (p. 7).

Interviews

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:

Interviews

Investigative Staff - The interviewed staff reported that Investigations continue through final determination and review regardless of a staff member’s employment status. The employment status has no bearing on the status of the investigation. The investigation process does not change based on whether the victim or alleged abuser has left the facility.

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>115.271 (k). Auditor is not required to audit this provision.</p> <p>115.271 (l). When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>Interviews</p> <p>Director or Designee - The interviewed staff reported that they would stay in touch with the outside investigator through the Parole Officer or direct contact through state police.</p> <p>PREA Coordinator - The interviewed staff reported that the PREA Coordinator and Facility Director proactively communicate with any outside agency investigation into allegations of sexual abuse. Criminal investigations are handled by the State Police, with whom the agency remains in contact until receipt of a final report.</p> <p>Investigative Staff - The interviewed staff reported that the Facility Director and PREA Coordinator make every effort to remain in communication with the outside agency to get information on the progress of 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>
--	---

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Prison Rape Elimination Act (PREA) Policy

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 Prison Rape Elimination Act (PREA) Policy states that “the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual harassment are substantiated” (p. 6).

Interviews

Investigative Staff - The interviewed staff reported that the agency will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual harassment are substantiated.

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.

115.273	Reporting to residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></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: Reviewing and Responding to a Sexual Abuse and/or Sexual Harassment</p> <p>Memo: PREA Standard 115.273c</p> <p>Interviews:</p> <p>Director</p> <p>Investigative Saff</p> <p>Findings (By Provision):</p> <p>115.273 (a). As reported in the PAQ, 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>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"> <li>· Policy: The Reviewing and Responding to a Sexual Abuse and/or Sexual Harassment states that “Following a review into a client / resident’s allegation of sexual abuse suffered while receiving services in a CT Renaissance facility, the PREA Coordinator shall inform the client / resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The client shall be informed (unless the alleged sexual abuse was determined to be unfounded) whenever:</li> <li>· The staff member is no longer assigned within the resident’s unit; o The staff member is no longer employed at the facility;</li> </ul>

- CT Renaissance learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility (p. 2).

While the sit did not have any allegations of sexual abuse, the auditor observed that the PREA Coordinator exceeded the requirements and provided findings of investigation on the allegations of sexual harassment.

#### Interviews

Director or Designee - The interviewed staff reported that the facility notifies a resident who makes an allegation of sexual abuse when the allegation has been determined substantiated, unsubstantiated, or unfounded following an investigation.

Investigative Staff - The interviewed staff reported that following a review into a client / resident's allegation of sexual abuse in a CT Renaissance facility, the PREA Coordinator informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. This notification is to be documented.

#### 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). As reported in the PAQ, 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: N/A no investigations by the outside agency.

#### Compliance Determination:

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

- Policy: The Prison Rape Elimination Act (PREA) Policy 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). As reported in the PAQ, following a resident’s allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless unfounded) whenever:

§ The staff member is no longer posted within the resident’s unit;

§ The staff member is no longer employed at the facility;

§ The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; or

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

Compliance Determination:

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

- Policy: The Reviewing and Responding to a Sexual Abuse and/or Sexual Harassment states that “Following a review into a client / resident’s allegation of sexual abuse suffered while receiving services in a CT Renaissance facility, the PREA Coordinator shall inform the client / resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The client shall be informed (unless the alleged sexual abuse was determined to be unfounded) whenever:

- The staff member is no longer assigned within the resident’s unit; o The staff member is no longer employed at the facility;

- CT Renaissance learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

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

115.273 (d). As reported in the PAQ, the 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 whomever the agency learns that the alleged abuser has been indicated on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Compliance Determination:

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

- Policy: The Reviewing and Responding to a Sexual Abuse and/or Sexual Harassment states that "following a client's allegation that he/she has been sexually abused by another resident, CT Renaissance shall subsequently inform the alleged victim whenever:
- CT Renaissance learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility (p. 2).
- There were zero allegations of sexual abuse reported at the facility in the last 12 months.

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). As reported in the PAQ, 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 Reviewing and Responding to a Sexual Abuse and/or Sexual Harassment states that "All notifications or attempted notification shall be documented and maintained in a file by the PREA Coordinator" (p. 2).

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

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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: Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment</p> <p>Findings (By Provision):</p> <p>115.276 (a). As reported in the PAQ, staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</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"> <li>· Policy: The Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment states that:</li> <li>· Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</li> <li>· Termination shall be the presumptive disciplinary sanction for staff who have</li> </ul>

engaged in sexual abuse.

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

- All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies (p. 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.

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

Compliance Determination:

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

- Policy: The Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment states that:

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

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

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

- All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies (p. 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.

115.276 (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:

- Policy: The Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment states that:
  - Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.
  - Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.
  - Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.
  - All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies (p. 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.

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

Compliance Determination:

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

- Policy: The Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment states that:
- Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.
- Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.
- Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.
- All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies (p. 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.

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.
--	---

115.277	Corrective action for contractors and volunteers
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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: Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment</p> <p>Interviews:</p> <p>Director</p> <p>Findings (By Provision):</p> <p>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.</p> <p>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.</p> <p>In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 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"> <li>· Policy: The Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment states that “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies (p. 3).</li> </ul> <p>Corrective Actions:</p>

· 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). As reported in the PAQ, 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 because:

· Policy: The Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment states that “the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer” (p. 2)

Interviews

Director or Designee - The interviewed staff reported that all independent individual contractors or volunteers must adhere to the agency zero tolerance policies and procedures included in the Code of Ethics and Unlawful Sexual Abuse and Sexual Harassment policies. CT Renaissance will not enlist and prohibit the services of contractors or volunteers who are known to have engaged in or attempted to engage in sexual abuse or sexual 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.

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.

**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: Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment

Interviews:

Director

Findings (By Provision):

115.278 (a). As reported in the PAQ, 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 guilty of 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 Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment states that "Clients / Residents shall be subject to disciplinary sanctions pursuant to a formal Policy reviewed 1/2/2022 DP Policy revised 11/30/15 GG disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guild for resident-on resident sexual abuse" (p. 2) CT Renaissance may impose disciplinary sanctions on a client / resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Interviews



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:

Interviews

Director or Designee - The interviewed staff reported that 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. The client's mental health history will also be taken into consideration.

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 staff reported that 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. The client's mental health history will also be taken into consideration.

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.

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: The Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment has a detailed protocol for how residents are disciplined (pp. 3-4).

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: The Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment states that “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 a review does not establish evidence sufficient to substantiate the allegation” (p. 3).

	<p>Interviews</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> <ul style="list-style-type: none"> <li>· Policy: Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment states that “CT Renaissance prohibits all sexual activity between residents and will follow up with disciplinary action for such activity. CT Renaissance will not deem such activity to constitute sexual abuse if it is determined that the activity is not coerced” (p. 3).</li> </ul> <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>
--	---

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

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Medical and Mental Health Care for Victims of Sexual Abuse

Email Correspondence: Waterbury Hospital

Interviews:

Security Staff and Non-Security Staff First Responders (11)

Findings (By Provision):

115.282 (a). As reported in the PAQ, 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. The facility does not have onsite medical and mental healthcare.

Compliance Determination:

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

- Policy: The Medical and Mental Health Care for Victims of Sexual Abuse Policy states that "Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment" (p. 1).

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). If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.

Compliance Determination:

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

- The 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.

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

#### Compliance Determination:

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

- Policy: The Medical and Mental Health Care for Victims of Sexual Abuse Policy states that “Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment” (p. 1).

#### 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

	<p>or cooperates with any investigation arising out of the incident.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Policy: The Medical and Mental Health Care for Victims of Sexual Abuse Policy states that “CT Renaissance shall offer all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If the area hospitals do not have available SAFE or SANEs then the examination can be performed by other qualified medical practitioners” (p. 1).</li> <li>· Updated email correspondence with Waterbury Hospital indicated that the scope of services identified in the MOU are still valid.</li> </ul> <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>
--	--

<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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: The Medical and Mental Health Care for Victims of Sexual Abuse</p>

Findings (By Provision):

115.283 (a). The facility does 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.

Compliance Determination:

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

- Policy: The Medical and Mental Health Care for Victims of Sexual Abuse Policy states that "Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment" (p. 1). The policy further states that "upon receiving a report of alleged sexual abuse or sexual harassment, CT Renaissance shall promptly connect the victim with emotional support services including a mental health evaluation and, as appropriate treatment planning, recommended treatment services and referrals for continued care following discharge" (p. 1).

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 (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.

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 (d). NA-the facility only houses male residents.

115.283 (e). NA-the facility only houses male residents

115.283 (f). Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. The agency does not provide treatment services onsite all services will be referred for offsite medical 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 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 (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



	<p>review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>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.</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"> <li>· Policy: The Medical and Mental Health Care for Victims of Sexual Abuse Policy states that “the agency does not provide specialized treatment services for victims or abusers of sexual assault, victims or abusers will be referred to outside source for medical and mental health services.</li> </ul> <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>
--	--

<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></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: Data Collection &amp; Review of Sexual Abuse &amp;/or Sexual Harassment Incidents</p> <p>PREA Review Report Template</p>

Interviews:

Director

PREA Coordinator

Incident Review Team (2)

Findings (By Provision):

115.286 (a). As reported in the PAQ, 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.

Compliance Determination:

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

- Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents Policy states that “CT Renaissance shall conduct a sexual abuse incident review at the conclusion of every sexual abuse report and administrative investigation of sexual harassment allegations, including where the allegation has not been substantiated, unless the allegation has been unfounded” (p. 1)
- PREA Incident Report Template: sample template of how the incident review will be documented.

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). As reported in the PAQ, 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 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 Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents Policy states that “the review shall occur within 30 days of the conclusion of the investigation” (p. 1).

- PREA Incident Report Template: sample template of how the incident review will be documented.

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.

Compliance Determination:

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

- Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents Policy states “the review team shall include the Clinical Director, PREA Coordinator, Program Director, Direct Care staff and medical or mental health practitioners” (p. 1).

- PREA Incident Report Template: sample template of how the incident review will be documented.

Interviews

Director or Designee - The interviewed staff reported that the incident review team consists of upper-level management. Following every internal review in which there is a finding that sexual harassment or sexual abuse occurred in a CT Renaissance owned/operated facility or program. The PREA Coordinator will initiate a review of the incident amongst the Review Team which will consist of the CEO, Clinical Director, Director of QI, designated representatives from the Residential, Adolescent, and Outpatient Programs and a Board Representative within 30 days of the conclusion of the 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.

115.286 (d). As reported in the PAQ, 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 Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents Policy states “the review team shall:
- Consider whether the allegation or administrative review indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;
- Prepare a report of its findings, including but not necessarily limited to determinations made by the review team along with any recommendations for improvement. The report shall be submitted to the Chief Executive Officer, Board of Directors and PREA Coordinator.
- CT Renaissance shall implement recommendations for improvement or document reasons for not doing so.
- PREA Incident Report Template: sample template of how the incident review will be documented.

Interviews

Director or Designee - The interviewed staff reported that the team will use information from the sexual abuse incident review to determine if additional training is needed, there should be changes to the protocol, as well as requests for additional safety equipment (cameras, safety doors). Furthermore the team will 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; and/or other group dynamics at the facility (by “transgender,” I mean: people whose gender identity and/or gender expression does not match the sex and/or gender they were assigned at birth; by “intersex,” I mean: an individual born with external genitalia, internal reproductive organs, chromosome patterns, and/or endocrine systems that do not seem to fit typical definitions of male or female; by “gender non-conforming,” I mean: individuals who express their gender in a manner that breaks societal norms for one’s gender (e.g., someone who identifies as a girl/woman but wears clothing typically assigned to boys/men))

- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

PREA Coordinator – The interviewed staff reported that Sexual abuse incident reviews are overseen by the PREA Coordinator in collaboration with the Facility Director and staff. The review process specifically considers any needed changes, including: if there is a need to modify policy or practice, whether the incident/allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; an assessment of the area in the facility where the incident allegedly occurred; adequacy of staffing levels in the area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. The review and recommendations are documented. Incidents are then summarized in an annual report.

The PREA Coordinator is involved both in the development of the report, and in ensuring that recommendations are implemented and followed, be it changes to facility, policy and procedure, education, or other areas. The agency’s quality and safety processes also ensure that such changes are successfully implemented and maintained.

Incident Review Team - Incident Review Team – The interviewed staff reported that Incident Reviews are completed and documented 30 days following an incident or alleged incident. During each incident review, the team considers when the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. During an investigation and during the review of the incident the area in the facility where the incident allegedly occurred will be assessed to determine if there are barriers in the facility that could potentially enable abuse. Steps would be taken to address the barriers. Technology monitoring is also assessed. Each site is equipped with video surveillance and has the ability to playback, we will analyze the monitoring needs and deploying or augmenting will occur if deemed necessary.

	<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>115.286 (e). The facility implements recommendations for improvement or documents its reasons for not doing so.</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"> <li>· Policy: The Data Collection &amp; Review of Sexual Abuse &amp;/or Sexual Harassment Incidents Policy states “the CT Renaissance shall implement recommendations for improvement or document reasons for not doing so” (p. 1).</li> <li>· PREA Incident Report Template: sample template of how the incident review will be documented.</li> </ul> <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>
--	---

<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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: Data Collection &amp; Review of Sexual Abuse &amp;/or Sexual Harassment Incidents</p> <p>Annual Report (2022/2023)</p> <p>SSV Report 2023</p> <p>Findings (By Provision):</p>

115.287 (a). As reported in the PAQ, 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.

Compliance Determination:

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

- Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents states that “CT Renaissance shall collect accurate, uniform data for every allegation of sexual abuse at facilities. A set of standards shall be established to track occurrences and their circumstances” (p. 1).

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 Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents states that “data will be aggregated quarterly and reviewed by the agency’s Safety Committee. Annually, the data will be submitted to the Board of Directors for review” (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.

115.287 (C). As reported in the PAQ, 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:

- Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents states that “the incident-based data collected shall include at a minimum the data necessary to answer all questions from the most recent version of the survey of Sexual Violence conducted by the Department of Justice” (p. 2).

- Annual Report (2022/2023)

- SSV Report (2023)-Agency 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 (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:

- Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents states that “CT Renaissance shall maintain, review and collect data as needed from all available incident-based documents including reports, investigation files sexual abuse incident reviews” (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.

115.287 (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:

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.



115.288	Data review for corrective action
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></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: Data Collection &amp; Review of Sexual Abuse &amp;/or Sexual Harassment Incidents</p> <p>Website: <a href="https://ctrenaissance.org/about/licensing-accreditation/prea/">https://ctrenaissance.org/about/licensing-accreditation/prea/</a></p> <p>Annual Report (2022/2023)</p> <p>Interviews:</p> <p>Agency Head</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.288 (a). As reported in the PAQ, 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"> <li>· Policy: The Data Collection &amp; Review of Sexual Abuse &amp;/or Sexual Harassment Incidents states that CT Renaissance shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training.</li> </ul> <p>Including;</p> <ul style="list-style-type: none"> <li>· Identifying problem areas;</li> <li>· Taking corrective action on an ongoing basis;</li> <li>· Preparing an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall</li> </ul>

provide an assessment of the agency's progress in addressing sexual abuse.

- Annual Report (2022/2023)

Interviews:

Agency Head - The interviewed agency head reported that following the report of an allegation, an incident review is conducted to determine how the incident occurred and make steps to prevent the possibility of abuse or harassment happening again.

PREA Coordinator - The interviewed staff reported that the PREA Coordinator issues an annual report with aggregated data for the agency and each facility in order to assess and improve the effectiveness of its sexual abuse response. The report includes comparisons of data across years, identification of problem areas, evaluation of corrective actions, and the overall quality of the agency's sexual abuse response. Facility level data is included in the report. The report is reviewed by senior leadership. All critical data and documents are stored on a secure network server which is regularly backed up. CT Renaissance conducts internal quality reviews of incidents, data and corrective action to ensure follow through, the health and safety of our clients and to prevent further incidents of sexual abuse 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.

115.288 (b). As reported in the PAQ, 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 Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents states that CT Renaissance shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training.

Including;

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

- Preparing an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

Annual Report (2022/2023)

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). As reported in the PAQ, 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 Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents states that "data and associated annual reports shall be reviewed by CT Renaissances' Leadership and made available through the agency's website. CT Renaissance may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility. The nature of the material redacted would need to be indicated" (p. 2).

- Website: <https://ctrenaissance.org/about/licensing-accreditation/prea/>

- Annual Report (2022/2023)

Interviews

Agency Head - The interviewed agency head reported that they approve the annual reports.

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). As reported in the PAQ, when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

	<p><b>Compliance Determination:</b></p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> <li>· Policy: The Data Collection &amp; Review of Sexual Abuse &amp;/or Sexual Harassment Incidents states that “data and associated annual reports shall be reviewed by CT Renaissances’ Leadership and made available through the agency’s website. CT Renaissance may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility. The nature of the material redacted would need to be indicated” (p. 2).</li> <li>· Website: <a href="https://ctrenaissance.org/about/licensing-accreditation/prea/">https://ctrenaissance.org/about/licensing-accreditation/prea/</a></li> <li>· Annual Report (2022/2023)</li> </ul> <p><b>Interviews:</b></p> <p>PREA Coordinator- The interviewed staff reported that prior to making the data available on the website, all personal identifiers are removed. CT Renaissance may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility. The nature of the material redacted would need to be indicated.</p> <p><b>Corrective Actions:</b></p> <p>N/A. There are no corrective actions for this provision.</p> <p><b>Discussion:</b> 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><b>Overall Findings:</b></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>
--	--

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p>

Pre-Audit Questionnaire (PAQ)

Policy: Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents

Website: <https://ctrenaissance.org/about/licensing-accreditation/prea/>

Annual Report (2022/2023)

Interviews:

PREA Coordinator

Findings (By Provision):

115.289 (a). As reported in the PAQ, the agency ensures that incident-based and aggregate data are securely retained. The agency indicates the nature of material redacted.

Compliance Determination:

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

- Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents states that “data and associated reports on sexual abuse and sexual harassment shall be securely retained. CT Renaissance shall post annually all aggregated sexual abuse data from its programs readily available to the public through its website. Prior to making data available, all personal identifiers shall be removed. CT Renaissance shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise” (p. 2).

- Website: <https://ctrenaissance.org/about/licensing-accreditation/prea/>

- Annual Report (2022/2023)

Interviews

PREA Coordinator – The interviewed staff reported that the PREA Coordinator issues an annual report with aggregated data for the agency and each facility in order to assess and improve the effectiveness of its sexual abuse response. The report includes comparisons of data across years, identification of problem areas, evaluation of corrective actions, and the overall quality of the agency’s sexual abuse response. Facility level data is included in the report. The report is reviewed by senior leadership. All critical data and documents are stored on a secure network server which is regularly backed up. CT Renaissance conducts internal quality reviews of incidents, data and corrective action to ensure follow through, the health and safety of our clients and to prevent further incidents of sexual abuse 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.

115.289 (b). As reported in the PAQ, 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 Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents states that “data and associated reports on sexual abuse and sexual harassment shall be securely retained. CT Renaissance shall post annually all aggregated sexual abuse data from its programs readily available to the public through its website. Prior to making data available, all personal identifiers shall be removed. CT Renaissance shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise” (p. 2).
- Annual Report (2022/2023)

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.

115.289 (c). As reported in the PAQ, 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 Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents states that “data and associated reports on sexual abuse and sexual harassment shall be securely retained. CT Renaissance shall post annually all aggregated sexual abuse data from its programs readily available to the public through its website. Prior to making data available, all personal identifiers shall be removed. CT Renaissance shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State or local law

	<p>requires otherwise” (p. 2).</p> <ul style="list-style-type: none"> <li>· Annual Report (2022/2023)</li> </ul> <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>115.289 (d). As reported in the PAQ, 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.</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"> <li>· Policy: The Data Collection &amp; Review of Sexual Abuse &amp;/or Sexual Harassment Incidents states that “data and associated reports on sexual abuse and sexual harassment shall be securely retained. CT Renaissance shall post annually all aggregated sexual abuse data from its programs readily available to the public through its website. Prior to making data available, all personal identifiers shall be removed. CT Renaissance shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise” (p. 2).</li> </ul> <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>
--	--

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- Agency Website
- Facility Posting of PREA Notices
- Agency Annual Report (2022)
- SSV Report
- Additional CT DOC Policies

Interview:

- Agency PREA Coordinator

Compliance Determination by Provisions and Corrective Actions:

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- PREA (Prison Rape Elimination Act) Policies and Procedures
- Notices of PREA Audit – Upload Notices Pics of Postings
- Facility Last DOJ PREA Certified Audit Report

Interviews:

- Agency PREA Coordinator 1
- Facility Director 1

Compliance Determination by Provisions and Corrective Actions:

115.401 (a)

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or a private organization on behalf of the agency, is audited at least once.

Compliance Determination:

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

- A review of the agency’s website provided PREA audit reports according to cycles.



- The facility PREA reports are included on the agency website.

Corrective Actions:

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

115.401 (b)

During each one-year period starting on August 20, 2013, the agency shall ensure that at least one third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

Compliance Determination:

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

- A review of the agency's website provided PREA audit reports according to cycles.
- The facility PREA reports are included on the agency website.

Corrective Actions:

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

115.401 (h)

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

Compliance Determination:

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

- On the first day of the audit after the entrance conference, the auditor conducted a comprehensive tour of the facility. It was requested that when the auditor paused to speak to a resident or staff, that staff on the tour please step away so the conversation might remain private. This request was well respected.
- During the site review the auditor made numerous observations, including the posting of Notices of PREA Audits, PREA Related Posters, and TIP Posters (with phone numbers to call to report any concern or condition), notices advising resident that female staff routinely work in the facility, locations of showers and privacy issues, bathrooms, medical/grievance boxes, requests forms and boxes for requests, configuration of living units, capacities of dorm/bed rooms, observations of blind spots, camera deployment, the use of mirrors to mitigate blind spots, staffing levels, supervision of resident, accessibility to telephones and instructions for using the phones to report sexual abuse, main control room, dayroom, and residential housing area.

Corrective Actions:

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

115.401 (i)

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

Compliance Determination:

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

- The auditor provided the facility to the agency/facility with a documentation checklist. The checklist is organized by standards to help the facility through the pre-audit, onsite and post audit phase and to provide the requested documentation by auditor.
- The PREA coordinator and the facility provided the auditor with all relevant documents as requested.

Corrective Actions:

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

115.401 (m). The auditor shall be permitted to conduct private interviews with residents.

Compliance Determination:

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

- During the onsite audit period, the auditor was able to conduct interviews in a private office that was not monitored by video or staff surveillance.

Corrective Actions:

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

115.401 (n) Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Compliance Determination:

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

- The auditor reached out to the following organizations:
  - o Just Detention International (JDI)

	<ul style="list-style-type: none"> <li>o National Sexual Violence Resource Center (NSVRC)</li> <li>o Connecticut Sexual Assault Crisis Services Line</li> </ul> <p>Corrective Actions:</p> <ul style="list-style-type: none"> <li>· N/A. There are no corrective actions for this provision.</li> </ul> <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>
--	---

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· Facility Last DOJ PREA Certified Audit Report</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>· Agency PREA Coordinator 1</li> </ul> <p>115.403 (f): The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public.</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <ul style="list-style-type: none"> <li>· Agency’s facility and agency audit reports.</li> <li>· Website: <a href="https://ctrenaissance.org/about/licensing-accreditation/prea/">https://ctrenaissance.org/about/licensing-accreditation/prea/</a></li> </ul>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	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
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	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
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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



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

<b>(f)</b>		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	na

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes



	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	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)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	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.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	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
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	no
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

<b>(f)</b>		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	



	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	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.)	na
	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.)	na
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	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
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	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.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	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
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes



	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	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
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	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.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	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?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

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

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	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.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287</b>	<b>Data collection</b>	

<b>(c)</b>		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes