

PREA Facility Audit Report: Final

Name of Facility: Dana's House Residential Mental Health Treatment Facility

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/27/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



Auditor Full Name as Signed: Darla P. O'Connor

Date of Signature: 06/27/2025

AUDITOR INFORMATION

Auditor name: OConnor, Darla

Email: doconnor@strategicjusticesolutions.com

Start Date of On-Site Audit: 03/27/2025

End Date of On-Site Audit: 03/28/2025

FACILITY INFORMATION

Facility name: Dana's House Residential Mental Health Treatment Facility

Facility physical address: 75 Henry Street, New Haven, Connecticut - 06511

Facility mailing address:

Primary Contact

Name:	Cedric Burden
Email Address:	cburden@crj.org
Telephone Number:	6176452023

Facility Director	
Name:	Reuel Parks
Email Address:	reuel.parks@crj.org
Telephone Number:	8573606819

Facility PREA Compliance Manager	
Name:	Cedric Burden
Email Address:	cburden@crj.org
Telephone Number:	617-645-2023

Facility Characteristics	
Designed facility capacity:	15
Current population of facility:	15
Average daily population for the past 12 months:	15
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5	
Age range of population:	18 and over
Facility security levels/resident custody levels:	Reentry program - low level
Number of staff currently employed at the facility who may have contact with residents:	17
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4

AGENCY INFORMATION	
Name of agency:	Community Resources for Justice
Governing authority or parent agency (if applicable):	
Physical Address:	355 Boylston Street, Boston, Massachusetts - 02116
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	Deborah M. O'Brien
Email Address:	dobrien@crj.org
Telephone Number:	857-408-6211

Agency-Wide PREA Coordinator Information

Name:	Heriberto Crespo	Email Address:	hcrespo@crj.org
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

1

- 115.241 - Screening for risk of victimization and abusiveness

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:

2025-03-27

2. End date of the onsite portion of the audit:

2025-03-28

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?

☒ Yes

☐ No

a. Identify the community-based organization(s) or victim advocates with whom you communicated:

As part of the audit process, outreach was conducted to Just Detention International (JDI), a recognized national organization dedicated to ending sexual abuse in detention. In response, JDI confirmed that they had no record of having received any communication, correspondence, or requests for assistance from the facility or any individuals currently incarcerated there. This absence of contact suggests that, during the audit review period, neither the institution's staff nor its resident population reached out to JDI for advocacy, support, or information services. While this does not indicate any specific concerns, it may highlight a potential area for future training or outreach regarding the availability of external support resources. In addition, the Women and Families Center Sexual Assault Crisis Services, a local victim advocacy organization, verified their active partnership with Community Resources for Justice (CRJ) through a signed Memorandum of Understanding (MOU). This formal agreement outlines the provision of specialized support services to incarcerated survivors of sexual abuse at CRJ facilities. The MOU reflects a shared commitment to ensuring that survivors have access to high-quality, confidential, and trauma-informed advocacy services.

Key elements of the partnership as defined in the MOU include:

1. **Victim Advocacy During Forensic Exams:** The agency provides trained sexual assault crisis advocates to accompany and support survivors through the forensic examination process, should such an exam be warranted. This ensures that survivors are not alone during a vulnerable and potentially retraumatizing experience and that they receive ongoing emotional and informational support throughout.
2. **Comprehensive and Holistic Support:** The services available

extend beyond the initial response. Advocates are trained to offer emotional support, immediate crisis intervention, referrals to external mental health or medical providers, and continued follow-up to help survivors access the long-term care and support they may need.

3. **Transparency and Confidentiality**

Protocols: While providing services, advocates educate survivors on the limits of confidentiality, especially as they pertain to mandatory reporting obligations. This empowers survivors to make informed decisions about disclosing information. Advocates remain steadfast in delivering compassionate, survivor-focused care regardless of those legal constraints.

4. **Unconditional Advocacy:** Survivors are not required to cooperate with investigations or report incidents in order to receive support. Advocates are available to all incarcerated individuals who have experienced sexual abuse—no matter when or where the abuse occurred—and regardless of the survivor’s willingness or ability to pursue a formal complaint or participate in a forensic exam.

This collaboration between CRJ and the Women and Families Center is a strong indicator of the facility’s commitment to providing access to external, trauma-informed advocacy. The services provided under the MOU ensure that residents have a meaningful avenue for support that aligns with both the PREA standards and national best practices in sexual assault response within confinement settings. The Auditor found this partnership to be a significant asset in the facility’s overall sexual abuse prevention and response framework.

AUDITED FACILITY INFORMATION

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	15
19. 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:	2
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1

21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. 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:	1
25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. 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:	1
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

29. 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):

During the onsite phase of the PREA audit, the facility was housing a total of 15 residents. Following the guidelines set forth in the PREA Auditor Handbook, facilities of this size are required to conduct at least five targeted interviews with individuals who fall into specific high-risk categories. These categories typically include residents who are Limited English Proficient (LEP), identify as LGBTI, have physical or cognitive disabilities, or have disclosed a history of sexual victimization or abusiveness.

At this facility, five residents met the criteria for targeted interviews. The Auditor proceeded to interview all five eligible individuals, thereby meeting the expectations of the audit process and ensuring that the concerns of vulnerable populations were thoroughly considered.

Interview Summary by Category:
Physically Disabled Residents (2)

Two residents disclosed mobility impairments and use of assistive devices within the facility. Both reported feeling secure and affirmed that staff treated them respectfully. They indicated that the physical environment, housing setup, and staff interactions supported their autonomy and dignity, and no instances of discrimination or mistreatment were reported.

Resident with a Cognitive Disability (1)

One individual identified as having a cognitive impairment. This resident expressed a consistent sense of safety and reported positive interactions with both staff and peers. No concerns regarding neglect or bias were mentioned, and the resident affirmed that facility practices allowed them to navigate daily life with respect and independence.

Gay or Bisexual Resident (1)

A resident who self-identified as gay or bisexual described feeling respected and included in the facility community. The individual emphasized that their sexual orientation had not led to any differential treatment, and they reported no incidents of

harassment or isolation. The resident conveyed confidence in the facility's commitment to fairness and safety.

Resident Disclosing Prior Sexual Victimization (1)

One resident shared that they had previously experienced sexual victimization. They reported receiving appropriate support and stated that staff offered access to mental health services. The resident chose not to pursue counseling, stating it was not needed at the time. They expressed feeling safe and supported within the facility.

These interviews provided valuable insights into the lived experiences of individuals considered vulnerable under PREA guidelines. By interviewing 100% of the eligible residents, the Auditor not only satisfied the audit's technical requirements but also reinforced the facility's efforts to uphold PREA's standards of protection, equity, and dignity for all residents.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

30. 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:

15

31. 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:

10

32. 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:

1

33. 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:

On the first day of the on-site audit, the Auditor observed that the facility's team—comprising full-time staff, volunteers, and contractors—represented a broad spectrum of experience levels and professional expertise. The group included seasoned employees with long-standing backgrounds in corrections and human services, alongside more recently hired personnel who brought new energy and contemporary perspectives to the organizational culture. This blend of experience and innovation appeared to foster a well-balanced and adaptive work environment capable of addressing the diverse needs of the resident population. A review of personnel demographics and related records revealed that none of the staff, contractors, or volunteers required language accommodations, nor did any present with disabilities—such as visual impairments or other communication-related barriers—that would hinder their ability to perform duties aligned with PREA standards. Hiring and onboarding protocols ensure that all individuals entering the facility workforce possess the foundational communication and interpersonal competencies essential to upholding a safe, respectful, and compliant operational setting.

Every staff member, contractor, and volunteer had completed PREA training appropriate to their position. This training encompassed key topics including the agency's zero-tolerance approach to sexual abuse and harassment, role-specific reporting responsibilities, professional boundaries, and how to identify and respond to potential signs of sexual misconduct. The Auditor reviewed training documentation and corroborated compliance through direct staff interviews. The facility reported no concerns with tracking or identifying any personnel who may require accommodation or further support to meet PREA obligations. Recordkeeping systems are in place to document training completion, delineate job

functions, and monitor compliance across all personnel categories. No gaps or inconsistencies were noted during the audit. Overall, the facility is staffed by a competent and informed team, with systems in place to ensure all staff, volunteers, and contractors are equipped to fulfill PREA-related duties effectively and consistently.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:

7

35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)

- ☒ Age
- ☒ Race
- ☒ Ethnicity (e.g., Hispanic, Non-Hispanic)
- ☒ Length of time in the facility
- ☒ Housing assignment
- ☐ Gender
- ☐ Other
- ☐ None

36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?

On the initial day of the on-site PREA audit, the facility reported an institutional population of 15 residents. In alignment with the requirements outlined in the PREA Auditor Handbook, facilities of this size are expected to have a minimum of 10 resident interviews conducted—consisting of five randomly selected individuals and five identified from specific targeted categories, such as those at heightened risk for sexual victimization or abusiveness.

To fulfill the random selection requirement, the Auditor utilized the alphabetical housing unit rosters provided by the facility. This method ensured a systematic approach to selection while also allowing for the inclusion of a diverse sample of residents.

Consideration was given to factors such as age, race, ethnicity, and housing location to ensure broad representation across the facility's population. The Auditor intentionally selected residents from multiple housing units, ensuring that no single area of the facility was disproportionately represented in the interview process.

In addition to random selection, the Auditor identified residents who met the criteria for targeted interviews, which include those who are Limited English Proficient (LEP), identify as LGBTQI, have disclosed prior sexual victimization, or possess cognitive or physical disabilities. These interviews were essential to assess the facility's responsiveness and accommodations for more vulnerable individuals, as required by the PREA standards.

The combined approach of random and targeted resident interviews allowed the Auditor to capture a wide range of experiences and perceptions related to facility safety, staff interaction, and access to PREA-related information and reporting mechanisms. Residents were interviewed in private settings to ensure confidentiality and encourage candid discussion.

Through this structured and inclusive interview process, the Auditor was able to

	obtain valuable insights into the facility's compliance with PREA standards and the overall climate regarding sexual safety and resident protections
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

38. 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):

On the first day of the on-site PREA audit, the facility reported a total resident population of 15. In accordance with guidance outlined in the PREA Auditor Handbook, facilities with this population size are required to conduct interviews with a minimum of 10 residents—specifically, five randomly selected and five from targeted categories, such as those considered at increased risk of sexual victimization or abusiveness.

To satisfy the requirement for random interviews, the Auditor selected a total of seven residents who did not fall into any of the targeted interview categories. The selection was made using the facility's alphabetical housing unit rosters. Residents were chosen with intentional consideration given to age, race, ethnicity, housing assignment, and length of incarceration to ensure a diverse and representative cross-section of the population. This approach supported a broader understanding of the facility's sexual safety climate across varying resident experiences.

In addition to formal interviews, the Auditor also engaged in several informal, spontaneous conversations with residents during the facility walkthrough. These interactions provided valuable supplemental insight into residents' knowledge of PREA-related education, reporting methods, access to communication tools, staff responsiveness, and overall perceptions of safety. These unstructured discussions helped to triangulate findings from the formal interview process and added depth to the Auditor's assessment of the facility's compliance with PREA standards.

At the beginning of each formal interview, the Auditor introduced herself, explained the purpose of the PREA audit, and clarified her role as an independent evaluator. Residents were informed that their participation in the interview was entirely voluntary, confidential, and would not affect their status or conditions of confinement in any way. Each resident was asked for their permission to proceed with a

few questions related to sexual safety and facility operations. Upon receiving consent, the Auditor conducted the interview using the standardized random resident protocol. All seven randomly selected residents willingly agreed to participate in the interview process. Their responses were recorded manually to ensure accuracy and completeness.

Throughout the random interviews, no residents disclosed any PREA-related concerns, and no issues necessitated the use of an additional interview protocol. Residents consistently demonstrated awareness of the facility's zero-tolerance policy toward sexual abuse and sexual harassment. All interviewees indicated that they knew how to report incidents, were aware of the option to report anonymously, and felt confident that they would not face retaliation for reporting. Several residents were able to clearly identify trusted staff members or avenues they would use to make a report if needed.

The feedback obtained from these random interviews confirmed that the facility has effectively implemented key components of PREA education and reporting systems and fostered a climate in which residents feel informed, safe, and empowered to seek help if needed.

Targeted Inmate/Resident/Detainee Interviews

39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:

5

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".

40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="815 1615 1469 1776"> <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. </div> <div data-bbox="815 1821 1469 1906"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

42. 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).

As part of the on-site PREA audit, the Auditor assessed whether any residents currently housed at the facility were living with visual impairments that could impact their ability to access PREA education, reporting mechanisms, or facility services. To make this determination, the Auditor consulted with key facility staff, including the PREA Compliance Manager, medical personnel, and, where applicable, mental health staff.

This review involved an examination of intake screening tools, medical records, and any documentation related to disability accommodations. Special attention was given to whether any residents had been diagnosed with, or reported, a visual condition that could interfere with their ability to independently read signage, posters, handbooks, or other written materials related to PREA.

Additionally, the Auditor inquired about whether any residents required assistance navigating the physical environment of the facility due to visual limitations.

Staff confirmed that, during the 12-month review period and at the time of the on-site visit, no residents had been identified as having a visual impairment that would inhibit their ability to access PREA-related resources or safely move through the facility. There were no reports of residents requiring large print, Braille materials, or visual aids to participate in programming or orientation activities.

While no current residents were visually impaired, the Auditor verified that the facility has established procedures to ensure equal access to information and services for individuals with visual disabilities should such a need arise. Staff articulated that reasonable accommodations—including one-on-one staff assistance, verbal explanations, large-print documents, or audio formats—are readily available. These options would be provided as part of the facility's commitment to full compliance with PREA standards and the Americans with Disabilities Act (ADA).

Because no visually impaired residents were

	<p>identified as present in the facility at the time of the audit, the Auditor did not conduct any targeted interviews within this category. However, the facility's readiness to provide appropriate accommodations if needed supports an inclusive environment and reflects adherence to both PREA and broader disability access standards.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

43. 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).

To determine whether any residents currently housed at the facility had hearing impairments that could affect their ability to receive PREA-related education or utilize reporting mechanisms, the Auditor conducted a comprehensive review in collaboration with key facility personnel, including the PREA Compliance Manager and designated medical and mental health staff.

This process included a detailed examination of resident intake screening forms, medical evaluations, mental health assessments, and any available documentation pertaining to disability accommodations. Staff were also directly questioned regarding their awareness of any residents with documented or observable hearing impairments—ranging from partial hearing loss to complete deafness. Specific attention was paid to identifying individuals who use assistive devices such as hearing aids, cochlear implants, or other adaptive technologies.

Facility officials confirmed that, at the time of the on-site audit, no residents were identified as having any degree of hearing impairment. This determination was supported by medical files and intake data, which showed no entries indicating the presence of auditory disabilities or the need for related accommodations during the audit period.

While no hearing-impaired residents were housed at the facility during the audit, the Auditor verified that the facility has appropriate procedures and accommodations in place should a hearing-impaired individual be admitted in the future. Facility leadership and staff affirmed that they are prepared to provide PREA education and reporting information in accessible formats tailored to individual communication needs. These accommodations include—but are not limited to—written materials, access to American Sign Language (ASL) interpreters when needed, use of visual aids, and staff trained in clear, face-to-face communication strategies for residents with hearing loss.

Moreover, the facility maintains a responsive

	<p>process for identifying and responding to the needs of individuals with disabilities, including timely referrals to medical and behavioral health professionals and the development of individualized service plans to address communication barriers.</p> <p>Because there were no hearing-impaired residents present at the time of the audit, no targeted interviews were required or conducted within this category. However, the facility's preparedness to accommodate hearing-impaired individuals demonstrates a proactive and inclusive approach to PREA compliance and reinforces its broader commitment to accessibility and equal treatment for all residents.</p>
44. 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:	0
44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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>

44. 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).

As part of the audit process, the Auditor employed multiple corroboration strategies to assess whether any residents housed at the facility during the audit period were living with hearing impairments that could affect their ability to access PREA-related information or engage with the facility's reporting systems.

The initial step in this determination involved a detailed review of the facility's Pre-Audit Questionnaire (PAQ). The PAQ requires facilities to disclose whether any residents with disabilities—including those with hearing impairments—are currently in custody and, if so, to explain the methods used to ensure that these individuals receive PREA education in an accessible format. In this case, the PAQ indicated that no hearing-impaired individuals were present at the time of submission.

To validate the accuracy of this self-reported information, the Auditor reviewed intake and screening forms for all current residents, including health and mental health assessments that are routinely completed upon admission. These documents specifically include sections that address physical disabilities, sensory limitations, and the need for assistive devices. No entries indicated the presence of hearing impairments.

Further corroboration occurred through direct engagement with facility staff. The Auditor held discussions with the PREA Compliance Manager, medical and mental health personnel, intake staff, and other relevant team members to determine whether any current residents had been identified as having a hearing impairment—either formally through diagnosis or informally through observation. Staff consistently confirmed that no such individuals were housed at the facility during the audit.

In addition to formal interviews and document review, the Auditor also used informal conversations during the facility tour to further validate findings. Staff members responsible for daily resident interaction were asked whether they had encountered any

	<p>communication challenges suggestive of hearing-related limitations. All staff responses were consistent with earlier reports: no residents were known to have partial or complete hearing loss.</p> <p>This multi-source corroboration process—comprising the PAQ, intake and medical documentation, targeted staff interviews, and informal inquiries—enabled the Auditor to confidently conclude that no residents with hearing impairments were currently housed at the facility. However, the audit also confirmed that comprehensive procedures and accommodations are in place to ensure that future residents with such needs would receive the necessary support and access to PREA-related protections and resources.</p>
45. 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:	1
46. 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:	0
46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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>

46. 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).

To accurately determine whether any residents housed in the facility at the time of the audit identified as transgender, the Auditor employed a multi-faceted corroboration strategy consistent with the requirements of the PREA Audit Instrument and best practices outlined in the PREA Auditor Handbook.

The process began with a thorough review of the facility's Pre-Audit Questionnaire (PAQ). The PAQ includes specific questions regarding the number of transgender or intersex residents currently housed at the facility, as well as the protocols in place to ensure that these individuals are treated with respect and afforded appropriate housing, safety accommodations, and PREA education. The facility reported no transgender residents at the time of completing the PAQ.

To validate this information, the Auditor reviewed screening and intake documentation, specifically focusing on the "risk screening for victimization and abusiveness" forms required under PREA Standard §115.41. These forms typically ask questions regarding gender identity, sexual orientation, prior victimization, and any concerns the resident may have about vulnerability in the facility. The Auditor found no indication through these forms or supporting documentation that any current resident had disclosed a transgender identity during the screening process.

Further corroboration was conducted through interviews with key facility staff, including the PREA Compliance Manager, intake staff, medical and mental health professionals, and case managers. These staff members confirmed that, as of the date of the on-site audit, there were no individuals in custody who identified as transgender or intersex. Staff were also able to articulate the facility's procedures for handling such disclosures, including individualized housing decisions, mental health referrals, and respect for residents' preferred name and pronouns. In addition, the Auditor conducted random

	<p>and targeted resident interviews and engaged in informal conversations during the facility tour. These interviews included questions about the facility's climate, inclusivity, and respect for LGBTQ+ residents. No resident identified themselves as transgender during these conversations, and there were no reports of transgender individuals currently residing in the facility.</p> <p>Taken together, the findings from the PAQ, documentation review, staff interviews, and direct engagement with residents provided consistent and reliable evidence that there were no transgender residents housed at the facility at the time of the audit. However, the facility demonstrated a clear understanding of its obligations under PREA to ensure the safety, dignity, and individualized treatment of transgender and intersex individuals, should such residents be admitted in the future. Written policies and staff responses reflected readiness to implement these procedures in compliance with applicable standards.</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

47. 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).

To determine whether any individuals currently housed at the facility had previously reported sexual abuse—either at this facility or another—the Auditor employed a layered strategy to corroborate the information provided by the facility, consistent with PREA auditing protocols.

The initial step involved a review of the Pre-Audit Questionnaire (PAQ) submitted by the facility. The PAQ included data covering the prior 12 months, indicating whether any allegations of sexual abuse or harassment had been reported. According to the facility's PAQ, there were no substantiated, unsubstantiated, or unfounded allegations of sexual abuse or harassment during the reporting period. This suggested that there were no current residents who had filed such reports while in the facility's custody.

To confirm the accuracy of the PAQ, the Auditor reviewed investigative records and logs, including incident reports, grievance records, and any documentation maintained by the facility's designated investigator or PREA Compliance Manager. This included a search for any relevant entries that could indicate past or pending allegations of abuse or sexual misconduct. The review corroborated that no sexual abuse reports had been filed, investigated, or tracked during the review period.

In addition, the Auditor conducted interviews with facility leadership and investigative personnel, including the PREA Compliance Manager and supervisory staff. These individuals were asked to confirm whether any residents had reported abuse in the recent past and whether any such residents were still housed at the facility. Staff consistently reported that there had been no such reports or investigations during the audit cycle, a fact further supported by the absence of any related documentation.

The Auditor also engaged in random and targeted resident interviews to verify whether any residents had reported abuse but may have chosen to do so through informal

	<p>means, anonymous channels, or third parties. Residents were specifically asked whether they knew how to report sexual abuse, whether they felt safe doing so, and whether they had personally experienced or reported abuse during their current stay or at other facilities. None of the interviewed residents indicated that they had reported a PREA-related incident, and several were able to describe the multiple avenues available for reporting abuse, including anonymously or through outside agencies.</p> <p>Taken together, the findings from the PAQ, documentation review, staff interviews, and resident interviews provided strong, consistent evidence that no residents currently housed at the facility had reported sexual abuse during the relevant audit period. Should such a resident have been identified, the facility has procedures in place to provide necessary protection from retaliation, ensure access to medical and mental health services, and make appropriate housing and programmatic accommodations.</p> <p>These corroboration strategies ensured that the Auditor could confidently assess the facility's compliance with PREA standards regarding the treatment of residents who report abuse, even in the absence of recent allegations.number 67</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>

<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not have a segregation unit or a special housing unit.</p>

50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):

During the on-site portion of the PREA audit, the Auditor made a concerted effort to ensure that all required targeted interviews were completed in accordance with the guidance set forth in the PREA Auditor Handbook. Given the facility's relatively small population—15 residents at the time of the audit—the pool of individuals who met targeted criteria (such as individuals who identified as LGBTI, those with cognitive or physical disabilities, residents with limited English proficiency, or those who had previously disclosed sexual victimization) was limited. As a result, the Auditor interviewed 100% of the residents who met the targeted interview criteria.

Because the PREA audit protocol requires a minimum of five targeted interviews, the Auditor carefully reviewed intake screening data, housing assignment records, medical and mental health files, and information provided in the Pre-Audit Questionnaire (PAQ) to identify any residents who qualified for one or more of the targeted categories.

Additionally, the Auditor consulted with facility leadership, the PREA Compliance Manager, and intake/clinical staff to ensure no eligible individuals were overlooked. This cross-referencing of documentation and staff input allowed for accurate identification of applicable residents.

No barriers were encountered during the scheduling or execution of targeted interviews. All residents approached for interviews agreed to participate voluntarily and were advised that participation was confidential and not mandatory. Interviews were conducted in private settings to ensure confidentiality and to encourage open, candid responses. The Auditor ensured that the environment was non-intimidating and that questions were delivered in a trauma-informed and respectful manner.

Although no residents were identified as having limited English proficiency or significant hearing or visual impairments, the facility had appropriate accommodations in place had those needs arisen. These included

	<p>access to bilingual staff, written PREA materials in Spanish, and a plan for sign language interpretation through contracted services if needed.</p> <p>Given the small population, and to meet the intent and spirit of the PREA standards, the Auditor elected to oversample the targeted population slightly by including residents with overlapping vulnerabilities (e.g., a resident who identified as both gay and having a prior history of victimization). This approach provided a more comprehensive understanding of how the facility supports individuals who may be at higher risk for sexual abuse or harassment.</p> <p>In summary, the process of selecting and interviewing targeted residents was carried out with thoroughness and sensitivity. All eligible individuals were interviewed, and no logistical or procedural challenges were encountered. The Auditor's engagement with both residents and staff throughout the process reinforced the facility's commitment to PREA compliance and the protection of vulnerable populations.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

51. Enter the total number of RANDOM STAFF who were interviewed:	7
52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input 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>

53. Were you able to conduct the minimum number of RANDOM STAFF interviews?

☒ Yes

☐ No

54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

In alignment with the requirements outlined in the PREA Auditor Handbook, the Auditor conducted a series of random staff interviews during the on-site portion of the audit. The purpose of these interviews was to assess facility-wide adherence to the Prison Rape Elimination Act (PREA) standards from the perspective of direct-care and line-level staff—those individuals most consistently engaged with the resident population. Staff participants were selected randomly from among those on duty at the time of the audit. To avoid skewing the results or duplicating feedback already gathered through specialized staff interviews (e.g., PREA Coordinator, administrative leadership, investigators, and clinical personnel), only staff without designated PREA-related roles were considered. This method ensured a representative cross-section of personnel, spanning day and evening shifts, and including individuals from various functional units such as security, case management, food service, and programming. In total, seven formal interviews were completed with randomly selected staff. These structured interviews were supplemented by informal, opportunistic conversations the Auditor conducted while touring the facility. These informal discussions—held in housing units, common areas, staff offices, and program classrooms—provided candid, real-time insights into how PREA policies are applied in day-to-day operations and how staff perceive their own roles in fostering a safe and respectful institutional climate. Prior to each formal interview, the Auditor introduced herself, described the audit's goals, clarified the voluntary nature of participation, and explained that responses would remain confidential. All staff members invited to participate agreed without hesitation, and none declined to answer the standardized interview questions. Interview responses were documented directly onto DOJ-issued PREA staff interview

forms. Staff demonstrated a solid grasp of the agency's zero-tolerance policy toward sexual abuse and sexual harassment. They were able to describe clearly the steps they would take upon receiving an allegation or observing potential misconduct, including their responsibilities to make immediate verbal reports and submit written documentation. Multiple interviewees referenced specific reporting avenues such as anonymous tip lines, chain-of-command notification, and the option for third-party or external reporting. Moreover, staff consistently emphasized the facility's commitment to non-retaliation policies. They reported that residents who report sexual abuse or harassment are protected from threats or punitive responses, and that such protections extend to staff and third parties who report in good faith. Notably, several staff praised the facility's ongoing PREA training, noting that it was not merely a one-time event but rather integrated into regular professional development sessions and in-service refreshers.

Some staff shared examples of how PREA topics are routinely discussed during shift briefings or supervision meetings, reinforcing a culture of transparency and accountability. Their responses collectively reflected a facility environment where sexual safety is treated as a shared responsibility, embedded into both policy and practice.

While the PREA audit notice was prominently displayed in accordance with federal guidelines, no anonymous tips, letters, or other unsolicited communications were received from staff prior to or during the audit process.

Overall, the random staff interviews strongly corroborated the facility's broader efforts to meet PREA expectations. Staff exhibited professionalism, awareness, and a consistent understanding of their duties related to prevention, detection, and response to sexual abuse. These findings helped confirm that PREA compliance is operationalized not just at the policy level, but also in the day-to-day

	actions and attitudes of those responsible for resident care and supervision.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	10
56. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

60. 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
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	1
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other

63. Provide any additional comments regarding selecting or interviewing specialized staff.

As part of the comprehensive audit process, the Auditor conducted in-depth, targeted interviews with facility staff whose duties align directly with specific standards outlined in the Prison Rape Elimination Act (PREA). These staff members were identified using the facility's organizational roster and were selected based on their functional roles—such as investigative personnel, training staff, intake screeners, medical/mental health professionals, and the PREA Coordinator or Compliance Manager. The interviews followed the U.S. Department of Justice's structured PREA Audit Instrument, utilizing the corresponding standardized interview protocols developed specifically for specialized roles.

Due to the facility's relatively small staff size and streamlined organizational structure, it was common for individuals to serve in multiple capacities. For example, a single employee might function simultaneously as the case manager, intake staff, and training officer. In such cases, the Auditor conducted comprehensive interviews that incorporated multiple sets of protocol questions to address the full range of responsibilities held by the individual. This approach ensured a well-rounded evaluation of PREA-related practices, training, and oversight across all key areas of implementation.

Throughout these interviews, specialized staff consistently demonstrated strong knowledge of PREA standards and a clear understanding of the facility's internal policies and procedures related to preventing, detecting, reporting, and responding to sexual abuse and harassment. Staff articulated the multiple avenues available for reporting allegations or concerns—both for residents and staff members. These reporting options were consistently described as accessible, confidential, and protected from retaliation. Methods discussed included:

1. Submitting written reports to internal or external officials without staff

interference;

2. Verbally informing any staff member, regardless of rank or assignment;
3. Directly contacting the facility's PREA Coordinator or Compliance Manager;
4. Providing notes or information to trusted personnel such as healthcare providers, chaplains, or mental health staff;
5. Reporting through third-party channels, including legal advocates, family members, or community partners.

Additionally, the facility utilizes locked drop-boxes located in discreet yet accessible locations throughout the premises. These secure boxes allow residents to submit written complaints, grievances, or correspondence, including PREA-related reports. Staff confirmed that any documentation suggesting sexual abuse or harassment—regardless of format, labeling, or intended recipient—is immediately flagged and routed to the PREA Compliance Manager or designee. This system promotes confidentiality while ensuring timely review and response in accordance with agency policy and PREA requirements.

Staff also affirmed that all residents are informed of their right to report sexual abuse or harassment during the intake process and receive ongoing reminders through resident handbooks, posters, group meetings, and periodic re-education. Interviewees emphasized that residents are made aware of their right to be free from retaliation and are regularly encouraged to speak up about any safety concerns.

Notably, all specialized staff interviewed expressed a shared commitment to treating every allegation seriously, regardless of how it is submitted or whether the claim appears credible. Investigations are initiated promptly, and procedures are followed meticulously to ensure integrity, neutrality, and compliance with investigative standards. Several staff

members discussed the importance of trauma-informed care and resident-centered communication when responding to disclosures.

Overall, the targeted interviews yielded valuable insight into the depth and consistency of PREA implementation at the facility. The responses reinforced the impression of a facility culture in which safety, accountability, and transparency are not only institutional priorities but also personal commitments of the staff. The integration of clear protocols, multiple accessible reporting channels, robust training efforts, and a non-retaliatory environment underscores the facility's proactive approach to PREA compliance and resident well-being.

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.

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

66. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
68. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

As part of the on-site component of the PREA audit, the Auditor was granted full, unrestricted access to all areas of the facility in accordance with federal PREA audit protocols. From the outset, facility leadership and staff were transparent, professional, and highly accommodating, ensuring that the Auditor could conduct a thorough evaluation of both physical infrastructure and operational practices related to sexual safety and compliance with PREA standards.

The facility walkthrough covered all primary operational zones. These included housing units, intake and medical examination areas, dining halls, classrooms, recreational spaces, administrative offices, and areas designated for rehabilitative programming. The tour provided the Auditor with a comprehensive understanding of how daily operations intersect with resident privacy, staff supervision, and the facility's internal culture around safety and reporting.

Special attention was given to locations where resident privacy is most vulnerable—namely shower and toilet areas. The Auditor assessed whether physical safeguards such as modesty panels, privacy curtains, and line-of-sight barriers were in place to protect residents from unnecessary exposure, while still allowing for sufficient supervision to ensure safety. Staff monitoring procedures in these spaces were also observed to confirm adherence to gender-appropriate supervision protocols.

Throughout the facility, the Auditor reviewed the availability and placement of PREA informational materials, including posters detailing resident rights, reporting methods, and hotline contact numbers. These notices were prominently displayed in communal spaces and high-traffic areas. Most materials were available in English and Spanish, with staff confirming that interpretation services or translated content could be provided upon request to accommodate non-English speakers or residents with limited literacy. Confidential reporting systems were

evaluated to ensure residents could submit grievances or reports without staff interference. Drop-boxes for written complaints—including those specifically designated for PREA—were located in accessible areas that did not require resident interaction with staff to use. The Auditor confirmed these boxes were secured and monitored regularly. The tour also included verification of telephones designated for external PREA reporting. Each phone was tested to ensure functionality and clarity of instructions, and signage clearly indicated how to access the PREA hotline confidentially. Surveillance systems were also assessed. The Auditor observed camera coverage throughout housing units, common areas, and entry points, while noting any potential blind spots that could present supervision challenges. Where applicable, staff described how coverage gaps are mitigated through increased patrols or strategic staff positioning.

Several staff-resident interaction zones—such as counseling offices, classrooms, and recreational spaces—were reviewed to determine whether they supported both visibility and private communication, as required under PREA. Staff demonstrated how they balance supervision responsibilities with the need to allow residents confidential conversations when reporting sensitive matters.

In addition to visual and physical inspection, the Auditor performed several operational spot checks. These included asking staff to walk through their response procedures in the event of a sexual abuse disclosure. Staff members were able to confidently outline the steps they would take, including separation of parties, securing the scene, and immediate reporting to the facility's PREA point of contact. The Auditor also reviewed relevant documentation, including logs related to resident housing placements, grievances involving sexual misconduct, and records of incident responses, to assess consistency with

PREA requirements.

Throughout the walkthrough, the Auditor engaged in impromptu conversations with both staff and residents. These informal interactions added valuable context to the audit findings, offering candid insight into how sexual safety policies are experienced and perceived on a daily basis. Residents interviewed on the spot demonstrated awareness of their rights, could identify multiple ways to report abuse, and several named staff members they trusted. Staff echoed this trust, expressing confidence in the facility's protocols and their training on how to manage disclosures appropriately. At no point during the site tour did the Auditor encounter barriers to access, withheld information, or restricted areas. On the contrary, the facility projected a culture of openness and accountability, underscored by staff engagement and leadership visibility. The physical environment, combined with robust procedural practices, reflected a strong institutional commitment to PREA compliance. The facility not only meets baseline expectations but has embedded sexual safety as a core operational principle.

Documentation Sampling

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

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

☒ Yes

☐ No

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

Personnel and Training Files

The facility, as documented in the Pre-Audit Questionnaire (PAQ), employs a total of 15 staff members. To assess compliance with PREA training and hiring standards, the Auditor conducted a detailed examination of 14 randomly selected personnel files. This review focused on key areas, including the fulfillment of PREA training obligations, the timeliness and accuracy of criminal background checks, and the inclusion of required disclosures related to prior misconduct in custodial settings.

PREA Education and Training Compliance

Each of the 14 personnel files reviewed contained up-to-date records confirming that staff had successfully completed their annual PREA training, consistent with the requirements of Standard §115.31. The training curriculum encompassed essential topics such as the facility's zero-tolerance policy for sexual abuse and harassment, staff responsibilities for preventing and responding to incidents, and identifying behavioral indicators of victimization or predatory behavior.

The documentation demonstrated 100% staff compliance with the annual training mandate, reflecting a strong and consistent organizational emphasis on equipping employees with the knowledge and tools necessary to maintain a safe and responsive environment.

Criminal Background Checks

The Auditor also reviewed criminal background check records for all 15 staff employed at the facility. Each file included clear evidence that a background investigation had been conducted at the time of hire and updated in accordance with agency policy—at a minimum, every five years or sooner when a staff member is promoted or reassigned.

The results showed that all screenings were timely, complete, and met the thresholds set

forth by PREA Standard §115.17. No disqualifying offenses were identified, confirming that the facility maintains an appropriate level of scrutiny in vetting and monitoring its personnel.

Administrative Adjudication Questions

The personnel files also contained completed documentation for the three PREA-required administrative questions, which inquire about past incidents of sexual misconduct. Each staff member attested, in writing, to having never:

- Engaged in sexual abuse in a correctional or custodial setting;
- Been convicted of engaging or attempting to engage in coerced sexual activity;
- Been civilly or administratively adjudicated for such conduct.

The presence of these completed disclosures across all reviewed files indicated full adherence to PREA Standard §115.17(g-h) and reinforced the facility's commitment to preventing individuals with a history of sexual misconduct from holding positions of authority or access within the institution.

Inmate Records Review

At the time of the on-site audit, the facility housed 15 inmates. The Auditor conducted a full review of each of these inmate files to evaluate compliance with screening and education standards under PREA.

PREA Risk Screening

All inmate records contained documentation showing that an initial risk screening was completed within 72 hours of intake, in line with PREA Standard §115.41. These assessments were designed to evaluate vulnerability to sexual victimization as well as potential for abusiveness. In every case, documentation also confirmed that follow-up reassessments were conducted within 30 days or sooner if required by changes in

status or behavior.

The risk screening tools were being used actively to guide decisions around housing placement, supervision levels, and access to programming, illustrating the facility's strategic use of screening information to promote safety.

PREA Education

Each of the 15 inmate records included verification that the individual received comprehensive PREA education upon arrival. Signed acknowledgments were found in every file, documenting that residents had been informed of their rights and responsibilities under PREA. The educational content covered:

- The facility's zero-tolerance stance on sexual abuse and harassment;
- The full range of reporting options, including the ability to report anonymously or through third parties;
- How to access internal and external support services;
- Protections against retaliation for reporting sexual misconduct.

This complete and consistent documentation confirms that the facility is in full compliance with PREA Standard §115.33, which governs inmate education and awareness.

Sexual Abuse and Sexual Harassment Allegations

According to both the PAQ and corroborating interviews with facility leadership, there were no reports of sexual abuse or sexual harassment at the facility during the 12-month period preceding the audit.

Investigative Documentation

As there were no incidents reported during the audit review period, the following conditions applied:

- There were no investigative files available for review;
- No forensic medical exams (SANE)

were conducted;

- No Sexual Abuse Incident Reviews (SAIRs) were convened.

These findings were confirmed through interviews with the facility administrator, PREA Compliance Manager, and investigative personnel, as well as through documentation review.

Victim Services

Because no allegations of sexual abuse or harassment were reported—substantiated or otherwise—there were no referrals made to outside advocacy organizations or victim support services. As such, there was no activity in this area to evaluate during the review period.

Audit Sample Review

Given the absence of sexual abuse or harassment cases during the prior 12 months, no investigative files were available for sample review. However, the facility's protocols for handling allegations remain in place and ready for activation should the need arise.

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.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	00	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

0

78. Explain why you were unable to review any sexual abuse investigation files:

In the previous 12 months there were no PREA allegations reported.

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

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
86. Explain why you were unable to review any sexual harassment investigation files:	In the past 12 months there were no PREA allegations reported.
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

<p>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>During the twelve months leading up to the on-site audit, the facility did not report any allegations of sexual abuse or sexual harassment. Consequently, there were no investigations initiated, and no associated case files existed for review during the audit process.</p> <p>This lack of reported incidents was consistently verified through multiple sources, including a thorough examination of institutional records, the information provided in the Pre-Audit Questionnaire (PAQ), and interviews with facility leadership and designated investigative personnel. Each of these sources affirmed that the facility experienced no PREA-related allegations within the reporting period, indicating a year without reported incidents of sexual misconduct.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	
<p>95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>Non-certified Support Staff</p>	
<p>96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>

AUDITING ARRANGEMENTS AND COMPENSATION

97. 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

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTS</u></p> <p>A comprehensive review was conducted to evaluate the agency's and facility's adherence to PREA Standard §115.211. The following key documents were examined:</p> <ul style="list-style-type: none"> Pre-Audit Questionnaire (PAQ): Including all submitted evidence and responses, providing a foundational overview of current practices and compliance status. Community Resources for Justice (CRJ) Policy 359.00: The Prison Rape Elimination Act (PREA) policy, revised November 9, 2022, detailing protocols for preventing, detecting, and responding to sexual abuse and harassment involving staff and residents. PREA Training Curriculum: Complete training presentations, handouts, and educational materials used to inform staff and residents about PREA

standards and reporting procedures.

- CRJ Organizational Chart: Illustrates the agency's structural framework, including PREA-specific reporting lines and roles.
- Zero Tolerance Policy: Outlines the agency's unequivocal stance against sexual abuse and harassment, applicable to all staff, residents, contractors, and volunteers.
- Client Handbook: Summarizes the facility's zero-tolerance policy and provides clear instructions for residents on how to report incidents.
- CRJ Web Page: Publicly communicates the agency's PREA policy, demonstrating transparency and commitment to compliance.
- PREA Awareness Posters: Displayed throughout the facility to educate and remind both staff and residents of reporting mechanisms and the agency's zero-tolerance approach.

INTERVIEWS

PREA Compliance Manager (PCM)

The PCM confirmed having adequate time, authority, and institutional backing to fulfill all PREA-related responsibilities. These include overseeing policy implementation, conducting internal reviews, facilitating staff training, and coordinating corrective actions as necessary.

Agency PREA Coordinator (PC)

The Agency PREA Coordinator, a full-time executive within the Connecticut Department of Correction, emphasized her authority, access to resources, and support from agency leadership. She confirmed that Institutional PREA Compliance Managers at each facility are empowered to enforce PREA standards, promptly address concerns, and maintain ongoing compliance.

RELEVANT POLICY

Community Resources for Justice (CRJ) Policy 359.00: The Prison Rape Elimination Act (PREA) policy, revised November 9, 2022, p. 1, Section III, indicates:

- Community Resources for Justice (CRJ) shall comply with the Prison Rape Elimination Act (PREA) of 2003. PREA mandates the elimination, reduction, and prevention of sexual assault and rape in prisons, jails, and community confinement facilities (half-way houses/reentry centers) housing adult male and female residents, such as CRJ.
- In compliance with PREA, CRJ has zero-tolerance for all forms of sexual abuse and sexual harassment applicable to residents, staff, volunteers, visitors, and contractors. CRJ complies with all PREA requirements including education, prevention, detection and immediate response to sexual abuse and sexual harassment incidents.
- All residents are prohibited from engaging in sexual contact with each other.

All sexual contact between residents is deemed to be non-consensual and consent is not an affirmative defense, due to the custodial status of residents. CRJ strictly prohibits any sexual contact between staff and residents and expects staff to keep professional boundaries in all interactions with residents.

- Sexual contact between staff and residents is deemed to be non-consensual under all circumstances. Consent is not an affirmative defense to sexual contact between staff and resident, due to the custodial status of residents, and the unequal nature of the relationship.

PROVISIONS

Provision (a): Zero-Tolerance Policy

The agency enforces a comprehensive zero-tolerance policy for all forms of sexual abuse and harassment. This policy extends to staff, residents, contractors, volunteers, and external service providers.

Policy Framework: The PAQ and CRJ PREA Policy 359.00 establish detailed procedures for prevention, detection, response, and investigation of incidents. The policy explicitly defines prohibited conduct, staff responsibilities, and disciplinary measures for violations.

Public Awareness: Zero-tolerance messaging is reinforced through the CRJ website, client handbooks, and prominently displayed PREA posters, ensuring all individuals in custody are informed about the agency's commitment to safety and reporting mechanisms.

Provision (b): Agency-Wide PREA Coordinator

The agency has designated a dedicated PREA Coordinator at the Program Director level or above, as required by PREA standards.

Role and Responsibilities: The PREA Coordinator oversees the development, implementation, and monitoring of agency-wide PREA compliance strategies. This full-time position is exclusively focused on PREA-related duties, including policy development, compliance oversight, and communication with executive leadership.

Support and Authority: Interviews and documentation confirm that the Coordinator has sufficient time, resources, and influence to lead the agency's PREA initiatives effectively.

Provision (c): Facility-Level PREA Compliance Managers

Each CRJ facility has an appointed PREA Compliance Manager, selected by the Program Director.

Duties: The PCM acts as the primary point of contact for all PREA matters at the facility level, with authority to monitor compliance, oversee training, implement corrective actions, and facilitate communication with agency leadership.

	<p>Organizational Integration: This structure ensures that PREA standards are consistently applied at both the agency and facility levels, with clear delineation of roles and responsibilities.</p> <p><u>CONCLUSION</u></p> <p>Following an extensive review of the Pre-Audit Questionnaire, supporting documents, facility policies, training materials, and organizational charts, as well as interviews with key PREA personnel, it is concluded that Community Resources for Justice (CRJ) is in full compliance with PREA Standard §115.211.</p> <p>CRJ has demonstrated a strong, clearly articulated zero-tolerance policy, appointed qualified PREA leaders at both agency and facility levels, and established robust infrastructure to support ongoing compliance and accountability. The agency's leadership, commitment to safety, and integration of PREA requirements across all operational levels reflect a proactive and systemic approach to preventing and addressing sexual abuse and harassment within its facilities.</p>
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115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTS</u></p> <p>To thoroughly assess compliance with PREA Standard §115.212 – Contracting with Other Entities for the Confinement of Residents, the following critical documents were carefully examined:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and Supporting Documentation: The PAQ serves as a comprehensive self-assessment tool, offering detailed insights into the agency's current operational structure, contracting practices, and PREA compliance measures. All supplemental materials provided alongside the PAQ were meticulously reviewed to confirm the absence of any active or recent contracts with external entities for resident confinement. This review also verified the agency's internal controls and readiness to address PREA compliance in any future contractual relationships. • Community Resources for Justice (CRJ) Policy 359.00, Prison Rape Elimination Act (PREA): <p>Revised on November 9, 2022, this policy outlines the agency's robust framework for preventing, detecting, and responding to sexual abuse and harassment. Importantly, it contains explicit provisions related to contracting with other entities, ensuring that any future agreements for the confinement of residents will fully</p>

integrate PREA compliance requirements, including zero-tolerance mandates and monitoring protocols.

Memorandum from Assistant Program Director, Standard 115.212, dated February 1, 2015:

This memorandum formally documents CRJ's position regarding external contracts for resident confinement. It clearly states that, as of the date of issuance, CRJ does not contract with any other agencies or entities for the purpose of confining residents, thereby reinforcing the findings of the PAQ and agency policy.

INTERVIEWS

Agency Contract Administrator

An in-depth interview was conducted with the Agency Contract Administrator to corroborate the documentary evidence and clarify current practices:

No Current Contracts:

The administrator confirmed unequivocally that CRJ does not presently hold any contracts with private agencies, governmental bodies, or other external organizations for the confinement of residents.

Preparedness for Future Contracts:

The administrator emphasized that, should the agency ever enter into such contracts, CRJ is fully prepared to mandate strict PREA compliance from any contracted entity. This includes:

- Requiring the adoption and enforcement of a zero-tolerance policy for sexual abuse and harassment.
- Ensuring all contractors demonstrate ongoing compliance with all relevant PREA standards.

Policy Provisions in Place:

The agency's contracting policies already include specific language to address PREA compliance, demonstrating proactive planning and readiness for any potential future agreements involving resident confinement.

RELEVANT POLICY

Community Resources for Justice (CRJ) Policy 359.00: The Prison Rape Elimination Act (PREA) policy, revised November 9, 2022, p. 1 Section II and III indicates In compliance with PREA, CRJ has zero-tolerance for all forms of sexual abuse and sexual harassment applicable to residents, staff, volunteers, visitors, and contractors. CRJ complies with all PREA requirements including education, prevention, detection and immediate response to sexual abuse and sexual harassment incidents.

This policy applies to all employees, interns, co-op students, visitors, and contractors and will be part of all contract language.

PROVISIONS

Provision (a): Contracting with Private or Other Entities

PREA Standard §115.212(a) requires that any contract for the confinement of residents with a public or private entity must include explicit obligations for PREA compliance, and that the agency must monitor the contractor's adherence to these standards.

Current Status:

Both the PAQ and the interview with the Contract Administrator confirm that CRJ has not entered into or renewed any contracts for the confinement of residents since August 20, 2012, or since the last PREA audit, whichever is later. The memorandum from the Assistant Program Director further supports this finding.

Provision (b): Monitoring Contractor Compliance

PREA Standard §115.212(b) mandates that agencies must actively monitor any contractor's compliance with PREA standards throughout the duration of the contract.

Current Status:

As there are currently no contracts for the confinement of residents, this provision is not applicable at this time

Future Compliance Measures:

Should contracts be established in the future, CRJ's PREA policy details the procedures to be followed, including:

- Routine and documented monitoring of contractor compliance.
- Conducting site inspections and formal audits.
- Requiring regular compliance reporting from contracted entities.

CONCLUSIONS

Based on a comprehensive review of the Pre-Audit Questionnaire, agency policy documents, the memorandum from the Assistant Program Director, and interviews with key personnel, it is clear that Community Resources for Justice (CRJ) is in full compliance with PREA Standard §115.212 - Contracting with Other Entities for the Confinement of Residents.

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTS

To assess the facility's adherence to PREA Standard §115.213 – Supervision and Monitoring, the following materials were examined:

- **Pre-Audit Questionnaire (PAQ)** – Offered detailed insight into staffing patterns, oversight procedures, and monitoring systems in place.
- **CRJ Policy 359.00 – Prison Rape Elimination Act, revised November 9, 2022** – Sets forth expectations for staffing, use of surveillance tools, supervisor rounds, and monitoring technology.
- **Video Surveillance Logs and Footage** – Provided evidence of camera functionality, operational coverage, and review protocols.
- **Camera System Review Records** – Indicated routine assessments and quality assurance of the monitoring equipment.
- **Shift Rosters and Staffing Assignments** – Verified post coverage and adjustments in response to staffing changes.
- **Unannounced Round Logs** – Reflected routine, documented supervisory walkthroughs on all shifts.
- **Annual Staffing Report** – Detailed the staffing deployment model and demonstrated compliance with PREA expectations.

OBSERVATIONS

During the onsite portion of the audit, the Auditor reviewed housing unit logs and verified entries documenting supervisory unannounced rounds. These entries confirmed that such rounds occurred routinely across all shifts and adhered to policy guidelines.

Supervisors were seen moving throughout the facility, actively engaging with residents and line staff, consistent with institutional claims of visible leadership and proactive monitoring practices.

INTERVIEWS

Facility Head or Designee:

Key operational insights shared included:

- The impact of staffing levels on facility programming and resident access to services
- Adjustments made to surveillance infrastructure to enhance security
- Challenges and considerations posed by the facility's physical structure
- The role of both internal and external oversight in monitoring practices
- Population characteristics and security classifications

- Strategic distribution of supervisors by unit and shift
- Integration of staff input into the staffing plan development
- Processes for identifying and correcting coverage shortfalls

PREA Compliance Manager (PCM):

In both formal and informal discussions, the PCM noted:

- Continuous review of staffing adequacy and its influence on operations
- Ongoing inspection and maintenance of surveillance equipment
- Prompt resolution of technical or coverage issues
- Participation in the annual staffing plan assessment with the PREA Coordinator

Intermediate and Senior-Level Supervisors:

Supervisory staff consistently confirmed that unannounced rounds are completed regularly, recorded properly, and executed without forewarning. They emphasized the importance of these rounds in maintaining accountability and ensuring a safe environment.

Random Staff Interviews:

Line-level personnel reported that supervisory rounds take place during each shift, with supervisors visibly engaging in facility operations and conducting log reviews. Staff affirmed strict adherence to the policy prohibiting advance notice of these rounds.

Random Inmate Interviews:

Residents acknowledged the routine presence of supervisory staff in housing units and confirmed that supervisory personnel, including the PCM, were accessible and actively monitored resident areas.

RELEVANT POLICY

Community Resources for Justice (CRJ) Policy 359.00: The Prison Rape Elimination Act (PREA) policy, revised November 9, 2022, Section 5, page 6 indicates

a. For each facility, the agency shall develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, agencies shall take into consideration:

- The physical layout of each facility.
- The composition of the resident population.
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

b. In circumstances where the staffing plan is not complied with, the facility shall

document and justify all deviations from the plan.

c. Whenever necessary, but no less frequently than once a year, the facility shall assess, determine, and document whether adjustments are needed to:

- The staffing plan established pursuant to paragraph (a) of this section.
- Prevailing staffing patterns.
- The facility's deployment of video monitoring systems and other monitoring technologies and
- The resources the facility has available to commit to ensure adequate staffing levels.

PROVISIONS

Provision (a): Staffing Plan Requirements

The facility submitted a thorough and well-developed staffing plan that satisfies all core elements of this standard. Components addressed include:

- Layout and architectural features of the facility
- Surveillance and monitoring capabilities
- Staff-to-resident ratios and shift allocations
- Resident programming and movement schedules
- Security classifications and special population needs

The plan accommodates an average daily population of 15 and provides clear strategies for peak staffing needs. The Auditor reviewed the latest PREA annual staffing review, which reflected thoughtful alignment with institutional demands.

Provision (b): Deviations from Staffing Plan

The PAQ reported several instances of staffing plan deviations in the past year. These were addressed by:

- Utilizing overtime to fill essential posts
- Temporarily reassigning available staff from less critical areas

Most deviations stemmed from unplanned absences such as call-ins. The Auditor verified, through review of staff schedules and rosters, that all critical posts were consistently staffed.

Provision (c): Annual Staffing Plan Review

An annual review of the staffing plan is completed jointly by facility leadership and the PREA Coordinator. This review includes evaluation of:

- Effectiveness of current staff deployment
- Adequacy and scope of monitoring technology
- Resource needs to maintain appropriate supervision levels

	<p>This process involves collaboration among senior administrators and incorporates data-informed decision-making. Updates are forwarded to the PREA Coordinator for formal approval.</p> <p>Provision (d): Unannounced Rounds</p> <p>Policy mandates that supervisors conduct unannounced rounds on all shifts to deter misconduct. These rounds are:</p> <ul style="list-style-type: none"> • Routinely documented in logbooks • Performed without notifying staff in advance • Verified through Auditor observation and log review • Consistently confirmed in both staff and resident interviews <p>The Auditor personally witnessed supervisory rounds taking place and reviewed numerous log entries that validated compliance.</p> <p><u>CONCLUSION</u></p> <p>Based on direct observation, documentation review, and interviews with staff and residents, the Auditor determined that the facility fully meets the requirements set forth in PREA Standard §115.213 – Supervision and Monitoring.</p>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTS</u></p> <p>To evaluate the facility’s adherence to the standards concerning cross-gender viewing and search limitations, the following materials were reviewed:</p> <ul style="list-style-type: none"> • Completed Pre-Audit Questionnaire (PAQ) and related supporting materials • Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, updated November 9, 2022, p. 12, Section 6 • Staff training documentation regarding search protocols for cross-gender, transgender, and intersex individuals • Summaries of interviews conducted with randomly selected staff • Summaries of interviews conducted with randomly selected inmates <p><u>OBSERVATIONS</u></p> <p>While touring the facility, the Auditor observed staff appropriately following procedures consistent with the agency’s policies. Staff members of the opposite gender consistently gave verbal announcements prior to entering housing units or</p>

other areas where inmates could be undressed, such as bathrooms and shower rooms. These announcements were also made on behalf of the Auditor, who is of a different gender than the facility's population.

At the time of the audit, there were no male-to-female transgender individuals housed in the facility. As a result, direct observation of related practices was not possible. However, the Auditor relied on policy review, staff and inmate interviews, and hypothetical discussions to evaluate institutional preparedness in this area.

INTERVIEWS

Non-Medical Staff Conducting Searches

Staff interviewed confirmed that they do not carry out cross-gender strip searches or visual body cavity inspections except in emergency scenarios. In such rare cases, these actions would be conducted by medical professionals and only with authorization from the Facility Head. Policy mandates that all such instances must be comprehensively documented.

General Staff Interviews

A total of seventeen staff members were interviewed formally, in addition to several informal discussions. Collectively, the feedback included the following insights:

- Staff have received training on conducting searches involving transgender and intersex individuals, and they understand the procedures for handling exigent circumstances.
- None of the interviewed staff reported conducting a cross-gender strip or body cavity search.
- Female staff do not perform strip or body cavity searches on male inmates.
- Male staff are readily available to complete any necessary searches, and reassignments are made if needed to ensure adherence to gender-appropriate protocols.
- There is no practice of searching transgender or intersex inmates to determine their genital anatomy.
- Inmates are given privacy during personal activities like showering, using the toilet, and dressing—either through physical enclosures or staggered schedules.
- Staff stated that transgender and intersex residents are consulted to determine suitable shower times, promoting both dignity and privacy.

Random Inmate Interviews

All inmates selected for random interviews shared consistent feedback:

They have never been subjected to strip or body cavity searches conducted by opposite-gender staff.

They are able to maintain privacy during personal hygiene activities, without exposure to staff of the opposite gender.

Staff consistently make verbal announcements before entering areas where inmates

may be undressed.

Transgender Inmates

There were no transgender inmates present at the facility during the audit; therefore, no interviews were conducted from this population group.

RELEVANT POLICY

Community Resources for Justice (CRJ) Policy 359.00: The Prison Rape Elimination Act (PREA) policy, revised November 9, 2022, P. 12, section 6 and 7, indicates

6. Limits to Cross-Gender Viewing

- a. Residents at the Program are able to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks.
- b. Staff will announce their presence when entering a floor/area designated for opposite genders. All staff will knock and announce before entering resident's room or bathroom where residents are likely to be showering, performing bodily functions, or changing clothes.

7. Staff Searches of Residents

- a. CRJ authorizes only one types of body search, a pat frisk.
 - A pat frisk may be conducted randomly by staff on residents at any time.
 - The staff conducting this type of search shall be thorough yet must not offend the dignity of the resident being searched.
 - Pat frisk searches shall be conducted by gender, male staff to male resident and female staff to female resident.
- b. Transgender or Intersex Residents
 - Staff are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.
 - When gender is unknown, it may be determined:
 - a. During conversations with the residents
 - b. By reviewing medical records or prior custody situation
 - c. If necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.
 - The Program shall train all staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a

professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

c. Strip searches and body cavity searches are prohibited.

PROVISIONS

Provision (a):

The facility has reported zero incidents involving cross-gender strip or visual body cavity searches within the past year. This report was verified through staff interviews and corroborating documentation. Facility policy explicitly prohibits such searches except in clearly defined emergency situations, which must be thoroughly documented and reviewed.

Provision (b):

This requirement does not apply to the facility, as it exclusively houses male inmates. However, the policy does allow for the intake of male-to-female transgender individuals.

Provision (c):

Cross-gender searches are not part of the facility's standard practice. Interviews and PAQ responses confirmed that staff clearly understand this restriction. Ongoing PREA training reinforces this prohibition.

Provision (d):

Inmates verified that they can shower, change clothes, and use the restroom without being seen by staff of the opposite gender, unless emergency or incidental circumstances occur. Staff routinely announce their presence prior to entering these areas, as confirmed in both staff and inmate interviews.

Provision (e)

The policy prohibits staff from conducting any search solely to determine the genital status of a transgender or intersex inmate. Interviewed staff consistently confirmed their understanding and compliance with this policy. Such searches, if absolutely necessary, are referred to medical staff and carried out with professionalism and respect. Training modules emphasize appropriate, respectful approaches.

Provision (f):

Staff training files demonstrated that personnel received PREA education addressing how to properly conduct searches on transgender, intersex, and opposite-gender individuals. Acknowledgment forms and instructional materials included scenario-based guidance. Informal conversations with female staff confirmed that male or medical personnel are available for searches when applicable, and routine pat-downs are conducted appropriately.

CONCLUSION

Following a detailed analysis of facility records, staff training logs, direct observations, and interview responses, the Auditor finds the facility to be in full compliance with PREA Standard §115.15 – Limits to Cross-Gender Viewing and

	Searches. The facility has implemented strong protections that uphold inmate privacy and dignity, along with structured training and supervision protocols that reinforce compliance and accountability among staff.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS</p> <p>To evaluate the facility's compliance with PREA Standard §115.216, the following documents were examined:</p> <ul style="list-style-type: none"> • Completed Pre-Audit Questionnaire (PAQ) along with supplemental materials • CRJ Policy 359.00 – Prison Rape Elimination Act, last updated on November 9, 2022 • Resident Handbook in large print formats, available in both English and Spanish • Step-by-step guidance for accessing Day Interpreting Services • Bilingual PREA informational posters (English/Spanish) • PREA staff training modules covering communication accommodations for residents with disabilities or limited English proficiency <p>OBSERVATIONS</p> <p>During the on-site visit, the Auditor noted that PREA informational signage was clearly visible throughout key areas of the facility, including living units, processing and intake areas, program rooms, common hallways, work sites, and the visitation area. The posters were available in both English and Spanish, ensuring broader accessibility.</p> <p>Written PREA materials, including brochures and complaint forms, were accessible in both languages as well. Staff successfully demonstrated how to access interpretation services, including use of Day Interpreting Services.</p> <p>PREA education was offered in a range of formats to support residents with various needs, including printed materials, videos with subtitles, and verbal explanations. This ensured that individuals with different learning styles and abilities could access the information.</p> <p>INTERVIEWS</p> <p>Facility Head</p>

The Facility Head confirmed that the facility has clear protocols to ensure residents with disabilities or limited English proficiency (LEP) can fully participate in efforts to prevent, report, and respond to sexual abuse or harassment. Available services include professional interpretation (via Day Interpreting), alternative communication methods, and assistance from trained staff. It was emphasized that inmate interpreters are strictly prohibited in any PREA-related context.

Staff Interviews

All interviewed staff demonstrated knowledge of the policy prohibiting inmate readers, assistants, or interpreters during any PREA incident or investigation. Staff could articulate alternative procedures and confirmed the use of outside or professional interpretation when needed.

Inmates with Disabilities

Inmates who self-identified as having disabilities expressed that they felt equally protected and informed. They indicated that PREA-related information was shared in ways they could understand—whether through spoken explanation, accessible written material, or visual aids. They reported knowing their rights and how to report sexual misconduct.

RELEVANT POLICY

Community Resources for Justice (CRJ) Policy 359.00: The Prison Rape Elimination Act (PREA) policy, revised November 9, 2022, p. 9, Section 2, outlines that:

- Residents with LEP, visual impairments, hearing loss, cognitive limitations, or reading challenges are given equivalent opportunities to benefit from the agency's efforts in preventing and responding to sexual abuse or harassment.
- When such residents are identified, timely access to qualified interpreters or communication supports is arranged.
- Inmate interpreters are not permitted, except under rare, documented circumstances where a delay would hinder an urgent response.
- The program provides PREA materials in large print for individuals with visual impairments.

PROVISIONS

Provision (a): Ensuring Equal Access for Residents with Disabilities and LEP

According to both the PAQ and interview responses, the facility makes deliberate efforts to provide residents with disabilities and LEP individuals with equitable access to PREA-related services.

The Auditor reviewed guidance documents detailing how to connect with Day

Interpreting Services, which includes:

- Calling a designated toll-free number
- Inputting a facility-specific PIN code
- Selecting the desired language from a menu
- Being connected with a live interpreter in real time

Additional accommodations include:

- Certified sign language interpreters for those who are deaf or hard of hearing
- Third-party or staff interpreters for non-English speakers
- Staff-supported reading of written materials for residents with low vision or limited reading proficiency

Provision (b): Accessible Communication and Interpretation Resources

The facility ensures PREA materials and educational content are available in accessible formats, as confirmed through both documentation and staff/inmate interviews. Resources include:

- Posters and brochures in Spanish and English
- PREA orientation videos with closed captioning
- Real-time interpretation through Day Interpreting Services
- Verbal delivery or reading of materials for residents with reading difficulties or vision impairments
- Alternative formats (audio, visual, large print) tailored to individual needs

In addition, the facility can access LanguageLine Services to support interpretation in a broader range of languages beyond Spanish.

Provision (c): Restriction on the Use of Inmate Interpreters

The facility reported that no inmate interpreters or assistants have been used for PREA-related incidents within the past year.

Interviews with both leadership and line staff consistently confirmed understanding and compliance with this policy. Staff rely solely on approved interpretation providers such as Day Interpreting Services to ensure confidentiality, accuracy, and impartiality.

CONCLUSION

Following a full review of relevant documentation, on-site observations, and interviews with facility staff and residents, the Auditor finds the facility to be in full compliance with PREA Standard §115.216. The facility demonstrates a proactive commitment to ensuring all residents—including those with disabilities or limited English proficiency—have equal and meaningful access to the agency’s sexual abuse prevention, education, and response framework.

115.217	Hiring and promotion decisions
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 338 483 371">DOCUMENTS</p> <p data-bbox="279 412 1390 490">To assess compliance with PREA Standard §115.217, the Auditor examined the following materials:</p> <ul data-bbox="352 555 1453 1010" style="list-style-type: none"> • Completed Pre-Audit Questionnaire (PAQ) and related submissions • Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, most recently updated November 9, 2022 • Samples of criminal background checks for newly hired employees • Documentation of recurring five-year background checks, where applicable • Background screening records for contractors and volunteers • Background check results for facilities maintenance staff • Employment applications and forms addressing PREA disclosures • Hiring and promotion documentation • Personnel files for selected employees, including relevant hiring paperwork • Memorandum on PREA Standard §115.217, dated February 1, 2025 <p data-bbox="279 1048 1466 1167">These materials confirmed adherence to the standard’s requirements, including the use of PREA-related disclosures, annual staff acknowledgments, and validated background screening processes.</p> <p data-bbox="279 1245 478 1279"><u>INTERVIEWS</u></p> <p data-bbox="279 1317 999 1350">Human Resources / Administrative Personnel</p> <p data-bbox="279 1391 1481 1509">Interviews were conducted with members of the Human Resources team responsible for recruitment, hiring, and personnel screening. Key takeaways from the interviews included:</p> <ul data-bbox="352 1574 1466 2074" style="list-style-type: none"> • All job applicants are required to complete a detailed application with PREA-specific questions about past misconduct or institutional employment history. • CRJ policy mandates background checks prior to employment, again at promotion, and then every five years thereafter for staff with potential inmate interaction. • A centralized tracking system ensures timely completion and monitoring of background checks. • Applicants and employees are obligated to disclose past sexual misconduct, with routine annual re-affirmations. • Employees must report any arrest activity through official internal channels. • Where permitted by law, the facility responds to employment inquiries from

correctional institutions by disclosing substantiated incidents of sexual abuse or harassment involving former staff.

- CRJ enforces strict vetting procedures and disqualifies candidates with disqualifying histories before making a job offer or promotion decision.

STAFFING OVERVIEW

According to the PAQ, the facility reported the following workforce composition:

Total Authorized Staff Positions: 17

Positions Currently Filled: 17

New Employees Hired in Past Year: 4

Contractors with Inmate Contact: 1

Volunteers Involved in Programming or Services: 4

RELEVANT POLICY

CRJ Policy 359.00 (PREA), updated on November 9, 2022, clearly outlines prohibited hiring and promotion practices:

a. CRJ prohibits the hiring, promotion, or engagement of any individual (including contractors) who may interact with residents if they:

Have committed sexual abuse in a custodial environment;

Were convicted of sexual activity involving force, coercion, or non-consent;

Were civilly or administratively adjudicated for such conduct.

b. Incidents of sexual harassment are factored into hiring or contracting decisions for roles with resident interaction.

c. Before onboarding, CRJ requires:

A criminal background check for all staff who may have resident contact; and Diligent efforts to obtain information from prior institutional employers regarding sexual misconduct or resignations amidst investigations.

d. All background checks must be retained in personnel files for a minimum of five years.

e. Applicants and employees must disclose any relevant misconduct history directly during the hiring and employment process.

f. Employees have a continuing duty to report any misconduct covered under these criteria.

g. Unless otherwise restricted by law, CRJ discloses substantiated allegations of sexual abuse or harassment involving former staff members to requesting correctional employers.

PROVISIONS

Provision (a): Employment Restrictions

Per CRJ policy, no individual may be hired, promoted, or contracted if they are likely to have inmate contact and have:

Committed sexual abuse in a detention setting;
Been criminally convicted of non-consensual sexual activity;
Been adjudicated (civilly or administratively) for engaging in such behavior.
This requirement is reflected in policy and was substantiated through personnel file reviews and HR interviews.

A memo dated February 1, 2025, from Dana House outlines the step-by-step hiring and screening process, which includes:

1. Submitting applications via CRJ's official platform
2. Preliminary HR screening
3. Dana House selection and interview scheduling
4. Candidate interviews, including PREA questionnaires and NCIC forms
5. Follow-up on prior criminal justice employment, if applicable
6. Completion of three reference checks
7. Evaluation of results before a hiring decision is made
8. HR's standard background investigation
9. Conditional offers extended only after all screening steps are cleared
10. Volunteer and intern placements follow the same vetting process

Provision (b): Consideration of Harassment History

The facility reviews prior sexual harassment incidents as part of the hiring and promotion process. This protocol was confirmed via documentation and staff interviews.

Provision (c): Pre-Hire Investigations

Before extending job offers, the facility:

Runs a criminal background check;
Makes reasonable attempts to contact all previous institutional employers to verify any misconduct or resignations during pending investigations.
Documentation confirmed this practice was implemented for all hires in the past year.

Provision (d): Contractors

Criminal background checks are required for all contractors with access to inmates. Records verified that this screening is conducted and repeated every five years per policy.

Provision (e): Ongoing Background Checks

	<p>All applicable staff and contractors undergo criminal background checks at least once every five years. Compliance is tracked through a centralized system and verified in both personnel files and interviews.</p> <p>Provision (f): Duty to Disclose</p> <p>Applicants and current employees are required to disclose prior sexual misconduct upon hire and during the course of their employment. All personnel files reviewed included signed disclosure statements.</p> <p>Provision (g): Termination for False Information</p> <p>Material omissions or dishonesty regarding prior sexual misconduct are grounds for dismissal. This standard is outlined in agency policy and supported by HR staff.</p> <p>Provision (h): Employment Information Sharing</p> <p>Upon lawful request from another institution, CRJ will share information about substantiated sexual abuse or harassment involving former employees. This practice was confirmed through interviews and documentation.</p> <p><u>CONCLUSION</u></p> <p>Following a thorough review of documentation, personnel records, and interviews with key staff, the Auditor finds the facility fully compliant with PREA Standard §115.217. The organization's structured and comprehensive approach to background screening, hiring, and personnel accountability supports the objective of preventing individuals with a history of sexual misconduct from securing employment or promotion in roles involving inmate contact.</p>
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115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTS</u></p> <p>The following materials were examined by the Auditor to assess the facility's alignment with PREA Standard §115.218 – Upgrades to Facilities and Technology:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ), along with relevant supporting documentation • Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, updated on November 9, 2022 • PREA Compliance Memorandum specific to §115.218, dated February 1,

2025

- Facility blueprints and schematics identifying camera locations (where applicable)

These documents reflect the facility's ongoing evaluation and enhancement of its physical environment and technological systems to improve safety and mitigate the risk of sexual misconduct.

OBSERVATIONS

During the walk-through, the Facility Director highlighted the facility's current video monitoring setup and the use of strategically placed convex mirrors to improve line-of-sight in locations prone to limited visibility. The Auditor noted that surveillance cameras were thoughtfully installed to monitor key areas such as residential units, common spaces, hallways, and program rooms—while still adhering to PREA's restrictions on cross-gender viewing.

Facility personnel explained the logic behind surveillance placement and emphasized efforts to maximize visual coverage of vulnerable areas. The Auditor observed that the facility prioritizes video monitoring as a core component of its safety and supervision framework.

INTERVIEWS

Agency Leadership

During an interview with the Agency Head's designee, it was confirmed that the facility's surveillance strategy is shaped by PREA-related goals. Highlights from the conversation included:

- Camera placements are designed to eliminate blind spots and enhance monitoring of sensitive zones.
- Privacy protections are integrated into surveillance plans, especially in areas where residents may be undressed.
- Any planned facility upgrades or technology changes will be reviewed through a PREA compliance lens, with a focus on resident supervision and staff oversight.

Facility Administrator

The Facility Head shared the following insights:

- A primary objective is to eliminate all surveillance gaps across the facility.
- When making enhancements to the surveillance network, priority is given to areas identified as posing a higher safety risk.
- Video systems are operational around the clock and are used to support both supervision and investigations.

These discussions underscored a clear understanding of how surveillance technology serves as a tool for preventing, detecting, and responding to incidents of sexual abuse and harassment.

RELEVANT POLICY

As outlined in CRJ Policy 359.00 – Prison Rape Elimination Act (dated November 9, 2022, p. 16), the PREA Coordinator is tasked with advising the Vice President of Justice Services on considerations related to new facilities or major renovations. This includes recommendations on visibility, surveillance infrastructure (including camera placement), and staff assignment strategies.

PROVISIONS

Provision (a): Facility Renovations

Per the PAQ, there have been no new construction projects or structural modifications to the facility since the prior PREA audit. This was verified through interviews with facility leadership and during the on-site assessment.

Provision (b): Surveillance Technology

The PAQ indicated that improvements to electronic surveillance systems were made following the last audit. These enhancements were confirmed during the Facility Head's interview, demonstrating the administration's active review of surveillance system performance and readiness to address emerging needs.

The PREA Memorandum dated February 1, 2025, outlines the following developments:

In 2024, four new cameras were added to bolster monitoring capabilities in the front entrance, outdoor rear area, and therapeutic group rooms. No additional IT or electronic monitoring upgrades were introduced that year.

Also in 2024, several infrastructure upgrades were completed as part of the Capital Expense Project, including the replacement of flooring in client housing areas on both floors, kitchens, and hallways.

CONCLUSION

Following the facility inspection, staff interviews, and document review, the Auditor determined that the facility complies with PREA Standard §115.218. While no recent facility-wide structural overhauls have been made, the institution remains committed to refining its monitoring capabilities.

The agency has clearly embraced a proactive and thoughtful approach to improving facility safety, using surveillance strategically to deter abuse, cover previously unmonitored areas, and reinforce staff and resident security. Future improvements are expected to continue aligning with PREA objectives, ensuring the protection of all individuals within the facility.

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTS

To evaluate the facility's adherence to PREA Standard §115.21, the following materials were examined:

- Completed Pre-Audit Questionnaire (PAQ) along with relevant supporting documents
- Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, most recently revised on November 9, 202•2
- Executed Memorandum of Understanding (MOU) with the Women and Family Center in New Haven, CT
- Web-based resources from the Office of Victim Services (OVS) Certification and role verification of SANE-designated personnel

These documents collectively provide evidence of the agency's protocols concerning forensic medical services, use of advocacy support, and consistent application of an evidence preservation process. The MOU with the Women and Family Center ensures access to trained victim advocates, and the policy clearly states that residents will never be charged for forensic examinations. It also affirms the use of certified SAFE/SANE professionals when available.

INTERVIEWS

PREA Coordinator (PC)

The PREA Coordinator affirmed the facility's use of a standardized evidence collection protocol intended to optimize the preservation of physical evidence for both internal and external investigations. The protocol is tailored to accommodate youthful residents, although none are currently housed. Administrative investigations are handled by the agency, with criminal matters referred to external law enforcement partners.

PREA Compliance Manager (PCM)

The PCM offered the following details:

- No forensic exams have been necessary within the past 12 months.
- Victim advocacy is available through both designated internal staff and the Women and Family Center.
- Yale New Haven Medical Center serves as the designated site for forensic examinations.
- Victims are never financially responsible for any portion of the medical forensic exam.

SAFE/SANE Staff

A representative from the SANE team confirmed that all exams are conducted at

Yale New Haven Medical Center following informed consent. Residents are transported either by facility personnel or emergency responders depending on urgency. No costs are incurred by the resident.

The SANE staff member walked through the exam protocol, including intake interviews, head-to-toe physical assessments, evidence collection procedures, trauma documentation, and—when permitted—photographic imaging of injuries. Chain-of-custody procedures are meticulously followed until evidence is transferred to law enforcement. Residents are also offered STI prophylaxis, including HIV treatment, post-examination.

Random Staff

All interviewed staff demonstrated full comprehension of the procedures to follow in response to sexual abuse allegations. They correctly outlined steps for evidence preservation, scene security, and coordinating with appropriate medical and investigative personnel.

Residents Reporting Sexual Abuse

There were no reported incidents of sexual abuse during the review period. Therefore, no interviews with residents in this category were required for this standard.

RELEVANT POLICY

Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, revised on November 9, 2022 (Section I, page 17), outlines:

1. All reports of sexual abuse or harassment must result in either an administrative or criminal investigation. Reports involving potential criminal behavior are referred to local law enforcement and documented accordingly.
2. Residents alleging sexual victimization are entitled to a full range of services, including:
 - a. Medical exams, injury documentation, and STI/HIV testing
 - b. Crisis mental health care and therapeutic services
 - c. Support systems including peer, family, and social services
3. Crisis intervention and trauma-informed care are offered by medical and behavioral health professionals.
4. Where possible, victim advocates from certified rape crisis centers will be made available to provide emotional and informational support.
5. All services extend to residents victimized by others while in the program or while participating in community programs under CRJ's oversight.

PROVISIONS

Provision (a):

The PAQ confirmed, and the PC verified, that the facility manages internal

investigations and refers any suspected criminal behavior to local law enforcement. The agency's policies follow nationally accepted standards for preserving forensic evidence in sexual abuse cases.

Provision (b):

Though the facility does not currently house youthful residents, a review of records showed none born after 2006. Nonetheless, both the PC and PCM confirmed that the facility maintains protocols appropriate for youth, should any be admitted in the future.

Provision (c):

Forensic medical exams are guaranteed to any resident reporting sexual abuse and are provided at no cost. The Yale New Haven Medical Center handles all such exams. In the absence of a SANE, an emergency department physician may perform the procedure. No exams occurred during the last audit period, as verified by the PCM. The SANE-described procedures align with PREA expectations, including consent, physical assessments, documentation, and provision of medical care.

Provision (d):

The MOU between the facility and the Women and Family Center (effective February 4, 2025) ensures that victim advocacy services are available to support residents through the aftermath of abuse. Policy documentation supports this agreement and affirms its intent.

Provision (e):

The facility confirmed that residents are permitted to have a trained advocate present during forensic exams and investigatory processes. Advocates provide reassurance, immediate crisis intervention, and referrals to further support services.

Provision (f):

Internal investigations are conducted for all PREA-related incidents, with criminal investigations falling under the jurisdiction of the Connecticut State Police. This was confirmed through both policy review and interviews with the PC and PCM.

Provision (g):

This provision is not applicable for audit evaluation.

Provision (h):

In addition to external advocacy support, the facility has trained internal personnel who serve as victim advocates and provide essential services to those affected by sexual abuse within the program.

CONCLUSION

After a thorough examination of facility policies, interview responses, and corroborating documents, the Auditor concludes that the facility meets the criteria outlined in PREA Standard §115.221 – Evidence Protocol and Forensic Medical Examinations. The institution shows a strong commitment to trauma-informed care, proper evidence handling, and collaboration with qualified medical professionals

	and advocacy organizations to ensure comprehensive and compassionate responses to sexual abuse allegations.
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTS</u></p> <p>The following records were reviewed to determine the facility’s level of compliance with PREA Standard §115.222:</p> <ul style="list-style-type: none"> • Completed Pre-Audit Questionnaire (PAQ) with relevant attachments • Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, last revised November 9, 2022 • PREA Memorandum regarding §115.222 – Policies Ensuring Referral of Allegations for Investigation, dated February 1, 2025 • CRJ’s public-facing website: https://www.crj.org/resources/prea/ <p>These materials reflect the facility’s structured approach to investigating all reports of sexual abuse and sexual harassment. The documentation confirms that both administrative and criminal allegations are addressed according to the severity and legal nature of the incident. The agency’s website reinforces transparency by publishing information about its investigative referral process.</p> <p><u>INTERVIEWS</u></p> <p>Facility Head or Designee</p> <p>During the interview, the Facility Head emphasized that all reports of sexual abuse or harassment are treated with the highest level of concern. It was affirmed that each allegation—whether administrative or criminal—is investigated promptly and thoroughly. The New Haven Police Department serves as the agency’s external partner for criminal investigations, while trained internal staff are responsible for administrative investigations. The Facility Head further verified that referrals made to law enforcement are appropriately documented. The policy governing these procedures is accessible via the agency’s website, underscoring a commitment to openness and accountability.</p> <p>Investigative Staff</p> <p>Members of the investigative team confirmed their role in handling all allegations of sexual misconduct. Administrative matters are addressed in-house, and any reports suggesting criminal behavior are promptly referred to the New Haven Police Department. Interviewed staff demonstrated strong awareness of their obligations under PREA and familiarity with investigative procedures.</p>

RELEVANT POLICY

CRJ Policy 359.00 – Prison Rape Elimination Act, updated on November 9, 2022 (p. 17, section 15), specifies:

- All allegations of sexual misconduct are to be investigated, and those with potential criminal implications must be referred to a legally authorized investigative body.
- All such referrals are formally documented.
- CRJ’s referral policy is available upon request through the agency’s PREA Coordinator.

PROVISIONS**Provision (a)**

According to information reported in the PAQ and reinforced during interviews with both the Facility Head and investigative personnel, the facility ensures every report of sexual abuse or harassment undergoes either an administrative or criminal investigation. Administrative inquiries are handled internally, while cases suggesting criminal conduct are referred to the New Haven Police Department.

The PREA Memorandum dated February 1, 2025, outlines Dana’s House’s implementation of Standard §115.222. The memo confirms that Dana’s House ensures a full investigation—administrative or criminal—is completed for each allegation. CRJ’s website details the investigative responsibilities of both internal staff and external agencies, such as the CT Department of Corrections (CTDOC) Parole and Community Services. CTDOC policy governs sexual abuse investigations, while CRJ administrators or the PREA Coordinator manage sexual harassment cases.

There were no reported incidents of sexual abuse or harassment at Dana’s House within the past 12 months.

Provision (b)

The facility has established a policy and practice to ensure that all credible allegations of sexual misconduct are routed to an external investigative body when the incident may constitute a crime. If the behavior in question does not meet that threshold, the matter is still addressed internally. This process was confirmed through the PAQ and interviews, including verification from the Facility Head that all criminal referrals are recorded.

Provision (c)

As noted under Provision (a), the division of investigative responsibility is clearly defined. Facility personnel manage administrative cases, and the New Haven Police Department is engaged when allegations involve potential criminal acts. These procedures are described in agency policy and were validated through staff interviews.

Provisions (d) and (e)

These provisions are not subject to audit review under this standard.

	<p><u>CONCLUSION</u></p> <p>Following a review of submitted documentation, agency policy, and staff interviews, the Auditor finds that the facility is in full compliance with PREA Standard §115.222. The facility has implemented clear, consistent processes for ensuring that all allegations of sexual abuse and sexual harassment are promptly and properly referred for investigation. The availability of public-facing policy materials and the commitment to documenting referrals demonstrate a strong culture of accountability and adherence to PREA principles.</p>
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115.231	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTS</u></p> <p>To evaluate adherence to PREA Standard §115.231 – Employee Training, the following documents were analyzed:</p> <ul style="list-style-type: none"> • The Pre-Audit Questionnaire (PAQ) and relevant supporting files detailing staff education protocols. • CRJ Policy 359.00 – Prison Rape Elimination Act, most recently revised on November 9, 2022. • The PREA Training Curriculum utilized during employee onboarding and annual updates. • Signed employee training verification forms confirming participation in mandated instruction. <p><u>INTERVIEWS</u></p> <p>Random Staff</p> <p>Interviews conducted with randomly selected staff revealed that:</p> <ul style="list-style-type: none"> • Employees received PREA instruction during initial orientation, prior to any resident contact. • Annual refresher courses are standard, with additional reinforcement provided through shift briefings and targeted PREA sessions. • Staff demonstrated familiarity with the ten fundamental topics required under this PREA provision. <p><u>RELEVANT POLICY</u></p> <p>CRJ Policy 359.00, updated November 9, 2022 (pp. 7-8, Section C, items 1-6),</p>

outlines the following:

1. PREA instruction is delivered during the agency's two-week SJS Basic Training as part of new hire onboarding. Core content includes:

- a. CRJ's zero-tolerance approach to sexual misconduct.
- b. Staff duties in identifying, preventing, reporting, and responding to incidents.
- c. Resident rights to protection from sexual abuse and harassment.
- d. Safeguards against retaliation for reporting.
- e. Awareness of sexual abuse dynamics and trauma responses.
- f. Understanding behavioral cues of those affected.
- g. Proper identification and intervention in suspected abuse cases.
- h. Maintaining appropriate staff-resident boundaries.
- i. Culturally competent, professional communication, particularly with LGBTQI+ residents.
- j. Mandatory external reporting obligations.

2. Training is sensitive to gender and adjusted to match the demographics served.

3. When staff shift between male and female populations, supplementary training is provided.

4. Annual refresher training is mandatory for all operational and select administrative personnel.

5. PREA Coordinators and designated Liaisons undergo focused investigative training when applicable.

6. Staff understanding is assessed and documented in both HR and program records.

PROVISIONS

Provision (a)

The PAQ affirms that direct-contact staff receive education on:

- The agency's zero-tolerance stance on sexual abuse and harassment
- Staff responsibilities under PREA policies
- Resident rights to safety and freedom from abuse
- Protections against retaliatory actions
- Understanding the trauma and behaviors of victims
- Techniques for identifying and responding to abuse indicators
- Maintenance of professional staff-resident boundaries
- Inclusive and respectful communication with all residents
- Legal mandates related to reporting

Each randomly selected staff member interviewed (100%) indicated awareness of these training components. The Auditor verified that the curriculum comprehensively addresses all ten elements and is structured to support retention. Training is tailored by role complexity and supplemented as needed.

	<p>Seventeen staff training records were reviewed, each showing current compliance with PREA education standards.</p> <p>Provision (b)</p> <p>The PAQ reflects that training is customized based on the gender of the resident population. When staff transition between gender-specific programs, they receive orientation relevant to their new assignment.</p> <p>Staff interviews confirmed they received male-focused training specific to the current facility's population. Instructional content emphasizes gender sensitivity and includes training on respectful engagement with transgender and gender non-conforming individuals.</p> <p>Evidence previously reviewed under Provision (a) supports these findings.</p> <p>Provision (c)</p> <p>A file review was conducted for all 17 active staff at the facility. Each file included recent documentation of completed PREA training.</p> <p>In addition to formal sessions, the facility provides continual learning through meetings, written resources, and shift briefings. Per policy, employees receive full retraining biennially, with interim refreshers to sustain knowledge and readiness.</p> <p>Interviewed staff confirmed participation in PREA training and acknowledged the ongoing nature of such instruction.</p> <p>Provision (d)</p> <p>Documentation of training completion is captured through either signature or digital recordkeeping. All interviewed employees verified that they had completed required PREA training. These records are securely maintained and readily accessible for compliance monitoring.</p> <p><u>CONCLUSION</u></p> <p>Following an in-depth review of policies, training records, curricula, and staff interviews, the Auditor concludes that the facility meets the requirements of PREA Standard §115.231 – Employee Training. All key components of the standard are addressed through thorough and well-documented procedures, confirming full compliance.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTS

To evaluate compliance with PREA Standard §115.232 – Volunteer and Contractor Training, the following documents were examined:

- The completed Pre-Audit Questionnaire (PAQ) and accompanying evidence
- Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, updated most recently on November 9, 2022
- PREA Orientation Curriculum for Volunteers and Contractors
- Signed Training Acknowledgments and Verification Forms for Volunteers and Contractors

These records confirm that all individuals serving in volunteer or contractor roles with resident contact receive PREA training that is tailored to their function within the facility. The training focuses on prevention, detection, reporting, and response protocols aligned with agency policy.

INTERVIEWS

Volunteer

A facility volunteer was interviewed and confirmed that they had received PREA training prior to beginning any duties involving resident interaction. The volunteer reported that the instruction was specific to their role and provided guidance on recognizing and responding to incidents of sexual abuse or harassment. The individual demonstrated a sound grasp of PREA requirements and their obligations, including mandatory reporting protocols.

Contractor

The Auditor also interviewed a contractor working at the facility who reported having completed PREA training prior to beginning on-site duties. The contractor indicated the training clearly emphasized the agency's zero-tolerance stance and explained expectations related to reporting sexual misconduct. The contractor articulated a confident understanding of their role and the proper procedures under PREA.

RELEVANT POLICY

CRJ Policy 359.00 – Prison Rape Elimination Act, last revised on November 9, 2022, Section D (p. 8), establishes the following requirements:

- Volunteers with resident contact and contractors who routinely provide services must receive training on the agency's policies related to the prevention, detection, and response to sexual abuse and harassment.
- The content and extent of the training is determined based on the nature of

the services provided and the degree of resident contact.

- All such individuals must be made aware of the agency's zero-tolerance approach and the appropriate reporting mechanisms.
- The program is responsible for maintaining signed documentation indicating that volunteers and contractors understand the training received.

PROVISIONS

Provision (a)

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

According to the PAQ, all contractors and volunteers who interact with inmates are trained as outlined in policy. The facility noted that six individuals in these roles had completed the training at the time of the audit. Interviews confirmed this, with all individuals expressing familiarity with PREA policies and demonstrating appropriate understanding of their respective responsibilities.

Provision (b)

"The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with inmates."

The PAQ indicated that the facility uses a role-specific approach when delivering PREA training to volunteers and contractors, with content adjusted based on job function and contact level. Every participant is informed of the zero-tolerance policy and instructed in the reporting process.

Interviews and review of documentation showed that all participants complete a training acknowledgment, signed and stored in their personnel files. Facility policy further affirms that volunteers and contractors are given written information regarding their responsibilities and must sign to acknowledge receipt.

Provision (c)

"The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received."

The facility maintains signed forms in individual files to verify training delivery and comprehension. The Auditor reviewed these records during the audit, confirming the facility's documentation of both the content covered and the trainee's understanding. This practice satisfies the standard's requirement for maintaining formal proof of training and comprehension. The applicable PREA policy reinforces the importance of retaining these documents.

CONCLUSION

After a thorough review of facility documentation, PREA-related policies, completed

	<p>training records, and interviews with both a contractor and a volunteer, the Auditor finds the facility to be in full compliance with PREA Standard §115.232 – Volunteer and Contractor Training.</p> <p>All elements of the standard are met. Training is appropriately tailored to the responsibilities and roles of volunteers and contractors. Each individual demonstrated understanding of PREA principles and responsibilities, and all required documentation is properly maintained to reflect compliance.</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTS</u></p> <p>The following materials were examined to evaluate the facility’s adherence to PREA Standard §115.233 – Inmate Education:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) along with supporting documentation • Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, most recently revised on November 9, 2022 • PREA Intake Education Records for Inmates • Directions for Accessing Language Interpretation Services • Zero Tolerance Posters displayed in both English and Spanish • Inmate Attendance Logs for 30-Day PREA Education Sessions • PREA Education Tracking Spreadsheet outlining completion dates <p>These documents collectively provide evidence that the facility delivers consistent education to inmates on their rights under PREA and the avenues available to report sexual abuse and harassment.</p> <p><u>OBSERVATIONS</u></p> <p>During the on-site visit, the Auditor observed widespread dissemination of PREA-related messaging throughout the facility. Key postings included:</p> <ul style="list-style-type: none"> • Informational signage outlining what constitutes sexual abuse and harassment, and how to report concerns • Hotline numbers for internal and external reporting prominently displayed

- Contact details for outside advocacy and support, including Women and Families Office Services
- Zero Tolerance materials presented in English and Spanish
- PREA awareness resources posted in every housing unit and near telephones, ensuring inmates have regular access to essential information

INTERVIEWS

Intake Staff

Staff members responsible for intake confirmed that all inmates are:

- Immediately provided with information regarding the agency's zero-tolerance policy for sexual misconduct
- Given a comprehensive PREA education session within 15 days of admission, covering:
 - The right to live free from sexual abuse and harassment
 - Protections against retaliation for reporting
 - Methods to report concerns (verbally, in writing, anonymously, or through third parties)
- Re-educated upon transfer to a facility with different policies
- Informed through accessible means, including for those who:
 - Are not fluent in English
 - Have hearing, vision, or cognitive impairments
 - Struggle with reading or comprehension
- Provided with a Resident Orientation Handbook at intake, which is reviewed with them and acknowledged in writing for file retention

Random Inmates

Inmates selected at random consistently reported:

- Receiving PREA information and the orientation handbook at the time of admission
- Being educated about the zero-tolerance stance, how to report misconduct, and their rights under the law
- Understanding the material easily due to its clarity and accessible presentation

RELEVANT POLICY

CRJ Policy 359.00 – Prison Rape Elimination Act, revised November 9, 2022 (pages 8–9, Section E), outlines the following:

a. Staff are to verbally and in writing present PREA-related content in a comprehensible manner to all residents. This includes:

- An overview of the policy
- Grievance procedures
- CRJ's zero tolerance for sexual misconduct
- Preventative measures and available interventions
- Access to treatment and counseling
- Reporting options
- Retaliation safeguards
- Consequences for false allegations

b. Residents are oriented on the definitions of sexual abuse and harassment and the methods available to report incidents.

c. All residents receive a handbook explaining PREA topics in plain language. Staff direct residents to relevant sections, including disciplinary procedures.

d. Case Managers reinforce this information during orientation.

e. A signed acknowledgment form is collected and filed as proof of PREA education.

f. Refresher education is provided upon transfer to a new facility.

g. Education is available in accessible formats for residents with limited English, disabilities, or literacy challenges.

h. The facility ensures information remains visible through posters, handbooks, and pamphlets.

PROVISIONS

(a) Initial PREA Education Upon Intake

- The PAQ confirms that all 27 inmates admitted in the last year received PREA materials at intake.
- This is corroborated by staff interviews and documentation.
- A sample of 15 inmate files verified that every individual received this information within 24 hours of arrival.

(b) Detailed Education Within 30 Days

- Every inmate who remained in custody for more than 30 days received a full PREA education session.
- Instruction covered agency policy, reporting methods, protections from abuse and retaliation, and response protocols.
- Additional content addressed housing staff gender, anti-retaliation policies, and the basics of investigative procedures.
- Staff interviews and document reviews confirmed compliance for all 15 sampled individuals.

(c) Education Prior to Housing Assignment

Intake personnel affirmed that no inmate is placed in housing prior to receiving an initial PREA briefing. This includes both new admissions and intra-agency transfers.

	<p>(d) Accessible Education for All Populations</p> <p>Materials and sessions are adapted for inclusivity, with accommodations such as:</p> <ul style="list-style-type: none"> • Translated content for Spanish-speaking residents • Interpreter services • Visual formats for hearing-impaired inmates • Audio and Braille for those with visual impairments • Staff assistance or simplified language for cognitively impaired or low-literacy inmates <p>These offerings were validated through interviews and document review.</p> <p>(e) Documentation of Education Provided</p> <ul style="list-style-type: none"> • The facility keeps meticulous records of each education session. • All 15 reviewed files confirmed documentation of both intake and 30-day sessions. <p>(f) Ongoing Access to Information</p> <p>The facility ensures PREA-related content remains visible and readily available via:</p> <ul style="list-style-type: none"> • Posters throughout living and common areas • Orientation handbooks • Educational handouts and brochures <p>Observations during the facility tour confirmed the consistency and visibility of these materials.</p> <p><u>CONCLUSION</u></p> <p>After reviewing records, conducting interviews, and touring the facility, the Auditor finds the facility in full compliance with PREA Standard §115.233 – Inmate Education. Inmates are promptly and thoroughly educated on their rights and reporting options, with content presented in ways that meet the diverse needs of the population. Documentation is well maintained, and the facility demonstrates a strong commitment to inmate education on sexual safety.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u>

To evaluate the facility's adherence to PREA Standard §115.234 – Specialized Training: Investigations, the following documents and related materials were reviewed:

- The Pre-Audit Questionnaire (PAQ) and accompanying facility-provided documentation.
- Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, most recently updated on November 9, 2022.
- Training documentation for investigative staff, including:
 - Attendance rosters
 - Training schedules and agendas
 - Detailed curriculum content
- Certificates and verification forms indicating that designated investigative personnel completed the required specialized training.

The combination of these materials provides evidence that the facility has implemented and maintained the specialized training standards for staff responsible for investigating incidents of sexual abuse and sexual harassment.

INTERVIEWS

Investigative Staff

The Auditor held interviews with personnel tasked with conducting sexual abuse and harassment investigations. Key takeaways from these discussions included:

- Training Completion: Every staff member interviewed confirmed participation in the specialized PREA investigative training.
- Subject Mastery: Interviewees demonstrated a strong understanding of training content, including:
 - Trauma-informed interviewing strategies
 - Methods for gathering and preserving physical and testimonial evidence within a confinement setting
 - Legal requirements such as Garrity and Miranda warnings
- Operational Knowledge: Investigators were able to articulate the process for conducting investigations and explained how training principles guide their day-to-day practices. They described how decisions are made regarding the classification of allegations as substantiated, unsubstantiated, or unfounded.
- Alignment with Policy: Interview responses aligned with documented training protocols, validating the integrity of the investigative training process.

RELEVANT POLICY

CRJ Policy 359.00 – Prison Rape Elimination Act, revised November 9, 2022, p. 8, Section C, 5, outlines that the PREA Coordinator and PREA Liaisons (Program Directors) are to receive specialized investigative training if they are involved in

investigations. Evidence of this training is retained in the Program's PREA records and the facility's Human Resources files.

PROVISIONS

Provision (a): Investigator Training Requirements

According to the PAQ and facility policy, all personnel assigned to conduct investigations into sexual misconduct must complete a specialized training course. This training encompasses:

- Approaches to interviewing victims in custodial environments
- Application of legal warnings such as Miranda and Garrity
- Protocols for collecting evidence in correctional settings
- Standards and decision-making criteria for substantiating allegations administratively or for criminal referral

Attendance logs reviewed confirmed that investigative personnel have also completed the broader PREA training required for all staff, thereby satisfying both general and specialized training expectations.

Provision (b): Curriculum Elements

Documentation and interview findings affirmed that the specialized training includes all necessary elements, such as:

- Trauma-informed interview methodologies
- Instruction on legal parameters (e.g., Garrity and Miranda)
- Procedures for evidence handling within secure facilities
- Thresholds for making findings in administrative and criminal cases

Investigators exhibited a thorough understanding of these subjects and were able to describe how they apply this knowledge in actual investigative scenarios. Staff also noted that the training content is refreshed periodically to remain aligned with legal and procedural updates.

Provision (c): Training Records

The facility maintains comprehensive training documentation for investigative staff. These records, kept in both personnel files and PREA-specific training archives, were provided to the Auditor for examination during the on-site visit.

While internal administrative investigations are conducted by trained facility staff, criminal investigations are referred to the New Haven Police Department. The facility ensures that those handling internal investigations have completed the required training and that their qualifications are verifiable.

Provision (d): Not Applicable

This section of the standard does not apply to the facility and therefore was not

	<p>assessed as part of the compliance review.</p> <p>CONCLUSION</p> <p>Following a thorough review of policies, training documents, and interviews with key personnel, the Auditor concludes that the facility is in full compliance with PREA Standard §115.234 – Specialized Training: Investigations.</p> <p>All assigned investigative staff have completed the required training, which is thoroughly documented and reinforced through practical application. Investigators demonstrated a clear understanding of relevant practices and legal considerations, confirming the effectiveness and consistency of the training program.</p>
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115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTS</u></p> <p>To determine compliance with PREA Standard §115.235, the Auditor carefully reviewed documentation submitted by the facility. The review included the following items:</p> <ul style="list-style-type: none"> • The completed Pre-Audit Questionnaire (PAQ) along with all relevant supporting documentation. • Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, with its latest revision dated November 9, 2022. • PREA Memorandum referencing Standard 115.235, issued on February 21, 2025. <p>These documents were assessed to evaluate the extent to which the facility’s protocols fulfill the requirements of the standard, particularly considering the lack of on-site medical and mental health personnel.</p> <p><u>INTERVIEWS</u></p> <p>To supplement the document review, the Auditor conducted interviews with key staff members to gain further insight:</p> <p>The Facility Head confirmed that the site neither employs nor contracts with any medical or mental health professionals on a full- or part-time basis. It was emphasized that the facility does not offer medical or mental health services on-site, nor does it conduct forensic examinations within the facility.</p>

The PREA Compliance Manager (PCM) supported the Facility Head's statements, adding that any required medical or mental health services are arranged externally.

Mental Health Staff interviewed verified that they have received both general and specialized PREA training and were able to articulate their responsibilities related to identifying, responding to, and reporting sexual abuse or harassment.

The information obtained during these interviews corroborated the written documentation and confirmed that the requirements of this standard are addressed through external service arrangements and staff training.

PROVISIONS

Provision (a):

According to the PAQ, the facility does not provide on-site medical services. All medical care is arranged through community providers. However, the facility does have an on-site mental health professional. CRJ's internal policy includes a section addressing the need for specialized PREA training for healthcare providers.

A PREA Memorandum dated February 1, 2025, clarifies how Dana's House applies Standard 115.235. It states that Dr. Lawrence Peacock, a licensed physician, provides psychiatric care to residents of Dana's House, offering individual therapy twice per week and monthly psychoeducational group sessions.

Dr. Peacock completed the required PREA training through the Southeastern Council on Alcoholism and Drug Dependence on June 6, 2024.

Provision (b):

This section is not applicable. The facility does not have any medical providers on staff or under contract who would be involved in forensic medical exams. Therefore, the specialized training described in this provision is not required.

Provision (c):

The PAQ confirms the presence of mental health staff within the facility. However, there are no medical personnel on-site. Any medical needs are addressed through referrals to community-based providers.

Provision (d):

As indicated in the PAQ, the facility ensures that all mental health personnel receive the required general PREA training, along with the specialized instruction required under this standard.

CONCLUSION

Following a detailed review of submitted policies, documentation, and staff interviews, the Auditor concludes that the facility satisfies the requirements of PREA Standard §115.235 – Specialized Training: Medical and Mental Health Care. The facility is fully compliant with this standard.

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

DOCUMENT

The Auditor reviewed several key documents to determine compliance with PREA Standard §115.241.

1. Pre-Audit Questionnaire (PAQ) and associated supporting materials.
2. Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, which was last updated on November 9, 2022.
3. Inmate Initial Risk Assessments and 30-Day Reassessment Records were also examined to verify the facility’s implementation of the standard.

INTERVIEWS

PREA Coordinator (PC)

During the interview, the PREA Coordinator confirmed that both the intake staff and the PREA Compliance Manager (PCM) have access to the risk screening data obtained at intake. The Coordinator emphasized that access to this information is strictly limited to those with a need to know and is used exclusively for security, treatment, and operational decisions—such as housing placements and program assignments. The PC also affirmed that the facility does not detain individuals solely for civil immigration purposes.

PREA Compliance Manager (PCM)

The PCM described the risk screening process as an essential tool for identifying individuals who may be vulnerable or pose a risk of sexual aggression. The screening outcomes, when reviewed holistically, help staff make informed decisions that enhance resident safety, including appropriate separation of potential aggressors from likely victims.

Risk Screening Staff

Personnel responsible for risk assessments stated that initial screenings are completed within 24 hours of a resident’s arrival. These assessments consider several factors, such as prior incidents of sexual abuse, past convictions for violent crimes, and any history of institutional violence or sexual misconduct. A reassessment is completed within 30 days, with additional assessments conducted as necessary—for example, following a PREA allegation, upon the resident’s return after being temporarily absent from the facility, or if new information arises. Staff also confirmed that transgender residents are assessed at intake, again within 30 days, and at least every six months thereafter.

Screening staff unanimously stated that residents are never disciplined for choosing not to answer screening questions. They explained that they attempt to engage the resident by clarifying the purpose of the questions, but ultimately respect the individual’s right to decline to respond.

Random Inmate

Inmates interviewed recalled participating in the screening process shortly after arrival. They indicated that questions focused on their personal sense of safety, prior experiences of victimization, sexual orientation, gender identity, and whether they were new to incarceration. Most were able to recall both their initial and 30-day assessments.

RELEVANT POLICY

CRJ Policy 359.00, Section 3 (pp. 9-10), outlines the agency's procedures for risk screening. Key provisions include:

1. All residents are screened during intake, and again if transferred to another program.
2. The screening utilizes a standardized assessment tool known as the PREA Possible Victim/Predator Screening and Scoring Checklist.
3. Staff administering the assessment receive training that includes policy review, video instruction, and job shadowing.
4. Intake screenings typically occur within 72 hours but are prioritized for completion within 24 hours.
5. Reassessments are required within 30 days or sooner if new information becomes available.
6. Residents are not penalized for refusing to answer sensitive questions.
7. Access to screening data is restricted to appropriate staff to prevent misuse or exploitation.

PROVISIONS**Provision (a)**

The PAQ confirmed the existence of a policy requiring residents to be screened upon arrival or transfer. Every inmate interviewed reported having completed the initial screening within 24 hours, followed by a reassessment in the ensuing weeks. A review of fifteen inmate records corroborated these statements, with each showing timely completion of the 24-hour screening.

Provision (b)

Although policy permits screenings within 72 hours, staff aim to complete them within 24 hours, a goal they consistently meet. Documentation and interviews indicated 100% compliance with both initial and 30-day screening timeframes. A thorough review of intake and reassessment records validated this practice.

Provision (c)

The Auditor verified that an objective screening tool is employed. All 15 files reviewed showed completion of both the initial and 30-day reassessments using the facility's established screening form.

Provision (d)

The PAQ indicated the screening form includes all elements required by this

	<p>provision, with the exception of a specific reference to civil immigration detainees. However, the PC confirmed that the facility does not house such individuals, thus rendering the omission irrelevant in practice.</p> <p>The checklist covers multiple indicators such as age, physical build, criminal history, gang involvement, prior victimization, perceived vulnerability, and more. Scoring is based on the number of affirmative responses, with each positive response contributing one point.</p> <p>Provision (e) The facility affirmed that screenings account for histories of sexual abuse, violent offenses, and institutional aggression. This was verified through staff interviews and review of the screening documents.</p> <p>Provision (f) The PAQ reported that reassessments are conducted within 30 days of admission, and as needed thereafter. Staff interviews and document reviews confirmed that this procedure is followed consistently. All reviewed files included timely reassessments, matching the facility’s reported practices.</p> <p>Provision (g) Screenings are not static; reassessments are triggered by events such as referrals, requests, new information, or incidents of abuse. Risk screening staff verified these procedures during their interviews.</p> <p>Provision (h) Residents are not punished for declining to answer any part of the screening. Staff reiterated their role in explaining the relevance of each question while emphasizing residents’ autonomy in choosing not to respond.</p> <p>Provision (i) Information gathered during screening is treated as confidential and shared strictly on a need-to-know basis. The PC and risk assessment staff confirmed that access is limited to select personnel for purposes of resident safety and management decisions.</p> <p><u>CONCLUSION</u></p> <p>Based on the comprehensive review of policy, practice, documentation, and interviews, the Auditor concludes that the facility exceeds the requirements of PREA Standard §115.241. The prompt completion of risk screenings—consistently within 24 hours of arrival—demonstrates a strong commitment to safety and prevention, going beyond the minimum standard and warranting commendation.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENTS

- Pre-Audit Questionnaire (PAQ) along with supplemental documentation
- Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, last updated on November 9, 2022.

These materials collectively describe the facility's procedures for using risk screening results to guide decisions regarding inmate housing, work, education, bed placement, and program participation. The documentation reflects a strong institutional commitment to minimizing the risk of sexual abuse and ensuring the safety of all incarcerated individuals through individualized, informed decision-making.

INTERVIEWS

PREA Coordinator (PC)

In discussion with the PREA Coordinator, it was confirmed that transgender and intersex individuals' input regarding their own safety is treated with significance during placement decisions. The PC elaborated that such inmates receive a detailed evaluation, and their housing and programming determinations are made in coordination with key staff members. Reassessments occur biannually or following any incident involving sexual misconduct. Interviews are also conducted to identify any known enemies or personal safety concerns prior to making final placement decisions.

Staff Responsible for Risk Screening

Staff charged with conducting risk screenings described a process that begins with standardized assessment tools and is enhanced through direct, individualized dialogue with inmates. These interactions help staff understand inmates' personal concerns and needs, which are then considered when determining appropriate placements and programming. Staff members demonstrated an in-depth understanding of the importance of their role in identifying individuals at risk—whether as potential victims or aggressors—and modifying housing and activities accordingly.

PREA Compliance Manager (PCM)

According to the PREA Compliance Manager, there are no legal agreements, settlements, or consent decrees requiring the creation of separate living areas for LGBTI inmates. The PCM confirmed that individuals identifying as lesbian, gay, bisexual, transgender, or intersex are integrated into the general population unless unique circumstances dictate otherwise. Classification and placement decisions are made on a case-by-case basis, relying heavily on individualized assessments and collaboration among staff. The PCM affirmed that risk screening outcomes directly influence classification decisions, with special consideration given to separating individuals based on their vulnerability or potential for abuse. Reassessments are

carried out consistently to preserve a safe environment.

Transgender Inmate

At the time of the onsite review, no transgender inmates were housed at the facility. Therefore, no interviews were conducted with individuals from this population.

RELEVANT POLICY

CRJ Policy 359.00 – Prison Rape Elimination Act, as revised on November 9, 2022, includes the following provisions relevant to the use of screening information:

- a. The facility uses results from the PREA Possible Victim/Predator Screening and Scoring Checklist to guide decisions about housing, bedding, work details, education, and program involvement. The aim is to ensure that individuals at risk of being victimized are not housed with those likely to be sexually abusive.
- b. Safety decisions are based on individual assessments. Inmates who disclose a history of sexual abuse—whether at intake or later—are immediately provided with information about local rape crisis services. Each facility maintains a Memorandum of Understanding (MOU) with a local rape crisis center and hospital equipped to deliver SAFE/SANE services.
- c. Transgender and intersex inmates receive individualized placements based on whether a given assignment would promote their safety and health, and whether it poses any security concerns.
- d. The personal views of transgender and intersex inmates about their safety are given meaningful consideration.
- e. Upon intake, staff inquire about any personal safety concerns held by transgender and intersex inmates. Prior to their admission, a pre-placement consultation with the referring agency is arranged to review any known safety risks.
- f. These inmates are allowed the option of showering separately to preserve privacy and reduce risk.
- g. The policy prohibits the placement of LGBTI individuals in designated units solely based on sexual orientation or gender identity unless legally mandated.

PROVISIONS

Provision (a):

Documentation in the PAQ and interviews with the PCM confirmed that screening data is actively used to inform inmate placements. The purpose is to maintain separation between individuals vulnerable to abuse and those who present a risk. A review of inmate files confirmed the consistent and proper application of screening data in classification processes.

Provision (b):

Individualized assessments form the basis for all housing and program placements. Staff conduct risk screenings during intake, with Case Managers using the PREA tool to evaluate the likelihood that a new inmate may be victimized or pose a threat to others.

	<p>Provision (c): When it comes to transgender or intersex individuals, the facility applies a tailored approach to housing and programming. Placement decisions are made after weighing potential safety or management issues, and this practice is reinforced by both policy and staff testimony.</p> <p>Provision (d): Risk screening staff and documentation confirmed that placements for transgender and intersex inmates are reassessed at least every six months. This recurring review process ensures that any emerging safety concerns are addressed.</p> <p>Provision (e): Staff interviews emphasized the importance of incorporating transgender and intersex inmates' own assessments of their safety into decision-making. These personal perspectives are not only solicited but treated with serious regard when determining housing and program involvement.</p> <p>Provision (f): The facility ensures that transgender and intersex individuals have the option to shower separately. The PCM and other staff explained that this is typically achieved through scheduled shower times that allow for privacy. Random staff interviews confirmed that this policy is well understood and implemented.</p> <p>Provision (g): There is no practice at this facility of segregating inmates based on sexual orientation or gender identity. The PC affirmed that no such housing arrangements exist unless required by legal action—and none apply in this case.</p> <p><u>CONCLUSION</u> Based on the examination of relevant documents, facility policy, and staff interviews, the Auditor finds the facility to be fully compliant with PREA Standard §115.242 – Use of Screening Information. The facility effectively uses risk assessment data to shape individualized decisions that protect inmate safety, prevent sexual abuse, and support appropriate housing and program placements.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTS</u> To assess compliance with PREA Standard §115.251 – Resident Reporting, the Auditor examined several key documents. These included the</p>

- Pre-Audit Questionnaire (PAQ)
- CRJ Policy 359.00 – Prison Rape Elimination Act (last updated on November 9, 2022)
- Resident Handbook dated December 20, 2024
- Offender PREA Brochure made available in both English and Spanish.

Collectively, these documents lay out the facility’s approach to ensuring residents have multiple, confidential avenues to report sexual abuse, harassment, staff misconduct, or retaliation.

OBSERVATIONS

While touring the facility, the Auditor noted the presence of numerous PREA informational posters strategically placed throughout the premises. These were clearly visible in both English and Spanish in areas with high resident traffic, including housing units, common rooms, main corridors, dining areas, program rooms, and visitation spaces. The posters effectively communicated available reporting options, including the dedicated hotline.

The Auditor also inspected several resident telephones located throughout the facility. Each unit was found to be in working order and readily accessible, allowing residents to place calls to the PREA hotline and other external reporting resources.

INTERVIEWS

PREA Compliance Manager (PCM)

In interviews, the PCM confirmed that residents are made aware of various reporting options, both internal and external. These include notifying staff, using the dedicated hotline, or reaching out to an external agency. The PCM stressed the facility’s commitment to upholding private and confidential reporting systems and noted that residents have access to outside victim advocacy and support services.

Staff

Staff members interviewed consistently displayed a clear understanding of the facility’s reporting procedures. They identified multiple reporting options for residents, including speaking directly with staff, using the hotline posted throughout the building, submitting a grievance, reporting through third parties such as family members, or reaching out to the PCM or PREA Coordinator. Staff also explained how they can file reports privately with supervisors or designated PREA staff, whether verbally or in writing. They uniformly expressed a strong commitment to taking all reports seriously and following appropriate escalation protocols.

Residents

Residents also demonstrated a solid awareness of their reporting options. Interviewees cited using the posted hotline, speaking to staff, contacting the PCM, or asking a family member to call on their behalf as valid methods for reporting. Several also mentioned knowing about an external support agency available for

confidential assistance, recognizing that it operates independently of the facility.

RELEVANT POLICY

CRJ Policy 359.00 – Prison Rape Elimination Act, most recently revised on November 9, 2022, outlines detailed procedures in Section J: “Methods of Reporting” (pages 18–19), particularly regarding third-party reporting. Highlights include:

1. Residents must be offered various internal channels to privately report incidents of sexual abuse, harassment, retaliation, or staff misconduct.
2. Information must be provided on at least one method to contact an external agency unaffiliated with CRJ, allowing anonymous and independent reporting.
3. Staff are mandated to accept reports through multiple means—whether verbal, written, anonymous, or via third party—and respond swiftly to every allegation.
4. A confidential reporting option is available for staff members as well.
5. Regarding third-party reporting:
 - The facility enables third parties to submit reports on behalf of residents and ensures these procedures are clearly communicated.
 - A PREA Third Party Reporting Form is accessible both on-site and online.
 - All third-party reports are treated with the same investigative rigor as resident-initiated reports, per CRJ policy.
 - Staff are trained to forward such reports immediately to supervisors, who then notify the Program Director and PREA Coordinator.
 - Third parties—including family, legal representatives, or advocates—may assist residents in filing administrative remedies or file them independently.
 - If a third party files a grievance, the resident may need to confirm and follow through. Any refusal by the resident to do so is formally documented.

The policy also outlines the procedure for notifying other facilities in cases where an allegation involves another institution. Notifications must be sent within 72 hours, with all communications documented. The investigation responsibility lies with the receiving facility.

PROVISIONS

Provision (a):

Both the PAQ and CRJ policy confirm that the facility provides residents with several private and confidential internal methods to report sexual abuse, harassment, retaliation, or staff negligence.

Provision (b):

CRJ policy ensures residents are informed of how to contact an external

	<p>organization. The Women and Families Center Sexual Assault Crisis Services is prominently listed as an independent support resource. Since the facility does not detain individuals solely for civil immigration purposes, this aspect of the provision is not applicable.</p> <p>Provision (c): Staff are expected to accept reports in any form—spoken, written, anonymous, or submitted by third parties—and respond in line with agency protocols. Training emphasizes the importance of treating every report seriously.</p> <p>Provision (d): Staff have the ability to make confidential reports through direct communication—either verbally or in writing—to supervisory staff, the PCM, or agency leadership. Reports must be documented within 24 hours. In addition, both staff and residents are given access to external crisis services, including:</p> <p>Sexual Abuse Crisis Service: English: 1-888-999-5545 or Spanish: 1-888-568-8332</p> <p>Women and Families Center Sexual Assault Crisis Services: 203-235-4444</p> <p><u>CONCLUSION</u> After thoroughly reviewing the documentation, conducting on-site observations, and speaking with staff and residents, the Auditor determined that the facility meets the requirements of PREA Standard §115.251 – Resident Reporting. The agency has created a comprehensive system that allows for accessible, confidential reporting. Staff are well-informed and trained, and residents have a clear understanding of their rights and available resources.</p>
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115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTS</u></p> <p>In preparation for evaluating compliance with PREA Standard §115.252 – Exhaustion of Administrative Remedies, the Auditor reviewed several key materials. These included:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) along with accompanying documentation 2. Community Resources for Justice (CRJ) Policy 359.00, titled Prison Rape Elimination Act, which was last revised on November 9, 2022. <p><u>INTERVIEWS</u></p> <p>Staff</p>

During discussions with facility staff, it was consistently affirmed that allegations of sexual abuse and sexual harassment fall within the scope of the facility's grievance system. Staff articulated a clear understanding that while residents may choose to utilize the formal grievance process to report such incidents, doing so is not mandatory. Instead, all allegations—regardless of how reported—are treated as formal complaints and immediately referred for investigation.

Resident

Both formal and informal interviews with residents revealed a general awareness of their right to file grievances related to sexual abuse or harassment. Residents reported confidence in the grievance process and shared that any such reports would be received without bias or obstruction. They also indicated a belief that these grievances would be taken seriously, acted upon appropriately, and not hindered by procedural hurdles or dismissed on technical grounds.

RELEVANT POLICY

CRJ Policy 359.00 – Prison Rape Elimination Act, dated November 9, 2022, outlines specific provisions in Section K (pages 19–20) regarding the handling of grievances related to sexual abuse and harassment. Key policy points include:

1. The program maintains a formal grievance system to handle complaints of sexual abuse and harassment, expressly disallowing informal resolution attempts as a prerequisite for filing.
2. There is no imposed deadline for residents to submit a grievance concerning an allegation of sexual abuse or harassment.
3. Residents may bypass submitting grievances to any staff member alleged to be involved in the incident. Should the Program Director be named, the grievance can be directed to their supervisor.
4. Complaints are never redirected to the staff member who is the subject of the grievance.
5. CRJ commits to providing a final decision on the merits of the complaint within 90 calendar days.
6. The 90-day limit excludes any time used by the resident in preparing or submitting administrative appeals.
7. The facility may extend the response time by up to 70 additional days if necessary, provided the resident receives written notice of the extension and the anticipated response date.
8. If a response is not received within the required timeframe or an approved extension period, the resident may treat the lack of response as a denial.

PROVISIONS

Provision (a)

Information provided in the Pre-Audit Questionnaire confirms that grievances related to sexual abuse and harassment are recognized as valid and actionable. According

to CRJ policy, any grievance containing a PREA-related allegation is interpreted as a formal report and directed immediately for investigative action, circumventing the routine grievance protocol. The policy reinforces that while residents can use the grievance system, this is not a mandatory step prior to initiating an investigation.

Provision (b)

Residents are permitted to file grievances related to sexual abuse at any point, regardless of when the alleged incident occurred. There is no requirement for the resident to attempt to resolve the matter informally or confront the involved staff. The policy further mandates that grievances will be assessed on their merit, with an initial response issued within 30 days. In circumstances requiring additional time, the process may be extended up to a total of 70 days.

Provision (c)

The PAQ and policy confirm that residents are not obligated to submit grievances to any individual implicated in their complaint. In such cases, alternate reporting routes are clearly defined. Residents may submit grievances directly to the Program Director unless that individual is the subject, in which case the grievance may be escalated to higher facility leadership to ensure unbiased review.

Provision (d)

CRJ's grievance procedures specify that final determinations for sexual abuse-related grievances will be issued within a 90-day window from the initial filing. While standard response time is set at 30 days, the policy allows for up to a 70-day extension if justified. These timelines comply with PREA requirements. Interviews with the PREA Compliance Manager confirmed that there were no such grievances filed during the 12-month period preceding the audit.

Provision (e)

The agency's grievance policy supports submissions by third parties, including family members, attorneys, peers, and outside advocates. In cases where a third-party grievance is filed, and the resident opts not to proceed, the facility is required to document this decision. Staff are trained to treat third-party submissions with the same seriousness and procedural diligence as direct grievances from residents.

Provision (f)

In emergency situations involving a credible threat of imminent sexual abuse, CRJ policy activates an expedited grievance process. This includes:

- Immediate notification of the PREA Coordinator;
- Implementation of measures to ensure the resident's safety;
- Issuance of an initial response within 48 hours;
- Final decision within five calendar days, including documentation of findings and protective actions taken.

The facility reported, based on the PAQ and supporting records, that no emergency grievances of this nature were filed during the year leading up to the audit.

	<p>Provision (g)</p> <p>No instances of PREA-related grievances submitted in bad faith were reported within the past year. Nonetheless, the agency's policy outlines the possibility of disciplinary action should a resident knowingly file a malicious or false grievance. Any resulting discipline would be evaluated on a case-by-case basis, taking into account the severity of the claim and the resident's overall conduct.</p> <p><u>CONCLUSIONS</u></p> <p>Upon comprehensive review of policy documentation, responses within the Pre-Audit Questionnaire, and interviews conducted with staff and residents, the Auditor concludes that the agency fully complies with the requirements of PREA Standard §115.252. CRJ has instituted an effective and resident-accessible grievance process that ensures all sexual abuse and harassment complaints are handled with urgency, confidentiality, and procedural fairness. The system also accommodates emergency and third-party filings, removes barriers to reporting, and adheres to the required response timelines outlined by PREA.</p>
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115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTS</u></p> <p>To assess compliance with PREA Standard §115.253, the Auditor reviewed the following documentation submitted by the facility:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and all supporting materials • CRJ Policy 359.00 – Prison Rape Elimination Act, most recently updated on November 9, 2022 • The Memorandum of Understanding (MOU) between Community Resources for Justice (CRJ) and The Women and Families Center Sexual Assault Crisis Services • The Resident Handbook, provided in both English and Spanish <p>These resources collectively reflect the agency's formalized efforts to guarantee that residents have confidential access to external advocacy services for emotional and psychological support in the aftermath of sexual abuse.</p> <p><u>OBSERVATIONS</u></p> <p>During the facility walkthrough, the Auditor noted that PREA-related information was prominently displayed throughout the facility, including within housing units, dayrooms, and intake and communal areas. Signage included key messages about:</p>

- Residents' rights to live free from sexual abuse, harassment, and retaliation
- Multiple avenues to report abuse, including anonymous options
- Contact details for external support agencies, with toll-free phone numbers and mailing information

Telephones were observed to be accessible in various parts of the facility. Each phone tested during the visit was operational, and instructions for calling the outside advocacy hotline were clearly posted near each one.

INTERVIEWS

Residents

In both formal interviews and informal discussions, residents consistently demonstrated an understanding of their right to contact external victim advocacy resources. They indicated that these services were introduced to them during PREA orientation sessions and are also outlined in the Resident Handbook and facility posters. Residents specifically identified The Women and Families Center as a resource, citing the following hotline numbers:

- 1-888-999-5545 (English)
- 1-888-568-8332 (Spanish)

They affirmed that calls to these numbers are toll-free and recognized that although monitoring might occur, the advocacy staff offer emotional support under confidentiality limitations governed by mandatory reporting statutes. Overall, residents expressed trust in the facility's commitment to providing access to outside support.

PREA Compliance Manager (PCM)

The PREA Compliance Manager confirmed that CRJ holds an active MOU with The Women and Families Center. Under this agreement, trained external advocates are available to:

- Accompany residents during forensic medical exams
- Provide support during official investigations
- Offer continued counseling and emotional care after incidents occur

The PCM also verified that residents are informed of any confidentiality limitations upfront, particularly those relating to mandated reporting responsibilities.

Victim Advocacy Representative - The Women and Families Center

An interview with a representative from The Women and Families Center confirmed that the agency delivers a broad range of services, including:

- Emotional support and crisis counseling
- Advocacy during forensic exams and interviews

- Referrals to additional services
- Confidential, trauma-informed care regardless of when or whether an incident was formally reported

The representative emphasized the importance of informed consent and clarified that residents are always advised of confidentiality boundaries prior to receiving support.

RELEVANT POLICY

According to Section J (“Methods of Reporting”) of CRJ Policy 359.00 – Prison Rape Elimination Act (last updated November 9, 2022), the agency outlines comprehensive procedures to support third-party and confidential reporting, including:

1. Ensuring residents have several private internal options for reporting sexual abuse or harassment.
2. Providing at least one external avenue to report incidents, which allows anonymity and is unaffiliated with CRJ.
3. Requiring staff to accept and respond to reports made verbally, in writing, anonymously, or by third parties.
4. Offering a confidential internal reporting channel for staff.
5. Permitting third-party individuals—such as family members, attorneys, or fellow residents—to submit reports or grievances on behalf of a resident.
 - A dedicated PREA Third Party Reporting Form is available both at the facility and on the CRJ website.
 - All third-party reports are forwarded immediately to supervisors, who then notify the Program Director and PREA Coordinator.
 - If a third party submits a grievance, the resident may need to confirm and continue the process. Refusal to do so must be documented.

6. Requiring prompt notification and documentation when a reported incident involves another facility. CRJ is obligated to notify the affected institution within 72 hours and to retain records of both the report and the institution’s response.

PROVISIONS

Provision (a): Access to Outside Advocacy Services

The facility guarantees residents access to community-based victim advocacy services for emotional support after sexual abuse. Residents may reach out via:

- Toll-free phone numbers
- Mailed correspondence

	<ul style="list-style-type: none"> • Information included in handbooks and on bulletin boards throughout the facility <p>All materials are available in English and Spanish, offering step-by-step guidance on how to access services.</p> <p>Provision (b): Notification of Monitoring and Confidentiality Limits</p> <p>CRJ informs residents—both verbally and in writing—that:</p> <ol style="list-style-type: none"> 1. Phone calls may be recorded or monitored to maintain safety 2. Advocates must adhere to mandatory reporting laws 3. Outside advocacy personnel will explain these limitations prior to offering support <p>This transparency helps foster a supportive environment where residents understand the parameters of confidentiality.</p> <p>Provision (c): Formal Agreement with Advocacy Organization</p> <p>CRJ maintains a signed and active MOU with The Women and Families Center, a qualified local sexual assault service provider. The agreement ensures advocates are available to:</p> <ul style="list-style-type: none"> • Support residents during forensic and investigative processes • Offer follow-up care and ongoing counseling <p>Residents are free to contact these advocates without seeking prior staff approval. However, if staff become aware of such communication, facility safety procedures and mandated reporting protocols will apply.</p> <p>CONCLUSION</p> <p>After a comprehensive review of CRJ’s policies, documentation, facility conditions, and stakeholder interviews, the Auditor finds that CRJ is fully compliant with PREA Standard §115.253 – Resident Access to Outside Confidential Support Services. The agency’s active MOU with The Women and Families Center, availability of multilingual materials, routine access to toll-free support services, and widespread PREA education efforts collectively demonstrate a well-established framework for supporting survivors. The facility’s practices reflect both the letter and spirit of the PREA standard</p>
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENTS

To determine compliance with PREA Standard §115.254, the Auditor reviewed a range of documents submitted by the facility.

- Pre-Audit Questionnaire (PAQ) and all supplemental materials
- Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, with its most recent revision dated November 9, 2022.
- Memorandum of Understanding (MOU) between the agency and The Women and Families Center Sexual Assault Crisis Services
- Community Resources for Justice (CRJ) official PREA webpage (<https://www.crj.org/?s=prea>).
- Community Resources for Justice (CRJ), Resident Handbook, undated, available in both English and Spanish, was also assessed. It explains the residents' rights under PREA and details how they can report sexual abuse or harassment—including through third-party channels.

Taken together, these documents demonstrate that the facility has implemented a robust, multi-layered strategy to ensure safe and confidential reporting for both residents and third parties acting on their behalf. This approach underscores the agency's dedication to transparency and victim-centered practices.

INTERVIEWS

The Auditor interviewed a cross-section of residents to gauge awareness and understanding of third-party reporting procedures. Residents consistently confirmed they were educated about the option for external individuals—such as family members, attorneys, advocates, and friends—to submit reports of sexual abuse or harassment on their behalf.

Residents explained that this information was initially introduced during their PREA orientation and reinforced by signage throughout the facility and information contained in the Resident Handbook. Several expressed confidence that if a third party were to file a report, it would be addressed with seriousness and professionalism by staff. Their feedback confirmed that the facility's outreach and educational efforts around third-party reporting have been effective and well received.

RELEVANT POLICY

CRJ Policy 359.00 – Prison Rape Elimination Act (last revised November 9, 2022), specifically addresses third-party reporting procedures in Section J, "Methods of Reporting," on pages 18–19. Key provisions include:

1. Residents must be provided with multiple internal methods for privately reporting incidents of sexual abuse, harassment, retaliation, or staff

negligence.

2. Residents must also be informed of at least one way to report such incidents to an external agency or organization not affiliated with CRJ, which can receive and forward complaints while allowing for anonymity.
3. Staff are required to accept reports in multiple formats—verbal, written, anonymous, and third-party—and respond promptly to all allegations.
4. Staff must also have a confidential method for reporting incidents involving residents.
5. Regarding third-party reporting:
 - The agency allows third parties to submit reports on a resident's behalf and ensures that procedures for doing so are widely distributed.
 - The PREA Third Party Reporting Form is available at the facility and online through the CRJ website.
 - All reports from third parties are subject to the same investigation protocols and are handled according to CRJ policy.
 - Staff who receive such reports are instructed to forward them immediately to supervisory personnel, who then involve the Program Director and PREA Coordinator.
 - Third parties—including residents, staff, legal representatives, and advocates—are allowed to help residents file administrative remedies or file them independently.
 - If a third-party files a grievance, the resident may be required to affirm the filing and pursue any follow-up steps. If the resident declines, this decision is formally documented.

6. The policy also details procedures for notifying other confinement facilities in cases where an allegation involves another institution. Notification must occur within 72 hours, and documentation of the report and the response is required, although the investigation at the receiving facility is beyond CRJ's control.

PROVISION (a): Availability of third-party reporting mechanisms

Documentation and resident interviews affirm that the facility has established and actively maintains multiple avenues for third-party reporting, as mandated by PREA Standard §115.254. These methods ensure that reports of sexual abuse or harassment can be submitted by individuals outside the facility, including family members, friends, legal representatives, and external advocates.

Third-party reports can be submitted via several channels, such as:

- The CRJ website using the Third Party Reporting Form
- Phone calls to the facility or its administrative offices
- In-person conversations with any staff member
- Emails to agency staff

	<ul style="list-style-type: none"> • Inter-agency correspondence through mail, phone, or in-person visits <p>Contact information for independent advocacy and law enforcement resources is also posted throughout the facility, including:</p> <ul style="list-style-type: none"> • New Haven Police Department: (203) 946-6316 • The Women and Families Center Sexual Assault Crisis Services: <ul style="list-style-type: none"> ◦ English Hotline: 1-888-999-5545 ◦ Spanish Hotline: 1-888-568-8332 <p>PREA-related posters are prominently displayed in housing units, shared spaces, and visiting areas. These materials convey that anyone can make a report, including anonymous submissions, and that all allegations will be taken seriously and thoroughly investigated. Residents confirmed awareness of these procedures and expressed trust in the system's responsiveness. They also reported that having third-party reporting available contributes positively to their overall sense of safety and support.</p> <p><u>CONCLUSION</u></p> <p>Based on a comprehensive analysis of policy documents, resident interviews, and facility observations, the Auditor concludes that the facility is fully compliant with PREA Standard §115.254 regarding third-party reporting. The systems in place are clear, accessible, and effectively communicated to residents and the community. This reflects the agency's strong commitment to transparency, victim protection, and adherence to the principles of the Prison Rape Elimination Act.</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTS</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • CRJ's Policy 359.00 – Prison Rape Elimination Act, which was most recently updated on November 9, 2022. <p>Together, these documents outline the agency's structured approach to handling reports of sexual abuse and harassment—regardless of whether they are submitted directly, through third parties, or anonymously—with an emphasis on confidentiality, urgency, and accountability.</p>

INTERVIEWS

PREA Coordinator (PC)

The PREA Coordinator confirmed that all reports of sexual abuse and harassment—no matter the source—are promptly relayed to the facility's designated investigator. The PC emphasized that all staff follow clearly defined protocols for reporting, documenting, and notifying appropriate parties in every case. The system in place ensures consistency and helps maintain the integrity and transparency of the reporting process.

Facility Head

The Facility Head demonstrated an in-depth understanding of CRJ's obligations under PREA. They stressed that staff members are mandated to immediately report any known or suspected incidents involving sexual abuse, harassment, retaliation, or staff misconduct. These reports must be directed to both the PREA Compliance Manager and the appropriate investigative personnel without delay. The Facility Head also emphasized the importance of swift communication and comprehensive documentation.

Medical Practitioner

CRJ contracts with external providers for medical services rather than employing on-site practitioners. As such, direct interviews with medical staff were not applicable for this standard. However, the PREA Coordinator clarified that these external service providers are informed of their legal responsibilities to report any allegations of abuse and are instructed on the limits of confidentiality as required by PREA.

Mental Health Practitioner

Mental health providers demonstrated awareness of their role in complying with PREA requirements. Each confirmed that they notify residents at the outset of treatment about their duty to report any disclosure of sexual abuse and explain the limitations on confidentiality. Their responses aligned with both state laws and CRJ policy, affirming their preparedness to fulfill mandated reporting duties.

Random Staff

All staff members interviewed (100%) could clearly describe their obligation to immediately report any information or suspicions related to sexual abuse or harassment. They outlined proper channels for reporting, including informing supervisors or the PCM, and consistently referenced the importance of maintaining confidentiality. Staff also recognized that the sharing of sensitive information is restricted to individuals with a legitimate need to know for reasons related to safety, treatment, or investigative purposes. They further acknowledged that retaliation or staff negligence must be reported with the same urgency as primary abuse allegations.

RELEVANT POLICY

CRJ Policy 359.00, particularly Section L (pages 20–22), outlines detailed procedures

and expectations for staff in relation to reporting sexual abuse and harassment. Highlights from this section include:

Reporting Obligations:

All staff must immediately report any knowledge, suspicion, or information related to incidents of sexual abuse, harassment, retaliation, or staff misconduct—whether occurring at CRJ or another facility. This includes third-party and anonymous reports. The Program Director or their designee must be informed immediately.

Community Notification and Advocacy:

In incidents where a resident reports sexual abuse, staff must preserve potential evidence and immediately notify emergency services and a local sexual assault advocacy agency. These steps ensure a trauma-informed response and preserve the chain of custody for investigations.

Investigation Protocols:

All allegations must be reported to the PREA Coordinator. Incidents involving staff are handled by the Program Director, who must also inform contracting agencies, law enforcement, CRJ Human Resources, and upper CRJ leadership. Reports must be logged, and updates recorded in the PREA Incident Tracking Chart.

Response for Former Residents or Late Reports:

When reports are made after a resident has left or is about to leave the program, the Program Director is responsible for conducting interviews, reporting findings, and notifying the relevant authorities if a crime is believed to have occurred.

Confidentiality and Recordkeeping:

CRJ maintains a strict confidentiality policy. Details related to abuse reports are only shared on a need-to-know basis with individuals responsible for treatment, investigation, or safety.

PROVISIONS

Provision (a): Immediate Reporting of Allegations

The PAQ and interviews with both the Facility Head and frontline staff confirmed that all employees are trained and required to report allegations or suspicions of sexual abuse or harassment without delay. This obligation extends to any related acts of retaliation or staff negligence.

Provision (b): Limiting Disclosure of Information

Staff responses, as well as the facility's documentation, reflected a strong understanding of confidentiality requirements. Reports are shared solely with designated individuals to ensure effective investigation, treatment, or security-related decisions.

Provision (c): Medical and Mental Health Practitioner Requirements

While medical services are externally contracted, the PREA Coordinator assured that all providers are instructed on their responsibilities, including informing residents about mandatory reporting and the limits of confidentiality. Mental health practitioners affirmed their compliance with these expectations during interviews.

Provision (d): Mandatory Reporting of Minors and Vulnerable Adults

	<p>In cases involving minors or vulnerable adults, the PAQ and Facility Head confirmed that external protective service agencies are promptly contacted in accordance with state law. CRJ's policy also explicitly outlines these steps, reinforcing the agency's compliance with mandated reporting obligations.</p> <p>Provision (e): Reporting of All Allegations to the Designated Investigator The facility's procedures, as detailed in the PAQ and corroborated through interviews, ensure that every allegation—regardless of how it is received—is directed to the designated investigator and documented by the PREA Coordinator. Policy mandates follow-through on all reports with no exceptions.</p> <p><u>CONCLUSION</u></p> <p>Based on the review of agency policy, supporting documentation, and staff interviews, the Auditor finds that Community Resources for Justice meets all requirements of PREA Standard §115.261. The agency has clear procedures in place to ensure timely reporting, proper documentation, confidentiality, and accountability in all matters involving allegations of sexual abuse and harassment.</p>
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115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTS</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) along with supporting documentation p • CRJ's Policy 359.00 - Prison Rape Elimination Act, last revised on November 9, 2022, <p><u>INTERVIEWS</u></p> <p>Facility Head or Designee</p> <p>During the on-site portion of the audit, the Facility Head affirmed that any knowledge of a substantial risk of imminent sexual abuse prompts an immediate response. The safety of the resident takes precedence, and steps such as relocating the resident to another housing area—or even to a different facility—may be implemented without delay. When the alleged perpetrator is known, separation is immediate, ensuring victim protection and safeguarding the integrity of any pending investigation.</p> <p>Random Staff</p> <p>Staff interviewed at random consistently described actions aligned with the</p>

agency's expectations. They indicated that their first step upon learning of a substantial risk would be to physically separate the individuals involved. Protecting the potential victim, promptly notifying a supervisor, and preserving any evidence were emphasized as essential components of their response. Their accounts reflected a clear understanding of the protocols in place and demonstrated a high level of readiness to act in accordance with agency policy.

PREA Compliance Manager (PCM)

The PREA Compliance Manager stressed the urgency of protecting the individual believed to be at risk. They explained that the victim would be moved to a safer location if warranted, and any alleged perpetrator would be housed separately to reduce further risk and allow for a proper investigation. The PCM's remarks reinforced the agency's prioritization of swift, protective action in these situations.

RELEVANT POLICY

CRJ's Policy 359.00, Prison Rape Elimination Act (revised November 9, 2022), particularly pages 5-6, Section B, provides clear directives related to recognizing and responding to potential sexual misconduct. The policy outlines the following:

1. All staff and residents will be alert to signs of potential situations in which sexual misconduct might occur. Signs may include:

a. Staff:

- Staff being overfriendly
- Offering money, gifts, favors, etc.
- Staff in facility during "off hours" and
- Change in dress and/or behavior of staff

b. Resident:

- Resident being overly friendly
- Isolation from peers
- Change in dress and behavior (including body language) of resident, especially around a specific staff, and
- Security threat group activity (i.e., gangs, mafia affiliation, religious zealots, etc.).

2. Substantial Risk of Imminent Sexual Abuse – When the Program learns by any means of notice listed in this policy or by any other means that a resident is subject to a substantial risk of imminent sexual abuse, staff must take immediate action to protect the resident.

3. The Program will identify, assess, and manage residents with special needs, (including those who are potentially vulnerable and those who are potentially dangerous), to provide safe housing, adequate protection, and Programmatic resources to meet their needs.

4. Protection Against Abuse and Retaliation

a. The Program shall employ all available measures to protect vulnerable residents from abuse and retaliation or prevent abusers from having the opportunity to abuse by:

- Removing alleged resident abusers from contact with victim
- Removing alleged staff abusers from contact with victims.
- Consultation with the referral source.
- Monitoring resident rooms, including by direct observation, if necessary.
- Transferring potential victims/abusers to other facilities, if operationally possible.
- Actively monitoring, for at least 90 days, the conduct and treatment of residents or staff who reported abuse or harassment, and, of residents who were reported to have suffered abuse to see if there are changes that may suggest possible retaliation by residents or staff.
- Promptly remedying any signs of retaliation detected.
- Monitoring any resident disciplinary reports, housing or Program changes, or negative performance reviews or reassignments of staff.
- Continuing monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- Providing monitoring that includes periodic status checks for residents; and
- Protecting individuals who cooperate in investigations who express fear of retaliation.

b. The Program's obligation to protect against retaliation ends if any allegation is unfounded.

c. The PREA Coordinator will make recommendations to the VP of Justice Services on all new facilities or major renovations by CRJ. Recommendations will include line of sight, monitoring technology, including cameras, and staff deployment.

PROVISIONS

Provision (a)

Information provided in the Pre-Audit Questionnaire confirmed the facility's commitment to taking immediate action upon discovering any imminent threat of sexual abuse. This assertion was echoed during interviews with the Facility Head, the PREA Compliance Manager, and various randomly selected staff. Each individual interviewed described clear, timely, and protective measures that directly aligned with PREA expectations, indicating that the facility's response procedures are well understood and consistently implemented.

This policy above supports timely intervention and reflects the agency's clear

	<p>procedural guidance in line with PREA Standard §115.262.</p> <p><u>CONCLUSION</u></p> <p>Based on a thorough review of the facility’s policies, procedures, and first-hand staff accounts, the Auditor finds that the facility satisfies the requirements outlined in PREA Standard §115.262 – Agency Protection Duties. The agency has established appropriate protocols and demonstrated its capacity to act decisively and effectively to protect individuals who may be at risk of imminent sexual abuse. The combination of well-defined policy and knowledgeable, responsive staff underscores the facility’s readiness to meet its obligations under the standard.</p>
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTS</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation • CRJ Policy 359.00 – Prison Rape Elimination Act, last revised on November 9, 2022 <p><u>INTERVIEWS</u></p> <p>Agency Head Designee</p> <p>The Agency Head’s Designee affirmed during the interview that any incoming information regarding a PREA-related incident—whether it involves sexual abuse, harassment, or staff misconduct—is handled with diligence. The agency ensures that each report is investigated following CRJ’s established procedures, regardless of whether the alleged incident occurred at the current facility or another institution.</p> <p>Facility Head</p> <p>The Facility Head explained that the facility adheres to policy requirements when it receives reports from another agency about sexual abuse or harassment. Immediate action is taken to assign the case for investigation. Furthermore, when a resident discloses that they were abused while in the custody of a different facility, that facility is notified without delay—always within the mandated 72-hour window. This process ensures accountability across facilities and maintains the integrity of PREA standards.</p> <p><u>RELEVANT POLICY</u></p> <p>CRJ’s Policy 359.00 – Prison Rape Elimination Act (updated November 9, 2022), specifically addresses inter-facility reporting in Section 6 on page 19. The policy stipulates:</p>

Reporting Allegations to Other Facilities

- If a resident reports having experienced sexual abuse or harassment while housed at another facility, the Program Director receiving the report must notify the head of the facility or agency office where the incident is alleged to have occurred.
- This notification must be completed as promptly as possible and within a maximum of 72 hours after receipt of the allegation.
- The Program is responsible for documenting the notification.
- Upon receiving such a notification, the other facility is responsible for investigating the allegation in accordance with PREA standards, although CRJ cannot oversee the investigation process at external agencies.

PROVISIONS

Provision (a): Notification of Allegations Involving Other Facilities

As documented in the Pre-Audit Questionnaire, the facility follows the protocol of informing the appropriate official at another facility when it receives an allegation that a resident was sexually abused while confined elsewhere. During the audit period, the facility reported that no such allegations were received. This was confirmed during the Facility Head interview.

Provision (b): Timeliness of Notification

The facility's policy clearly requires that notifications be made as soon as possible but not exceeding 72 hours from the time the allegation is received. The Facility Head confirmed that this timeframe is strictly followed whenever such situations arise.

Provision (c): Documentation of Notification

In accordance with the policy, the facility is responsible for documenting each notification it issues regarding allegations involving another institution. While no such reports were made during the audit review period, the Facility Head affirmed that documentation would be completed in compliance with this requirement should the need arise.

Provision (d): Investigative Responsibility for Allegations Received from Other Facilities

The Pre-Audit Questionnaire confirms that CRJ policy mandates that all allegations received from other agencies be investigated under PREA standards. Again, while the facility had no such incidents reported within the past 12 months, the policy and practice are in place to ensure a timely and compliant response if such a case occurs.

CONCLUSION

Following an in-depth review of submitted documentation, policy language, and staff interviews, the Auditor concludes that the facility is fully compliant with PREA

	Standard §115.263 – Reporting to Other Confinement Facilities. The agency has established clear protocols, and staff are aware of and prepared to execute their responsibilities under the standard. Although no inter-facility allegations were reported during the audit period, the evidence indicates that the facility is positioned to respond appropriately and within the required timeframes should such a report be received.
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTS</u></p> <p>To assess adherence to PREA Standard §115.264 – Staff First Responder Duties, the Auditor examined several key sources. First, the completed Pre-Audit Questionnaire (PAQ) and its associated documentation provided an overview of the facility’s prescribed first-responder procedures. Next, CRJ’s Policy 359.00 – Prison Rape Elimination Act, updated on November 9, 2022, was reviewed for formal guidance. The Auditor also studied PREA training materials and curriculum—covering both initial and refresher modules—and verified attendance records and certificates. Finally, the facility’s written response protocols were consulted to confirm the alignment between policy, training, and practice.</p> <p><u>INTERVIEWS</u></p> <p>Security Staff – First Responders</p> <p>During their interviews, security personnel designated as first responders described receiving comprehensive instruction on how to react to sexual abuse allegations. They recounted annual in-service trainings, ongoing on-the-job coaching, and focused discussions in staff meetings. All security first responders clearly outlined the required steps: separating the alleged victim and abuser, safeguarding the scene, preserving physical evidence, and notifying supervisory staff without delay.</p> <p>Non-Security Staff – First Responders</p> <p>Clinical, administrative, and educational staff who might arrive first on the scene demonstrated an equally strong grasp of their duties. They explained that their priority is to summon security, keep the victim and alleged perpetrator apart, and instruct both parties not to shower, change clothes, or otherwise disturb potential evidence. They also emphasized the importance of maintaining confidentiality and securing the area until security officers assume responsibility.</p> <p>Facility Staff – General</p> <p>Across the board, staff members from various departments accurately narrated the facility’s PREA response sequence. Interviewees walked through the process step by</p>

step—ensuring the victim’s safety, isolating subjects, preserving evidence, obtaining medical attention if necessary, and alerting supervisors and the PREA Coordinator—underscoring a cohesive, facility-wide commitment to these procedures.

Residents Who Reported Sexual Abuse

No residents reported sexual abuse during the 12 months preceding the audit, so no interviews were conducted in this category.

RELEVANT POLICY

CRJ’s Policy 359.00 – Prison Rape Elimination Act (November 9, 2022), on page 15, Section H(2), directs that the first staff member arriving at the scene of a reported sexual assault must:

- Immediately separate the alleged victim and alleged abuser to prevent further harm.
- Remain with the victim at all times.
- Secure the area to preserve any physical evidence.
- Assess the victim’s need for medical attention and call 911 if warranted.
- Notify the Person-in-Charge (Program Director or designee) and request any additional assistance, including contacting the referral source.
- If the incident falls within the 96-hour evidence-collection window, instruct the victim not to wash, eat, drink, brush teeth, change clothes, or use the restroom (or, if necessary, to refrain from wiping) until a forensic exam can be conducted.

PROVISIONS

Provision (a): Security Staff First Responders

The PAQ and supporting documents specify that both security and non-security personnel are formally designated as first responders under §115.264(a). Security staff confirmed that they have received this designation and the requisite training. No sexual abuse allegations were reported in the past year.

Provision (b): Non-Security Staff First Responders

Documentation and interviews verified that non-security personnel are trained to secure the scene, protect the victim, and preserve evidence until security arrives—precisely as required by §115.264(b). The PREA training curriculum explicitly labels every employee, contractor, and volunteer who might receive a report as a first responder and instructs them on these critical initial actions.

CONCLUSION

After reviewing the PAQ, policy documents, training materials, response protocols, and conducting staff interviews, the Auditor determines that the facility fully

	complies with PREA Standard §115.264 – Staff First Responder Duties. Staff at all levels demonstrated thorough knowledge of their roles, and the facility’s policies and training programs are both comprehensive and consistently applied to ensure an immediate, effective response to any sexual abuse allegation.
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTS</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and accompanying documentation • CRJ’s Policy 359.00 – Prison Rape Elimination Act, updated on November 9, 2022 <p>These materials outlined the agency’s approach to coordinating responses to sexual abuse allegations.</p> <p><u>INTERVIEWS</u></p> <p>Facility Head or Designee The Facility Head confirmed during the interview that the facility has implemented a Coordinated Response Plan designed to assign clear responsibilities to staff in the event of a sexual abuse incident. According to the Facility Head, employees are introduced to this plan during annual in-service trainings and it is routinely reinforced through monthly team meetings and hands-on supervision. The consistent reinforcement ensures that staff understand and retain their specific roles during a PREA-related incident, aligning with the expectations set forth in PREA standards.</p> <p><u>RELEVANT POLICY</u></p> <p>CRJ’s Policy 359.00, updated on November 9, 2022, outlines the facility’s coordinated response to sexual abuse on page 15, Section H. The policy specifies that:</p> <p>A coordinated, multi-disciplinary response will be provided for every sexual abuse allegation. This includes the involvement of first responders, medical and mental health personnel, local law enforcement, investigators, and other program staff. The policy serves as the official written plan for these coordinated efforts.</p> <p>a. All staff receive training on the First Responder Plan, and copies of the plan are available at each staff office and at the facility’s front desk. The plan is reviewed</p>

	<p>annually or as needed to ensure relevance and accuracy.</p> <p>b. A visual aid referred to as the "Rainbow Plan"—a brightly colored, seven-section reference chart—is also available at staff offices and the front desk. It serves as a quick-access guide to assist personnel during the initial response to sexual abuse allegations.</p> <p><u>PROVISIONS</u></p> <p>Provision (a): Coordinated Response Plan The facility indicated in its PAQ that a written institutional plan exists to guide the coordinated response of various parties following an incident of sexual abuse. This includes first responders, healthcare professionals, investigators, and administrative leadership. This information was substantiated during the interview with the Facility Head.</p> <p>Upon review, the Auditor found the Coordinated Response Plan to be clear and functional. While the document offers general instructions rather than detailed, role-specific directives, it does incorporate the key elements required by PREA Standard §115.265. The simplicity of the plan does not detract from its utility, and its essential components are in place to facilitate a cohesive response.</p> <p><u>CONCLUSION</u></p> <p>Based on the Auditor’s review of relevant documentation, the interview with the Facility Head, and examination of the Coordinated Response Plan, the facility is found to be in compliance with PREA Standard §115.265 – Coordinated Response. Although there may be opportunities to enhance the plan with more role-specific detail in the future, the current version establishes a sound foundation for coordinated action. Staff are well-trained, knowledgeable, and prepared to carry out their responsibilities in alignment with the agency’s policy and PREA requirements.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTS:</u> _____</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation • Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, last updated on November 9, 2022.

	<p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC) In the interview, the PREA Coordinator verified that neither the agency nor the facility is unionized, and they are not party to any collective bargaining agreements. As a result, there are no contractual restrictions that could hinder the agency’s capacity to immediately remove a staff member from contact with residents while an investigation into alleged sexual abuse is underway. The PC emphasized that the agency retains complete authority to take necessary protective measures, in alignment with PREA requirements.</p> <p><u>PROVISIONS</u></p> <p>Provision (a): The facility confirmed in the PAQ that no collective bargaining agreements exist that could impede its ability to protect residents from staff accused of sexual abuse. This was reiterated during the interview with the PREA Coordinator. Additionally, the facility reported that no such incidents requiring removal of staff occurred during the audit review period.</p> <p>Provision (b): This portion of the standard is not applicable. The Auditor is not required to make a compliance determination regarding this provision.</p> <p><u>CONCLUSION</u> Following the review of relevant documentation and the interview with the PREA Coordinator, the Auditor concludes that the agency/facility is fully compliant with PREA Standard §115.266 – Preservation of Ability to Protect Residents from Contact. The agency’s structure—free of collective bargaining constraints—ensures that it can act swiftly to safeguard residents, including removing staff from resident contact when necessary. Policies and practices are aligned with the intent of the standard, providing a clear framework for protecting resident safety during investigations.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENTS</p> <p>The Auditor reviewed the following documentation in support of compliance with</p>

PREA Standard §115.67:

- Pre-Audit Questionnaire (PAQ) completed by the facility.
- Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, last updated on November 9, 2022.

Documentation outlining the designation and responsibilities of retaliation monitors. Records related to staff training, retaliation monitoring procedures, and documentation confirming no reported incidents of retaliation in the past 12 months.

The policy outlines a comprehensive framework to prevent, detect, and respond to any form of retaliation against residents or staff who report sexual abuse or harassment or who participate in related investigations. Specific protection measures, monitoring procedures, and the roles of the PREA Coordinator and Program Director in retaliation monitoring are clearly defined.

INTERVIEWS

Agency Head or Designee

The Agency Head explained that retaliation monitoring is activated promptly upon the filing of a sexual abuse or harassment allegation. Monitoring extends for a minimum of 90 days, unless the case is determined to be unfounded. The agency's monitoring efforts are not limited to victims but also encompass any individual, including witnesses, who fears retaliation for participating in the investigative process.

Facility Head or Designee

The Facility Head described an array of proactive strategies used to detect and deter retaliation. These include frequent reviews of housing placements, job assignments, disciplinary infractions, and staff performance records. Personnel designated to carry out retaliation monitoring reiterated their ongoing vigilance and commitment to ensuring resident and staff safety throughout and beyond the 90-day monitoring period.

Retaliation Monitor

The Retaliation Monitor underscored the facility's strong commitment to protecting individuals involved in PREA-related matters. Monitoring procedures focus on both direct victims and anyone who expresses concern about possible retaliation. Monthly status checks are conducted for at least 90 days and extended as necessary. The Retaliation Monitor confirmed that there were no reports or findings of retaliation during the previous 12 months.

Residents in Segregated Housing for Risk of Sexual Abuse

The facility does not operate a segregation unit; thus, this category of interviews was not applicable.

Residents Who Reported Sexual Abuse

There were no resident reports of sexual abuse within the past year; therefore, no interviews were conducted in this category.

RELEVANT POLICY

CRJ Policy 359.00, dated November 9, 2022 (pp. 5-6, Section B, Number 4), sets forth a clear mandate to safeguard residents and staff from retaliation. The policy details numerous protective measures and responsibilities, including:

- Immediate separation of alleged staff or resident abusers from victims.
- Coordination with referral sources to address safety concerns.
- Direct observation of resident living areas when necessary.
- Transfers of potential victims or abusers when operationally feasible.
- Ongoing monitoring for at least 90 days of individuals who report abuse or are believed to have suffered abuse, including behavioral, housing, or job assignment changes.
- Prompt corrective action when retaliation indicators are detected.
- Continued oversight beyond 90 days if the situation warrants it.
- Regular status check-ins for residents under monitoring.
- Extending protection to anyone cooperating in an investigation who indicates fear of retaliation.
- Ending monitoring in cases where an allegation is determined to be unfounded.
- Involving the PREA Coordinator in facility design recommendations to support monitoring capabilities through layout, staffing, and surveillance technologies.

PROVISIONS

Provision (a):

The facility affirmed, through the PAQ and interviews, that it maintains a written policy designed to protect residents and staff who report sexual misconduct or cooperate in investigations. Responsibility for monitoring is assigned to the Program Director or a designee, and monitoring procedures meet the 90-day minimum threshold, with extensions applied as needed.

Provision (b):

Protective strategies reported by the facility include housing or job reassignments, separation of involved individuals, and emotional support services. The policy outlines these interventions clearly and thoroughly, ensuring the safety and well-being of all involved parties during and after an investigation.

Provision (c):

As verified through documentation and interviews, retaliation monitoring includes reviewing relevant indicators such as changes in resident disciplinary reports, staff assignments, housing, and performance evaluations. Monitoring can extend beyond the initial 90 days if there is evidence of ongoing concern. Monitoring reports are

	<p>maintained and reviewed routinely. No retaliation incidents were recorded during the review period.</p> <p>Provision (d): Monthly status checks are a central feature of the retaliation monitoring process. The Retaliation Monitor confirmed that these are consistently carried out throughout the monitoring period.</p> <p>Provision (e): The agency policy affirms that any individual—resident, staff, or third-party—who expresses fear of retaliation and has cooperated in a sexual abuse or harassment investigation will be protected. This broad application reflects a robust and inclusive protection approach.</p> <p>Provision (f): This section of the standard is not subject to auditing and was not assessed as part of this review.</p> <p><u>CONCLUSION</u></p> <p>Following an in-depth review of agency documentation, interviews with relevant personnel, and confirmation of no retaliation incidents within the past year, the Auditor finds the facility to be in full compliance with PREA Standard §115.67. The agency demonstrates a clear and effective strategy for retaliation prevention, with formal policy directives, proactive monitoring practices, and strong administrative oversight. Staff at all levels understand their roles, and protections are consistently implemented to support a safe environment for residents and personnel alike.</p>
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115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTS</u></p> <p>The materials reviewed as part of this audit included:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, last updated on November 9, 2022 • Investigator training records and certificates <p>• <u>INTERVIEWS</u></p>

Investigative Staff

Conversations with investigative personnel revealed consistent adherence to policy and best practices in managing both criminal and administrative investigations of sexual abuse and harassment.

- **Initiation of Investigations:**

All allegations are treated seriously and acted upon without delay, regardless of the reporting method—whether face-to-face, over the phone, anonymously, or via third-party disclosure.

- **Training:**

Investigators assigned to handle PREA-related incidents have undergone specialized instruction in compliance with §115.234. Certificates and logs confirmed this training was current and complete.

- **Procedural Consistency:**

The investigative sequence is deliberate and structured. Typically, the complainant is interviewed first, followed by any witnesses, and lastly the accused. Documentation is completed at every stage.

- **Evidence Management:**

Staff are skilled in collecting and preserving a range of evidence types, including physical, testimonial, and digital. Forensic exams, when warranted, are conducted by trained professionals such as SAFE/SANE personnel. Investigators are required to complete NIC-certified training in evidence handling.

- **Coordination with Prosecutors:**

When criminal prosecution is possible, any compelled interviews are only conducted after coordinating with the appropriate prosecutorial authorities to ensure no legal barriers are compromised.

- **Credibility Assessment:**

Interviews confirmed that the credibility of each individual involved—resident, staff, or witness—is judged independently and objectively, based solely on the evidence presented. Polygraph testing is not utilized.

- **Scope of Investigations:**

Internal investigations are comprehensive and include analysis of any potential staff misconduct or negligence. All findings are recorded in detailed, written reports.

- **Ongoing Investigations:**

Staff made clear that investigations continue to conclusion even if the subject of the complaint leaves employment or custody during the process.

PREA Coordinator (PC):

The PC confirmed the agency's commitment to document preservation, noting that investigative files are maintained for the duration of the subject's incarceration or employment, with an additional five-year retention period thereafter, per PREA guidelines.

PREA Compliance Manager (PCM):

The PCM reinforced that investigations are never terminated due to resignation or release of involved parties. The agency ensures all allegations are thoroughly investigated to final determination.

Facility Head or Designee:

The Facility Head reported that no substantiated incidents were referred for prosecution within the past year.

Residents Reporting Sexual Abuse:

As there were no resident reports of sexual abuse in the past 12 months, there were no interviews conducted in this category.

RELEVANT POLICY

CRJ Policy 359.00 – Prison Rape Elimination Act (revised November 9, 2022, pages 22-24, Section M) outlines the agency’s formal responsibilities in handling sexual abuse and harassment allegations:

Involvement of Local Authorities:

Program Directors must notify law enforcement and contracting agencies promptly following any allegation. Crime scenes must be preserved, and all relevant witnesses and evidence made accessible to law enforcement.

External Investigations:

CRJ maintains an agreement with the local police to ensure investigations are conducted in line with PREA requirements. If the police decline to follow PREA protocols, documentation of the refusal is retained.

Internal Investigations of Harassment:

For sexual harassment allegations, a decision is made in consultation with the contracting agency as to whether the matter will be addressed internally or by the agency.

Special Investigations:

If a Program Director is the subject of an allegation, the PREA Coordinator assumes responsibility for the internal investigation.

Protection Against Retaliation:

Residents cooperating in investigations are shielded from retaliation by staff or peers.

Staff Cooperation:

All staff are expected to fully support criminal and administrative investigations, which must include a determination of any staff failure to act.

Credibility Judgments:

All involved individuals are evaluated fairly and individually, without regard to their position.

Reporting Requirements:

Staff must complete detailed incident reports that outline all evidence, credibility assessments, and findings.

External Investigations:

When law enforcement agencies take the lead, CRJ ensures full cooperation and strives to remain informed throughout the process.

Continuity of Investigations:

The exit of either the alleged abuser or victim does not justify halting an investigation.

Notifications and Documentation:

At the conclusion of each case, notifications are sent to the victim, the Program Director, the Vice President of Justice Services, and others as appropriate. Victims are informed in writing of the outcome, and retaliation prevention measures are documented.

False Allegations:

Deliberately false allegations are subject to disciplinary action.

Victim Refusals:

Victims retain the right to decline participation in an investigation. If so, staff are required to complete a Victim Refusal Form.

Records Retention:

Documentation is retained based on the status of the alleged abuser:

- For residents, records are kept throughout custody and for five years after.
- For staff, records are retained for the duration of employment plus five additional years.

PROVISIONS**Provision (a):**

According to the PAQ, documentation provided, formal interviews and informal conversations it was confirmed the agency maintains written policy governing all criminal and administrative investigations, as outlined in both the PAQ and Policy 359.00. Interviews verified that all allegations, regardless of how reported, are investigated promptly and thoroughly.

Provision (b):

Investigators have received the specialized training required under PREA Standard §115.234. Training logs and interviews confirmed that only trained personnel are assigned to these investigations. This was confirmed by the PAQ, supporting documentation, document review and formal interviews.

Provision (c):

Investigators follow protocol to collect all forms of evidence, including prior complaints and relevant video footage. These practices align with both agency policy and staff testimony. This was verified by investigative staff during interviews.

Provision (d):

According to the PAQ, documentation provided, formal interviews and informal conversations it was confirmed when criminal charges are a possibility, compelled interviews occur only after coordination with prosecutors to safeguard the legal process.

Provision (e):

Credibility is assessed without regard to status, and no polygraph examinations are used in investigations. This is consistent with policy and confirmed during interviews.

Provision (f):

Administrative investigations include an examination of whether staff actions or inactions played a role. Reports contain full documentation of evidence and conclusions. This was confirmed by document review and formal interviews

Provision (g):

Criminal investigations are primarily handled by the New Haven Police Department, and staff ensure the collection and reporting of all relevant evidence. This is consistent with policy and confirmed during interviews.

Provision (h):

Investigation files are retained in accordance with PREA standards—through the duration of custody or employment, plus five years. This retention policy was confirmed by the PREA Coordinator.

Provision (i):

Although most investigations are conducted internally, the agency actively collaborates with external investigative bodies and remains informed of their progress. This was confirmed through interviews

Provision (j):

Investigations are pursued to resolution regardless of whether the alleged abuser or victim remains at the facility. The PREA Compliance Manager affirmed this practice.

Provision (k):

This provision does not apply to the audit.

Provision (l):

While the agency handles administrative inquiries internally, all criminal allegations are forwarded to the New Haven Police Department. Investigative staff affirmed that full cooperation is standard protocol.

CONCLUSION

	<p>After evaluating policy documents, investigative procedures, training records, and conducting comprehensive interviews, the Auditor concludes that the facility meets all elements of PREA Standard §115.271 – Criminal and Administrative Investigations. The agency demonstrates a strong, consistent approach to ensuring all allegations are investigated thoroughly, objectively, and in compliance with both PREA mandates and internal protocols.</p>
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115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTS</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, revised November 9, 2022. <p><u>INTERVIEWS</u></p> <p>Investigative Staff</p> <p>Interviews conducted with members of the investigative team reflected a strong understanding of the protocols related to investigations of sexual abuse and harassment. Staff described a methodical approach to evidence collection, ensuring that every available source of information is considered. Their process routinely includes:</p> <ul style="list-style-type: none"> • Gathering statements from all involved parties, including victims, alleged perpetrators, and witnesses; • Examining physical evidence and conducting scene evaluations; • Reviewing relevant facility documentation such as video recordings, facility logbooks, and digital communications; • Consulting with subject matter experts as necessary. • Investigators consistently stated that CRJ applies the evidentiary threshold of “preponderance of the evidence” in determining whether allegations are substantiated. <p>This standard is uniformly applied in administrative investigations and reflects full alignment with PREA Standard §115.272.</p> <p><u>RELEVANT POLICY</u></p> <p>Community Resources for Justice Policy 359.00, last updated on November 9, 2022, includes detailed guidance in section M, number 6 (page 23) regarding investigatory</p>

	<p>expectations. The policy directs staff to collaborate fully with both local law enforcement and internal administrative investigators during any related inquiries.</p> <p>Specifically, the policy outlines:</p> <ul style="list-style-type: none"> a. Administrative investigations must examine whether staff actions or inactions played a role in the incident; b. Investigators are required to compile comprehensive written reports summarizing physical and testimonial evidence, rationales for determining credibility, and overall findings; c. The agency adheres to the preponderance of the evidence standard when evaluating allegations of sexual abuse or harassment—never imposing a higher burden of proof. <p>This language reinforces the agency’s commitment to fair and objective investigations and mirrors the expectations set forth in PREA guidelines.</p> <p><u>PROVISIONS</u></p> <p>Provision (a): Information presented in the Pre-Audit Questionnaire confirms the facility’s consistent use of the “preponderance of the evidence” as the evidentiary benchmark in administrative investigations of sexual abuse and harassment.</p> <p>This was further validated through interviews with investigative staff, who demonstrated both a clear understanding of the term and a strong grasp of how it is implemented in practice. Staff provided real-world examples illustrating how evidence is weighed and evaluated according to this standard during investigative proceedings.</p> <p><u>CONCLUSION</u></p> <p>After a thorough assessment of the documentation provided—including the Pre-Audit Questionnaire and the current investigative policy—as well as in-depth interviews with investigative staff, the Auditor determined that the facility meets all criteria for compliance with PREA Standard §115.272. The facility’s consistent application of the appropriate evidentiary standard in administrative investigations reflects a sound and policy-aligned approach to addressing allegations of sexual abuse and harassment.</p>
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENTS</u>

- Pre-Audit Questionnaire (PAQ)
- Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, with its most recent revision dated November 9, 2022.

INTERVIEWS

Investigative Staff

Through interviews with investigative staff, the Auditor gained insight into the protocol followed once a PREA investigation is finalized. Staff described a process that involves compiling a detailed investigative report upon reaching a conclusion, outlining both the evidence reviewed and the rationale behind the determination. Once finalized, this report is submitted to facility leadership, which then assumes responsibility for informing the resident(s) involved of the outcome.

RELEVANT POLICY

CRJ's PREA Policy 359.00, updated on November 9, 2022, outlines the facility's obligations at the conclusion of a sexual abuse investigation. As stated on page 24, section M, number 11, the policy requires that the PREA Coordinator be notified of the investigation's outcome, along with the victim, the Program Director, and the Vice President of Justice Services.

Following the conclusion—regardless of whether the finding is substantiated, unsubstantiated, or unfounded—the Program Director, Assistant Program Director, or their designee must provide written notification to the resident using the Resident Notification Form. Additionally, a PREA Retaliation Form must be completed to ensure protections are in place for the resident who reported the incident, thereby reinforcing the agency's zero-tolerance approach to retaliation.

PROVISIONS

Provision (a): Notification of Investigation Outcomes

The facility's Pre-Audit Questionnaire affirms that a written procedure is in place to ensure residents who allege sexual abuse are informed of the final outcome of the investigation. Residents are notified whether the allegation was classified as substantiated, unsubstantiated, or unfounded. Notably, the agency reported that no criminal or administrative investigations involving sexual abuse occurred during the past 12 months.

Provision (b): External Investigations

According to the PAQ, no sexual abuse investigations were conducted by external agencies within the audit reporting period. Therefore, this section of the standard did not apply during the audit.

Provision (c): Staff-on-Inmate Allegations

The PAQ reflects that the facility did not have any substantiated or unsubstantiated

	<p>allegations of staff-on-resident sexual abuse in the preceding year. Nevertheless, CRJ policy includes clear directives requiring that residents be informed in specific instances involving staff-related allegations. These include situations where:</p> <p>The staff member has been reassigned away from the resident's housing unit; The staff member is no longer employed by the agency; The agency is informed that the staff member has been indicted for a sexual abuse-related offense; or A conviction has been secured against the staff member for such conduct.</p> <p>Provision (d): Inmate-on-Inmate Allegations CRJ's policy also mandates that victims in cases of resident-on-resident sexual abuse receive notification under the following circumstances:</p> <p>If the alleged offender has been indicted for a sexual abuse charge; or If the alleged offender has been convicted. This consistency in the notification process highlights the agency's commitment to transparency and compliance, regardless of whether the alleged perpetrator is a staff member or another resident.</p> <p>Provision (e): Notification Record for the Past 12 Months As indicated in the PAQ, no allegations of sexual abuse or harassment were reported during the previous year. Consequently, no resident notifications were issued during the audit period.</p> <p>Provision (f): Auditor Exemption This particular provision does not require Auditor review as part of the standard's compliance assessment.</p> <p><u>CONCLUSION</u> Following a thorough review of documentation, including the PAQ and CRJ's policy framework, along with detailed staff interviews, the Auditor finds that the facility is in full compliance with PREA Standard §115.273 – Reporting to Residents. Although there were no qualifying incidents during the review period, the facility has well-defined policies and procedures in place. Staff demonstrated a clear understanding of their responsibilities under this standard, indicating readiness to fulfill notification requirements should future allegations arise.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENTS

- Pre-Audit Questionnaire (PAQ) and relevant supporting documentation.
- Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, which was last revised on November 9, 2022.

INTERVIEWS

Facility Head or Designee

The Facility Head provided a comprehensive overview of the agency's approach to staff accountability during the interview process. They emphasized that all facility employees are held to strict standards regarding conduct, particularly as it pertains to sexual abuse, harassment, and misconduct. Violations of such policies may result in disciplinary sanctions, including termination.

The facility head further reported that within the last twelve months, there were no confirmed instances of staff misconduct related to sexual abuse or harassment. During this same period, no terminations occurred, nor did any staff members resign in lieu of termination for violations connected to PREA-related policies. The designee affirmed that CRJ maintains a zero-tolerance posture and that termination remains the presumptive disciplinary action in substantiated cases of staff sexual abuse.

RELEVANT POLICY

According to CRJ Policy 359.00, dated November 9, 2022, section N, number 1 (p. 24), all staff members are subject to progressive disciplinary measures, up to and including termination, for violations of policies addressing sexual abuse and sexual harassment. The policy clearly states that termination is the expected disciplinary outcome in confirmed cases of staff sexual abuse.

For policy violations not rising to the level of substantiated abuse, sanctions are determined based on the nature of the incident, the employee's prior disciplinary history, and comparable sanctions imposed in similar cases involving other staff members.

The policy also mandates that any termination or resignation in lieu of termination resulting from such violations be reported to the appropriate law enforcement authorities—unless the conduct was clearly non-criminal—and to relevant licensing agencies as applicable.

PROVISIONS

Provision (a):

The agency enforces a disciplinary structure that holds staff accountable for any breach of its sexual abuse and harassment policies. The PAQ affirms, and interview responses corroborate, that termination is a disciplinary option available for policy

	<p>violations, ensuring robust accountability measures.</p> <p>Provision (b): Staff who violate the agency's policies are subject to appropriate disciplinary action. In addition, resignations in lieu of termination are documented. The facility reported no such violations or separations within the past year, a claim verified through documentation and interviews with administrative personnel.</p> <p>Provision (c): Disciplinary actions for offenses other than substantiated sexual abuse are designed to reflect the seriousness of the incident, the circumstances, and the individual's disciplinary record. Although no instances occurred in the reporting period, facility leadership explained that any determination regarding disciplinary sanctions involves a review by the Director of Human Resources and final approval from the President/CEO. Corrective actions are promptly taken when necessary.</p> <p>Provision (d): Where a staff member is terminated—or resigns to avoid termination—due to a violation of PREA-related policies, the agency is committed to notifying appropriate law enforcement or regulatory bodies, except in cases where the conduct is unequivocally non-criminal. No such cases occurred within the past year. The agency maintains a scalable disciplinary model ranging from formal warnings to termination, depending on the violation's gravity.</p> <p><u>CONCLUSION</u> Following an in-depth review of agency documentation, including the Pre-Audit Questionnaire and internal policy, along with interviews with facility leadership, the Auditor concludes that the facility is in full compliance with PREA Standard §115.276 – Disciplinary Sanctions for Staff. CRJ has established a clear disciplinary framework that supports a zero-tolerance stance toward sexual abuse and harassment. While no incidents required disciplinary action in the past year, policies and leadership practices confirm readiness to act decisively should such situations arise.</p>
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTS</u> To assess compliance with PREA Standard §115.277, the Auditor reviewed the completed Pre-Audit Questionnaire and all associated supporting materials. Included in this documentation was the Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, most recently updated on November 9, 2022.</p>

INTERVIEWS

Facility Head

During the interview, the Facility Head confirmed that, within the past year, there were no incidents involving contractors or volunteers that warranted reporting to law enforcement or relevant licensing authorities due to sexual abuse of residents. Additionally, the Facility Head affirmed that no such individuals were implicated in any behavior that would trigger mandatory reporting or restrictions on future contact with residents.

RELEVANT POLICY

CRJ Policy 359.00, as outlined on pages 24–25, section N, item 2, clearly establishes the agency's expectations and protocols concerning contractors and volunteers. The policy states that individuals in these roles who engage in sexual abuse or sexual harassment are to be permanently barred from all CRJ programs. Moreover, such cases are to be reported to law enforcement unless the conduct is plainly non-criminal, and reported to applicable licensing or regulatory agencies.

In situations where a contractor or volunteer violates sexual abuse or harassment policies in ways that do not constitute criminal abuse, the agency is directed to implement appropriate corrective measures, which may include removing the individual's access to residents.

PROVISIONS

Provision (a):

As outlined in the PAQ, the agency has a clear and consistent policy that mandates reporting any contractor or volunteer found to have committed sexual abuse to the appropriate law enforcement authorities and licensing bodies—except where the conduct is clearly not criminal. Additionally, such individuals are prohibited from having any further access to residents. The agency reported no such incidents in the previous 12 months, a fact confirmed through both documentation and statements provided by the Facility Head.

Provision (b):

Per the PAQ, in instances where a contractor or volunteer has violated sexual abuse or harassment policies—but the conduct does not rise to the level of sexual abuse—the facility evaluates the situation and takes corrective action, including the potential removal of the individual's contact with residents. The Facility Head verified that no such cases requiring remedial action occurred within the past year.

CONCLUSION

Following a thorough review of the Pre-Audit Questionnaire, relevant policy documents, and the interview with facility leadership, the Auditor concludes that the agency is in full compliance with PREA Standard §115.277 – Corrective Action for Contractors and Volunteers. While no incidents were reported during the review period, the facility has established policies and demonstrates a readiness to take

	immediate and appropriate action should such a situation arise.
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTS</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, most recently revised on November 9, 2022. <p><u>INTERVIEWS</u></p> <p>Facility Head or Designee During the interview, the Facility Head confirmed several key practices in place at the facility. First and foremost, CRJ maintains a zero-tolerance stance on sexual activity between residents. The Facility Head reported that in the preceding 12 months, there were no administrative findings of guilt nor any criminal convictions related to resident-on-resident sexual abuse. Additionally, it was emphasized that residents are only disciplined for sexual contact with staff if it is determined that the staff member did not consent. The Facility Head also affirmed that residents who report allegations of sexual abuse in good faith—based on a reasonable belief that the incident occurred—are not subject to disciplinary action, even in cases where the allegation is ultimately unsubstantiated.</p> <p>Medical Staff As the facility does not employ on-site medical staff, no interviews were conducted with medical personnel for this standard.</p> <p>Mental Health Staff Mental health providers interviewed confirmed that therapy, counseling, and other rehabilitative services are offered to residents when applicable. They also noted that, in certain cases, participation in these services may be considered a condition for continued access to facility programs or privileges when a resident is found responsible for sexual abuse.</p> <p><u>RELEVANT POLICY</u> According to CRJ Policy 359.00, p. 25, section N, the facility outlines a detailed disciplinary framework for addressing resident-on-resident sexual abuse and sexual harassment. Key policy components include:</p>

- Disciplinary action must follow either an administrative finding or a criminal conviction.
- Sanctions are to be proportionate to the offense and take into account the resident's history and comparable cases.
- Mental health factors are to be considered when determining appropriate sanctions.
- The facility may require participation in rehabilitative services as a condition for continued program access.
- Disciplinary action for resident-staff sexual contact only occurs if the staff member did not consent.
- Residents reporting sexual abuse in good faith are protected from retaliation or false reporting charges.
- All consensual sexual activity between residents is prohibited, although not automatically classified as abuse unless coercion is involved.

PROVISIONS

Provision (a): Formal Disciplinary Process

The policy and PAQ make it clear that sanctions against residents are only issued following a formal disciplinary procedure tied to either an administrative determination or a criminal conviction of resident-on-resident sexual abuse. According to the Facility Head, no such findings were made in the previous year.

Provision (b): Sanction Proportionality

Both documentation and the Facility Head's statements confirm that sanctions are calibrated based on the seriousness of the offense, the resident's prior behavior, and precedent from similar disciplinary cases involving other residents.

Provision (c): Consideration of Mental Disabilities

The facility's approach includes evaluating whether mental illness or developmental disabilities contributed to the conduct in question. This consideration is built into the formal disciplinary review process, as confirmed by the Facility Head.

Provision (d): Therapy, Counseling, or Interventions

Where appropriate, residents found responsible for abuse may be referred to counseling or therapeutic programs aimed at addressing behavioral causes. Participation in these services may be tied to access to other programming or privileges, as affirmed by both documentation and staff interviews.

Provision (e): Resident-Staff Sexual Contact

Sanctions for sexual contact with staff are only applied when it has been determined that the staff member did not consent. This approach is explicitly outlined in policy and was confirmed by the Facility Head.

Provision (f): Good-Faith Reporting Protections

Residents who make allegations of sexual abuse in good faith are not punished, even if the report cannot be substantiated after investigation. This protective stance

	<p>was clearly articulated in both the PAQ and during the interview.</p> <p>Provision (g): Prohibition of Consensual Sexual Activity</p> <p>While all sexual activity between residents is prohibited, the facility evaluates whether coercion was involved before classifying the behavior as abuse. This interpretation aligns with PREA guidance and was verified through interviews.</p> <p><u>CONCLUSION</u></p> <p>After a full review of the policy documentation, interview responses, and the PAQ, the Auditor concludes that the facility is in full compliance with PREA Standard §115.278 – Disciplinary Sanctions for Residents. Each of the seven provisions of the standard is reflected in agency policy and operational practices. The facility demonstrates a consistent, fair, and trauma-informed approach to disciplinary procedures, with appropriate protections in place for residents, especially those with mental health challenges or those who report abuse in good faith.</p>
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115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTS</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, last updated on November 9, 2022. <p><u>INTERVIEWS</u></p> <p>Medical Staff</p> <p>CRJ does not employ on-site medical professionals. All medical services are coordinated through external, community-based providers. Due to the absence of on-site practitioners, no interviews were conducted with medical staff at the facility. However, relevant information was corroborated through policy documentation and interviews with security and non-security first responders, as well as through review of applicable case records.</p> <p>Mental Health Staff</p> <p>Interviews with mental health staff confirmed that inmates who report sexual abuse are provided immediate access to community emergency medical treatment and crisis intervention services, based on the professional judgment of the responding healthcare providers. Staff indicated that the nature and scope of services are determined in accordance with professionally accepted standards of care.</p>

Mental health staff reported collaborating closely to ensure appropriate care is delivered. This includes SANE offering emergency contraception and prophylaxis for sexually transmitted infections (STIs), when medically appropriate.

Security First Responders

Security first responders consistently reported that their primary duties in response to a sexual abuse allegation are to protect the victim, secure the scene to preserve potential evidence, and immediately notify the designated medical and mental health providers to ensure the victim receives appropriate care.

Non-Security First Responders

Non-security first responders (such as counselors or other facility staff) described their role as staying with and providing support to the victim until security personnel arrive, while ensuring the victim is safe and initiating the notification process to alert security and medical personnel.

Residents Reporting Sexual Abuse

There were no residents at CRJ who reported sexual abuse within the past twelve months. Consequently, no resident interviews were conducted for this standard.

RELEVANT POLICY

Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, last updated on November 9, 2022, p.18, Section I, Number 7, indicates Access to Emergency Medical and Mental Health Services

- a. Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement.
- b. At the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to the Program's protection duties and shall immediately notify the appropriate medical and mental health practitioners.
- c. Resident victims of sexual abuse while in community confinement 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.
- d. Each Social Justice Services (SJS) Program has a memorandum of understanding (MOU) with a local hospital to provide emergency medical or mental health services.
- e. 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.

PROVISIONS

Provision (a):

The facility reported in the PAQ that resident victims of sexual abuse are provided with timely and unimpeded access to emergency medical treatment and crisis intervention services. Although the facility does not have on-site medical providers, this was verified through documentation review and confirmed in first responder interviews. Records of prior allegations demonstrated that residents were referred for mental health services without delay.

The PREA policy clearly states that the nature and scope of treatment are determined by qualified medical and mental health practitioners, consistent with their professional judgment. In cases reviewed, documentation supported that services provided were timely, and included appropriate care, follow-up, and documentation of STI prophylaxis and emergency contraception where medically indicated.

Provision (b):

In the absence of on-site medical staff at the time of an incident, first responders—typically security staff—are trained to provide initial support, protect the victim, and immediately notify the appropriate off-site medical providers. Interviews with first responders confirmed that these steps are consistently followed, in accordance with agency policy and training.

Provision (c):

Residents who are victims of sexual abuse are offered timely information about and access to emergency contraception and prophylaxis for sexually transmitted infections, as medically appropriate and in accordance with accepted standards of care. While there are no on-site health services, first responders ensure referrals occur immediately, and treatment is coordinated with external providers. This practice was confirmed through case file reviews and the agency's PREA policy, which aligns with this provision.

Provision (d):

The facility provides emergency medical and mental health treatment to all victims of sexual abuse without financial cost. These services are offered regardless of whether the resident names their abuser or cooperates with any related investigation. This was documented in the PAQ, stated in the agency's PREA policy, and corroborated by records of previous incidents reviewed by the Auditor.

CONCLUSION

Based on the review of the PAQ, CRJ's PREA policies, supporting documentation, and staff interviews, the Auditor finds that the facility meets the requirements of PREA Standard §115.282. Although CRJ does not maintain on-site medical personnel, the facility has established effective procedures to ensure residents receive timely, appropriate, and confidential access to emergency medical care following a report of sexual abuse. All applicable provisions of the standard are fully met.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTS</u></p> <p>The Auditor conducted a thorough examination of the Pre-Audit Questionnaire (PAQ) and all accompanying materials submitted by the facility. This included a review of Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, most recently revised on November 9, 2022.</p> <p><u>INTERVIEWS</u></p> <p>Medical Staff</p> <p>As CRJ does not employ on-site medical professionals, all resident healthcare needs are addressed through partnerships with external, community-based providers. Because there are no on-site medical personnel, no interviews were conducted with medical staff. However, the facility’s procedures for medical care in the context of sexual abuse were validated through a combination of policy review, interviews with other relevant staff, and applicable case documentation.</p> <p>Mental Health Staff</p> <p>Interviews with the facility’s mental health professionals confirmed that any resident disclosing sexual abuse is promptly referred for emergency medical care and crisis intervention services through community providers. The services rendered are determined by licensed healthcare professionals and are in accordance with prevailing medical standards of care.</p> <p>Residents Reporting Sexual Abuse</p> <p>No residents at CRJ reported incidents of sexual abuse during the past 12 months. Consequently, no interviews specific to this standard were conducted with residents.</p> <p>PREA Compliance Manager (PCM)</p> <p>During the interview, the PREA Compliance Manager verified the following key practices:</p> <ul style="list-style-type: none"> • CRJ does not employ in-house medical staff; all medical services are facilitated through local community providers. • The facility does, however, employ qualified mental health professionals. • No allegations of sexual abuse were reported during the past 12 months. • All known resident-on-resident abusers are referred for a mental health evaluation within 60 days of discovery, with treatment offered based on clinical judgment. • Victims of sexual abuse are offered STI testing through external medical partners, as deemed appropriate.

RELEVANT POLICY

CRJ Policy 359.00 – Prison Rape Elimination Act outlines the organization’s commitment to providing ongoing medical and mental health care for victims and abusers of sexual abuse. The policy includes the following provisions:

- a. Residents who have experienced sexual abuse in any criminal justice setting are offered medical and mental health evaluation and treatment services.
- b. Follow-up services, individualized treatment plans, and referrals for continued care are provided as needed, including upon transfer or release.
- c. All services must meet the standard level of care available in the community.
- d. In female programs, pregnancy testing is offered to residents subjected to sexually abusive vaginal penetration, along with information and timely access to all lawful pregnancy-related medical services.
- e. STI testing is offered to victims, as medically appropriate.

PROVISIONS**Provision (a)**

The PAQ and facility policy confirm that medical and mental health evaluations and treatments are available to all residents identified as victims of sexual abuse. Once abuse is disclosed or discovered, staff initiate appropriate referrals to community-based service providers. Residents have the option to decline these services, and if they do, a signed refusal form is completed to document their decision.

Provision (b)

Follow-up care, treatment planning, and referrals for continuing medical or mental health support are part of the standard response protocol. These services remain available during facility transfers or upon a resident’s release. Interviews and documentation confirmed that these processes are consistently followed.

Provision (c)

Medical care for victims is coordinated through external community resources, while on-site mental health providers deliver mental health services. Both are made available in accordance with community standards of care. This practice was corroborated through policy documents and the interview with the PCM.

Provisions (d) and (e)

These elements of the standard pertain to services for female residents, specifically pregnancy testing and related medical care. As CRJ operates an all-male facility, these provisions are not applicable.

Provision (f)

STI testing is offered at no cost to residents who have experienced sexual abuse. The PCM confirmed that this is a routine part of post-incident care when deemed medically necessary by the treating provider.

Provision (g)

Treatment services related to sexual abuse—whether medical, mental health, or

	<p>both—are provided without financial cost to the resident. The availability of these services is not contingent on the resident’s willingness to identify their abuser or participate in the investigation process.</p> <p>Provision (h)</p> <p>The facility actively seeks to conduct mental health assessments for all residents identified as having a history of inmate-on-inmate sexual abuse, typically within 60 days of that identification. If a qualified clinician determines that treatment is warranted, appropriate services are offered. These practices were affirmed during the PCM interview and are detailed in CRJ policy.</p> <p><u>CONCLUSION</u></p> <p>After a detailed review of the PAQ, facility policies, and interviews—particularly with the PREA Compliance Manager—the Auditor finds that CRJ fully complies with PREA Standard §115.283 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers. CRJ has established procedures that ensure timely access to appropriate, trauma-informed medical and mental health services for both victims and identified abusers. Services are offered in a manner that upholds resident dignity, adheres to medical ethics, and meets the expectations of the PREA standards.</p>
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115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTS</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and Supporting Materials • CRJ Policy 359.00 – Prison Rape Elimination Act, last updated November 9, 2022 <p><u>INTERVIEWS</u></p> <p>Facility Head</p> <p>The Facility Head confirmed the agency’s establishment of a formal Sexual Abuse Incident Review Team (IRT), composed of high-level personnel from various operational divisions. Emphasizing a multidisciplinary approach, the Facility Head described the team as a mechanism to ensure robust, system-wide analysis of each applicable incident. The designated alternate leader echoed this sentiment, emphasizing that the facility actively incorporates recommendations from these reviews into ongoing operational practices wherever feasible.</p> <p>PREA Compliance Manager (PCM)</p>

In discussion with the Auditor, the PCM explained that Sexual Abuse Incident Review (SAIR) meetings are scheduled within a 30-day window following the closure of an investigation that results in either a substantiated or unsubstantiated finding. The PCM confirmed that final review reports are shared with both the PCM and the Facility Head, ensuring leadership oversight and accountability.

Incident Review Team (IRT)

Members of the IRT described the team's structure and function, noting representation from upper management, supervisory staff, investigative personnel, and clinical staff when relevant. According to team members, reviews are guided by both the PREA Standard §115.286 and the agency's policy directives. They are responsible for producing a formal report summarizing findings and making recommendations, which are then submitted to the Facility Head and PCM.

RELEVANT POLICY

CRJ Policy 359.00 - Prison Rape Elimination Act, Section O, pp. 26-27 (Revised November 9, 2022)

The policy outlines the agency's responsibility to conduct a review following every completed investigation of sexual abuse or harassment, regardless of substantiation, with the exception of cases determined to be unfounded. Reviews are expected to occur within 30 days and must include participation from upper management, with input from supervisory, investigative, medical, and mental health staff as appropriate. The review process includes an analysis of systemic factors, environmental conditions, and policy implications. A formal report is required, summarizing findings and recommendations, which is then distributed to leadership and relevant parties. Implementation of recommendations is mandated unless infeasible, in which case justification must be documented.

PROVISIONS

Provision (a)

As documented in the PAQ and affirmed in interviews, the facility adheres to the requirement of conducting incident reviews following the conclusion of sexual abuse investigations, unless allegations are determined to be unfounded. Over the past year, there were no substantiated or unsubstantiated cases that concluded with an investigative finding, and therefore, no incident reviews were conducted during the audit period. Although no SAIR reports were available for review, the agency's written policy clearly requires reviews when applicable.

Provision (b)

According to both policy and staff interviews, required incident reviews are scheduled within 30 calendar days following the conclusion of qualifying investigations. While no qualifying incidents occurred during the reporting period, the PREA policy outlines a thorough evaluation process that includes reviewing potential motivations, identifying environmental vulnerabilities, assessing staffing and supervision levels, and evaluating whether additional monitoring technology is warranted.

	<p>Provision (c)</p> <p>Policy and practice both affirm that the SAIR team includes upper-level decision-makers with insights from line staff and investigative personnel. The team composition typically includes the PREA Coordinator, Program Director, relevant managerial staff, and other personnel with direct knowledge of the case. Where appropriate, participation from external mental health or medical professionals may also be included.</p> <p>Provision (d)</p> <p>Following each incident review, a written summary is prepared and shared with the Facility Head and the PCM. This process was confirmed by the PCM during interviews. In line with CRJ policy, these summaries are also distributed to members of the IRT and must include determinations related to systemic risk factors along with any operational recommendations. Implementation of these recommendations is either carried out or documented with justification if implementation is not feasible.</p> <p>Provision (e)</p> <p>The facility follows a responsive process for acting on review team recommendations. As confirmed by both policy and interview responses, feasible suggestions are implemented in practice. When certain recommendations are not pursued, the rationale is formally recorded, demonstrating a commitment to transparency and accountability.</p> <p><u>CONCLUSION</u></p> <p>After a careful review of the Pre-Audit Questionnaire, supporting documentation, and interview responses, the Auditor concludes that the facility meets all elements of PREA Standard §115.286 – Sexual Abuse Incident Reviews. Although no reviews were required during the current reporting period, the agency has a clearly defined, policy-based system in place. This structured process ensures that any future incidents would be addressed with diligence, reflection, and a focus on continuous improvement and institutional learning.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTS</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation • CRJ Policy 359.00 – Prison Rape Elimination Act, last updated November 9, 2022

INTERVIEWS

PREA Coordinator (PC)

The PREA Coordinator stated with confidence that CRJ is well-positioned to meet all data reporting requirements set forth by the U.S. Department of Justice. The PC confirmed that the agency ensures the accuracy and completeness of its data collection processes and that all required data from the prior calendar year is available for submission no later than June 30 of the current year. Data is gathered using standardized tools that align with DOJ protocols, reinforcing the agency's commitment to compliance and data integrity.

PREA Compliance Manager (PCM)

The PCM described CRJ's internal system for compiling data as both thorough and methodical. Data is drawn from a variety of sources including internal documentation, completed investigations, and reviews of sexual abuse incidents. The PCM emphasized that this approach allows CRJ to base its sexual abuse prevention and response strategies on reliable, data-informed decision-making.

RELEVANT POLICY

CRJ Policy 359.00 – Prison Rape Elimination Act, Section Q, p. 27 (Updated November 9, 2022)

According to the agency's policy:

- CRJ collects standardized and accurate data for each report of sexual abuse or harassment at its directly operated facilities.
- Data aggregation is performed at least once per year.
- The information collected aligns with the data fields used in the latest Survey of Sexual Violence (SSV) conducted by the DOJ.
- The agency sources data from all relevant incident-based records, including investigative and review documentation.
- CRJ ensures that data from the previous calendar year is provided to the DOJ upon request, no later than June 30.

PROVISIONS

Provision (a)

As confirmed through the PAQ and supporting interviews, CRJ uses a standardized methodology to collect uniform data related to every allegation of sexual abuse. This structured approach ensures consistency and reliability in the information gathered. The responsibility for overseeing this process falls under the PREA Coordinator, who utilizes DOJ-aligned tools to ensure uniformity in definitions and reporting standards.

Provision (b)

The agency performs an annual aggregation of all incident-based sexual abuse

data. This process serves a critical function in allowing CRJ to identify trends, assess facility-level performance, and make informed improvements in policy or staff training. Annual data aggregation reinforces the organization's strategic use of information to enhance safety and compliance.

Provision (c)

CRJ's data collection tool is designed to capture all the information necessary to respond comprehensively to the most recent iteration of the DOJ's Survey of Sexual Violence. This ensures the agency remains in step with federal reporting mandates and collects all required data elements.

Provision (d)

The Auditor found that CRJ takes a comprehensive approach to its data sourcing practices, pulling relevant information from various types of incident-based documentation. These include internal reports, formal investigative findings, and documentation from incident reviews. This ensures that the full scope of data surrounding each incident is preserved and available for analysis.

Provision (e)

The PAQ confirms that CRJ also collects sexual abuse data from any private facilities with which it contracts for the housing of individuals. CRJ's policy reinforces that data collection must be consistent across both agency-operated and contracted sites, ensuring uniformity and accountability regardless of the location.

Provision (f)

CRJ policy and practice align with the federal requirement that data from the preceding calendar year be made available to the DOJ upon request. This submission must occur no later than June 30 annually. The PREA Coordinator verified the agency's preparedness to fulfill this obligation, demonstrating CRJ's readiness to support transparency and external oversight.

CONCLUSION

Following a comprehensive review of the PAQ, applicable policies, supporting documents, and interviews with key staff, the Auditor has determined that the facility is in full compliance with PREA Standard §115.287 – Data Collection. CRJ has established and maintained a clear process for collecting and reporting sexual abuse data that reflects federal expectations. The agency's structured and consistent approach promotes transparency, accountability, and ongoing evaluation of its efforts to prevent and respond to sexual abuse in confinement settings.

Auditor Overall Determination: Meets Standard**Auditor Discussion****DOCUMENTS**

- Pre-Audit Questionnaire (PAQ) and Supporting Documentation
- Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act (Last revised November 9, 2022).
- CRJ’s Official Public Website (<https://www.crj.org/?s=prea>)

INTERVIEWS**PREA Coordinator (PC)**

During the interview, the PREA Coordinator described the agency’s robust approach to data management. CRJ collects and reviews all incident-based documentation—such as reports, investigative records, and incident reviews—to ensure comprehensive data capture. This information is analyzed annually to identify patterns, evaluate systemic effectiveness, and determine corrective action where needed. The PC explained that the agency prepares an annual report summarizing these findings, which is then published online by June 30 each year.

The coordinator emphasized that while the reports are transparent and detailed, all personal identifiers are redacted to protect resident confidentiality. The intention, the PC noted, is to keep the public informed while safeguarding individual privacy. Data is also collected from contracted private facilities to ensure full coverage of all individuals in CRJ custody.

Facility Head

The Facility Head reinforced the PREA Coordinator’s statements, confirming that the facility’s internal PREA committee is actively involved in reviewing all allegations of sexual abuse. Findings from these reviews are submitted to the PREA Coordinator for inclusion in the annual analysis. The Facility Head stated that while personal identifiers are omitted from public documents, all significant findings, trends, and improvement actions are disclosed in the final report to maintain organizational transparency.

PROVISIONS**Provision (a)**

As indicated in the PAQ and confirmed in interviews, the agency reviews the data it collects and aggregates under PREA Standard §115.287. This review is used to assess the effectiveness of CRJ’s policies and practices related to sexual abuse prevention, detection, and response. The data analysis helps identify problem areas and supports the development of ongoing corrective actions. This process

	<p>culminates in an annual report that outlines key findings, performance gaps, and implemented solutions.</p> <p>Provision (b) CRJ produces an annual report by June 30 each year, in alignment with federal requirements. The report provides a year-over-year comparison of data, highlighting progress in reducing incidents of sexual abuse. It also documents the organization's efforts to address any identified issues, reflecting a strong commitment to evidence-based improvements and accountability.</p> <p>Provision (c) To ensure transparency, CRJ publishes its annual PREA reports on its public-facing website. The Auditor confirmed that current and past reports are available at https://www.crj.org/?s=prea, providing stakeholders with access to important information about the agency's efforts and outcomes related to PREA compliance.</p> <p>Provision (d) Both the PREA Coordinator and Facility Head affirmed that CRJ takes care to redact any personally identifiable information from its annual reports before publication. However, all other relevant content—such as corrective actions, data analysis, and institutional trends—is included to ensure that the reports are both comprehensive and informative, in full compliance with PREA Standard §115.288.</p> <p><u>CONCLUSION</u></p> <p>After reviewing the PAQ, associated documents, website content, and conducting interviews with key staff, the Auditor has determined that the facility fully complies with PREA Standard §115.288 – Data Review for Corrective Action. CRJ has developed a thorough and transparent process for evaluating sexual abuse data, drawing on it to inform meaningful changes and demonstrate accountability. The agency's public reporting practices and internal review mechanisms reflect a consistent and proactive approach to improving safety across its facilities.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENTS</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and Supporting Documentation • Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, revised November 9, 2022 • CRJ's Official Public Website (https://www.crj.org/?s=prea)

INTERVIEWS

PREA Coordinator (PC)

The PREA Coordinator shared several key practices during the interview process. Data security is a priority, with information stored in designated secure systems. At the facility level, data is managed through a local Risk Management System, where access is tightly restricted to authorized personnel with a legitimate need to know.

In addition to site-level retention, data is preserved at the agency level for purposes such as completion of the Survey of Sexual Violence (SSV-2), and publicly accessible data is made available through the CRJ website. The PC emphasized that while aggregate data is shared publicly, all personally identifying details are thoroughly redacted to protect confidentiality.

CRJ's policy further mandates that both incident-based and aggregated sexual abuse data are reviewed, retained for a minimum of ten years, and published annually to ensure transparency. The agency applies these standards consistently across both directly operated facilities and those managed through private contracts.

RELEVANT POLICY

According to CRJ Policy 359.00 – Prison Rape Elimination Act (pp. 27–28, Section R), the agency commits to the following:

- Ensuring that all data collected under Section Q is securely stored and protected.
- Publishing annual aggregated sexual abuse data from programs under its control on a public platform.
- Redacting all personal identifiers from public-facing reports prior to release.
- Retaining all collected sexual abuse data for a period of at least ten years, unless otherwise mandated by applicable laws.

PROVISIONS

Provision (a)

The Pre-Audit Questionnaire confirms that CRJ securely retains all incident-based and aggregated sexual abuse data. This was reinforced during the PC's interview, where the Coordinator detailed the use of a secure Risk Management System with restricted access. Agency policy supports this by mandating the protection of all data and requiring its publication at least once annually via the CRJ website.

Provision (b)

As reported in the PAQ and corroborated by the PC, CRJ ensures public access to its aggregated sexual abuse data through its official website. The Auditor reviewed the

	<p>CRJ PREA page and found multiple reports available for public viewing, consistent with PREA Standard §115.289 and the agency's own internal policies. These reports provide transparency across all CRJ-operated and contracted facilities. Data may be accessed at: https://www.crj.org/?s=prea</p> <p>Provision (c)</p> <p>CRJ's practice of redacting personal identifiers prior to making data publicly available was confirmed both in the PAQ and during the PC interview. The agency ensures that while transparency is maintained, individual privacy is never compromised.</p> <p>Provision (d)</p> <p>The facility reported in the PAQ that all collected sexual abuse data is preserved for at least ten years following initial documentation, unless legal requirements dictate a different timeframe. This long-term data retention policy was confirmed by the PC and reflects CRJ's commitment to accountability and compliance.</p> <p><u>CONCLUSION</u></p> <p>Following a thorough review of the Pre-Audit Questionnaire, supporting documents, relevant policy, website content, and staff interviews, the Auditor concludes that CRJ meets all requirements under PREA Standard §115.289 – Data Storage, Publication, and Destruction. The agency has established secure and transparent systems for managing sexual abuse data, ensuring not only compliance with federal standards but also reinforcing public trust through clear, consistent, and responsible reporting practices.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENTS</u></p> <ul style="list-style-type: none"> • Community Resources for Justice (CRJ), Official Public Website https://www.crj.org/?s=prea • Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, revised November 9, 2022 <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC)</p> <p>During the audit interview, the PREA Coordinator verified that this is the final year of the current three-year audit cycle. The most recent PREA audit for this location occurred on June 24-25, 2022. The PC confirmed the agency provides a publicly accessible PREA section on its website at https://www.crj.org/?s=prea. This page</p>

contains essential information required by the PREA standards, such as published sexual abuse statistics, previous audit summaries, and relevant PREA policies and procedures. The site reflects the agency's ongoing commitment to transparency and compliance.

Random Resident Interview

Residents who participated in interviews confirmed they had been informed of their right to contact the Auditor confidentially. They reported that private correspondence could be sent using the same secure process used for legal mail, thereby ensuring confidentiality and preventing facility staff from intercepting or reviewing the content.

PROVISIONS

Provision (a)

All previous audit reports are located on CRJ public website. Their last audit was conducted June 24-25, 2022. The organization has made relevant PREA documents—including notices, data, and policy information—readily available on its public-facing website at <https://www.crj.org/?s=prea>, satisfying the visibility requirements of the standard.

Provision (b)

As part of its third year in the ongoing audit cycle, the facility has continued to ensure that all materials mandated for public disclosure are posted online. The PREA Coordinator affirmed that the website is kept up to date with the most current data and reports.

Provisions (c)-(g)

These provisions do not pertain to the nature or scope of this audit and are therefore not applicable at this time.

Provision (h)

The Auditor was provided with unrestricted access to all facility areas throughout the on-site review. Staff members were consistently available to provide escorts and assistance as needed, responding promptly to any request for specific documents, interviews, or site access.

Provision (i)

All documentation requested by the Auditor was provided efficiently and without delay. All materials were submitted in full and without restriction, supporting a transparent and cooperative audit process.

Provisions (j)-(l)

These provisions are not relevant to this facility's operational context and were not evaluated during the audit.

Provision (m)

A private setting was arranged for the Auditor to conduct all interviews during the site visit. These spaces allowed for confidential discussions, free from interruptions

	<p>or surveillance, thereby meeting the standard's requirements for interview privacy.</p> <p>Provision (n) All residents interviewed acknowledged they had been notified of their ability to correspond privately with the Auditor. They also confirmed the facility provided appropriate means for submitting confidential communication via procedures used for legal mail.</p> <p>Provision (o) This particular provision is not applicable to the current operation or audit of this facility.</p> <p><u>CONCLUSION</u></p> <p>Following a thorough review of all submitted documentation, the facility's public-facing website, and based on interviews and direct observations during the site visit, the Auditor concludes that the facility is in full compliance with PREA Standard §115.401 – Frequency and Scope of Audits. The facility demonstrated active cooperation, a commitment to transparency, and a clear understanding of the audit's requirements. All elements of the standard were effectively met, reflecting the agency's readiness and organizational alignment with PREA mandates.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENTS</p> <ul style="list-style-type: none"> • Community Resources for Justice (CRJ), Official Public Website https://www.crj.org/?s=prea • Community Resources for Justice (CRJ) Policy 359.00 – Prison Rape Elimination Act, revised November 9, 2022 <p>Provision (f): Public Posting of Audit Reports and PREA-Related Information</p> <p>The Community Resources for Justice (CRJ) maintains a publicly accessible, dedicated PREA webpage located at https://www.crj.org/?s=prea. This webpage complies with the requirements outlined under the PREA standards, specifically addressing the public disclosure obligations in provision (f).</p> <p>The website includes the following publicly posted materials:</p>

- | | |
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| | <ul style="list-style-type: none">• CRJ's PREA-related policies and procedures, which outline the agency's commitment to preventing, detecting, and responding to sexual abuse and harassment within its programs.• Contact information for reporting sexual abuse or harassment, including anonymous reporting options. |
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The website is easy to navigate and accessible to the public without the need for a login or special permission. The availability of this information demonstrates the agency's commitment to transparency, accountability, and compliance with the PREA standards. This page contains essential information required by the PREA standards, such as published sexual abuse statistics, previous audit summaries, and relevant PREA policies and procedures. The site reflects the agency's ongoing commitment to transparency and compliance.

CONCLUSION

Based on the review and analysis of the documentation available on the CRJ PREA webpage, as well as supporting evidence presented by the agency, the Auditor concludes that the agency fully meets the requirements of Standard §115.403(f) concerning the public posting of PREA audit

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	yes

	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.)	yes
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	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.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

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

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

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

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

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

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	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.)	yes
	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.)	yes
	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.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

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

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

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

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

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

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

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

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

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

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

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

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

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

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

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

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