

# PREA Facility Audit Report: Final

**Name of Facility:** John and Mary Lou Stein House

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 08/08/2025

## 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:** Adam T. Barnett, Sr.

**Date of Signature:** 08/08/2025

## AUDITOR INFORMATION

**Auditor name:** Barnett, Adam

**Email:** adam30906@gmail.com

**Start Date of On-Site Audit:** 07/09/2025

**End Date of On-Site Audit:** 07/10/2025

## FACILITY INFORMATION

**Facility name:** John and Mary Lou Stein House

**Facility physical address:** 140 Sargeant Street, Hartford, Connecticut - 06105

**Facility mailing address:** 175 Addison Rd, Suite 3, Windsor, Connecticut - 06095-2179

## Primary Contact

|                          |                          |
|--------------------------|--------------------------|
| <b>Name:</b>             | Kristen Cappelletti      |
| <b>Email Address:</b>    | kcappelletti@csimail.org |
| <b>Telephone Number:</b> | 8606837110               |

| Facility Director        |                    |
|--------------------------|--------------------|
| <b>Name:</b>             | Marie Jeudy        |
| <b>Email Address:</b>    | mjeudy@csimail.org |
| <b>Telephone Number:</b> | 2035465344         |

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

| Facility Characteristics   |          |
|--|----------|
| <b>Designed facility capacity:</b>   | 16       |
| <b>Current population of facility:</b>   | 15       |
| <b>Average daily population for the past 12 months:</b>  | 15       |
| <b>Has the facility been over capacity at any point in the past 12 months?</b>   | No       |
| <b>What is the facility's population designation?</b>  | Men/boys |
| <b>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</b> |          |

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| <b>definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b> |         |
| <b>Age range of population:</b>   | 18+     |
| <b>Facility security levels/resident custody levels:</b>  | level 1 |
| <b>Number of staff currently employed at the facility who may have contact with residents:</b>  | 12      |
| <b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>  | 0       |
| <b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>  | 0       |

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

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

| Agency-Wide PREA Coordinator Information |
|--|
|--|

|              |                     |                       |                          |
|--------------|---------------------|-----------------------|--------------------------|
| <b>Name:</b> | Kristen Cappelletti | <b>Email Address:</b> | kcappelletti@csimail.org |
|--------------|---------------------|-----------------------|--------------------------|

## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

0

#### Number of standards met:

41

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

|   |            |
|---|------------|
| 1. Start date of the onsite portion of the audit: | 2025-07-09 |
| 2. End date of the onsite portion of the audit:   | 2025-07-10 |

### Outreach

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

## AUDITED FACILITY INFORMATION

|  |  |
|--|--|
| 14. Designated facility capacity:  | 16   |
| 15. Average daily population for the past 12 months:                             | 15   |
| 16. Number of inmate/resident/detainee housing units:                            | 1  |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

## **Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

### **Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

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|--|----|
| <b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>   | 16 |
| <b>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>  | 0  |
| <b>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b> | 0  |
| <b>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>  | 0  |
| <b>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>   | 0  |
| <b>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>  | 0  |
| <b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>   | 0  |

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| <b>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>   | 0                 |
| <b>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>   | 0                 |
| <b>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>  | 0                 |
| <b>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>                                     | 0                 |
| <b>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b> | No text provided. |
| <b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>   |                   |
| <b>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>   | 12                |
| <b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>   | 0                 |

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| <b>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>                        | 0   |
| <b>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b> | No text provided.   |
| <b>INTERVIEWS</b>  |   |
| <b>Inmate/Resident/Detainee Interviews</b>   |   |
| <b>Random Inmate/Resident/Detainee Interviews</b>  |   |
| <b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>  | 12  |
| <b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>   | <input type="checkbox"/> Age<br><input checked="" type="checkbox"/> Race<br><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)<br><input type="checkbox"/> Length of time in the facility<br><input type="checkbox"/> Housing assignment<br><input type="checkbox"/> Gender<br><input type="checkbox"/> Other<br><input type="checkbox"/> None |
| <b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>  | The auditor ensures the sample of random residents by selecting from housing unit rosters and during facility tour.   |
| <b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No  |



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| <b>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>  | No text provided.   |
| <b>Targeted Inmate/Resident/Detainee Interviews</b>   |   |
| <b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>   | 0   |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> |   |
| <b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>   | 0   |
| <b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>  | <div> <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> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.         </div> |

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| <b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>                          | <p>The auditor reviewed the resident roster, PAQ, documentation reviewed onsite, informal conversations with staff and residents.</p>   |
| <b>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b> | <p>0</p>  |
| <b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>   | <p><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> |
| <b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>                          | <p>The auditor reviewed the resident roster, PAQ, documentation reviewed onsite, informal conversations with staff and residents.</p>   |
| <b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>  | <p>0</p>  |

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| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>The auditor reviewed the resident roster, PAQ, documentation reviewed onsite, informal conversations with staff and residents.</p>   |
| <p><b>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>  | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>The auditor reviewed the resident roster, PAQ, documentation reviewed onsite, informal conversations with staff and residents.</p>   |
| <p><b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>   | <p>0</p>  |

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| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>The auditor reviewed the resident roster, PAQ, documentation reviewed onsite, informal conversations with staff and residents.</p>   |
| <p><b>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                     | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>The auditor reviewed the resident roster, PAQ, documentation reviewed onsite, informal conversations with staff and residents.</p>   |
| <p><b>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                       | <p>0</p>  |

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| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>The auditor reviewed the resident roster, PAQ, documentation reviewed onsite, informal conversations with staff and residents.</p>   |
| <p><b>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>   | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>The auditor reviewed the resident roster, PAQ, documentation reviewed onsite, informal conversations with staff and residents.</p>   |
| <p><b>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>                    | <p>0</p>  |

|   |   |
|---|---|
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>  | <p>The auditor reviewed the resident roster, PAQ, documentation reviewed onsite, informal conversations with staff and residents.</p>   |
| <p><b>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p> | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>  | <p>The auditor reviewed the resident roster, PAQ, documentation reviewed onsite, informal conversations with staff and residents.</p>   |

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| <b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b> | No text provided.  |
| <b>Staff, Volunteer, and Contractor Interviews</b>  |  |
| <b>Random Staff Interviews</b>  |  |
| <b>58. Enter the total number of RANDOM STAFF who were interviewed:</b>   | 3  |
| <b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>   | <div> <input type="checkbox"/> Length of tenure in the facility<br/> <input checked="" type="checkbox"/> Shift assignment<br/> <input checked="" type="checkbox"/> Work assignment<br/> <input type="checkbox"/> Rank (or equivalent)<br/> <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)<br/> <input type="checkbox"/> None         </div> |
| <b>If "Other," describe:</b>  | Race and gender.   |
| <b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>  | <div> <input type="radio"/> Yes<br/> <input checked="" type="radio"/> No         </div>  |

|  |   |
|--|---|
| <p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>  | <p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p> |
| <p><b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>  | <p>No text provided.</p>  |
| <p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>   |   |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> |   |
| <p><b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>   | <p>8</p>  |
| <p><b>63. Were you able to interview the Agency Head?</b></p>  | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>   |
| <p><b>a. Explain why it was not possible to interview the Agency Head:</b></p>   | <p>Auditor interview Agency Head Designee.</p>  |



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| <b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No   |
| <b>65. Were you able to interview the PREA Coordinator?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No   |
| <b>66. Were you able to interview the PREA Compliance Manager?</b>                                   | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

**67. 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

|  |  |
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|  | <input type="checkbox"/> Other                                   |
| <b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
| <b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b> | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
| <b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>                | No text provided.  |

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

|   |  |
|---|--|
| <b>71. Did you have access to all areas of the facility?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| <b>Was the site review an active, inquiring process that included the following:</b>  |  |
| <b>72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |

|  |  |
|--|--|
| <b>73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>   | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No |
| <b>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>  | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No |
| <b>75. Informal conversations with staff during the site review (encouraged, not required)?</b>  | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No |
| <b>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>  | No text provided.  |
| <b>Documentation Sampling</b>  |  |
| 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. |  |
| <b>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b>  | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No |
| <b>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b>   | No text provided.  |

## 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.

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

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

**80. 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 |
|---|------------------------------------|------------------------------|------------------------------------|---|
| <b>Inmate-on-inmate sexual harassment</b> | 0                                  | 0                            | 0                                  | 0   |
| <b>Staff-on-inmate sexual harassment</b>  | 0                                  | 0                            | 0                                  | 0   |
| <b>Total</b>                              | 0                                  | 0                            | 0                                  | 0   |

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

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

0

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

There were no allegations report during past 12 months.



|  |  |
|--|--|
| <b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b> | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)                  |
| <b>Inmate-on-inmate sexual abuse investigation files</b>   |  |
| <b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>   | 0  |
| <b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| <b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| <b>Staff-on-inmate sexual abuse investigation files</b>  |  |
| <b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>  | 0  |
| <b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)  |

|   |   |
|---|---|
| <b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)       |
| <b>Sexual Harassment Investigation Files Selected for Review</b>  |   |
| <b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>  | 0   |
| <b>a. Explain why you were unable to review any sexual harassment investigation files:</b>  | There were no allegations report during past 12 months.   |
| <b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b> | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)                  |
| <b>Inmate-on-inmate sexual harassment investigation files</b>   |   |
| <b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>   | 0   |
| <b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>   | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |

|   |   |
|---|---|
| <b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>           | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| <b>Staff-on-inmate sexual harassment investigation files</b>  |   |
| <b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>                          | 0   |
| <b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>                  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)  |
| <b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>           | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)  |
| <b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b> | No text provided.   |

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

### Non-certified Support Staff

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

☐ Yes

☒ No

## AUDITING ARRANGEMENTS AND COMPENSATION

**108. Who paid you to conduct this audit?**

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

**Identify the name of the third-party auditing entity**

Diversified Correctional Services, LLC

| Standards  |
|--|
| Auditor Overall Determination Definitions  |
| <ul style="list-style-type: none"> <li>Exceeds Standard<br/>(Substantially exceeds requirement of standard)</li> <li>Meets Standard<br/>(substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard<br/>(requires corrective actions)</li> </ul>   |
| 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   |
|---------|--|
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>Pre-Audit Questionnaire (PAQ)</li> <li>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment</li> <li>CSI Organization Chart Management</li> <li>Interview Questions: PREA Coordinator</li> </ul> <p><b>Reasoning and Analysis by Provision:</b></p> <p><b>115.211 (a)</b></p> <p>An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.</p> |
|         |  |

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) indicated: The agency confirms that it possesses a written policy enforcing zero tolerance towards all forms of sexual abuse and sexual harassment.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Page 1, Section 1: CSI maintains a zero tolerance toward all forms of sexual abuse, sexual harassment or other forms of unlawful harassment and is committed to providing a safe, abuse-free, and supportive environments for clients and staff. All incidents or alleged incidents of abuse and/or harassment, no matter the circumstances or whom they may involve will be treated seriously and handled in accordance with the Prison Rape Elimination Act (PREA).

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

The agency has a written policy mandating zero tolerance toward all forms sexual abuse and sexual harassment.

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A****Corrective Action: None****Provision Findings:**

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

**Reasoning and Analysis by Provision****115.211 (b)**

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

**Review of Documents:**

The Pre-Audit Questionnaire indicated: The agency has confirmed that it has employed or designated an agency-wide PREA Coordinator.

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

- Ensure compliance with the Prison Rape Elimination Act policies and standards.
- Develop and implement a PREA training plan.
- Monitor intakes screening procedures.
- Ensure all incidents of sexual abuse are referred to the appropriate law enforcement authorities.
- Ensure reports and investigations are conducted all incidents of sexual abuse or sexual harassment.
- Maintain data collection of incidents and coordinate reporting of such to referrals/funders.
- Review all incidents and take appropriate actions to prevent any future occurrences.

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

**Interviews: PREA Coordinator – Q: 1, 2, 3**

Interviewed agency PREA coordinator confirmed that she feels that she has enough time to manage all their PREA related responsibilities. The PREA coordinator also confirmed that they coordinate the agency’s efforts to comply with the PREA standards by ensuring that facilities and teams are trained and regularly review PREA standards. She works with Human Resources to ensure that they have the most up-to-date information for staff orientation and onboarding. In addition, she provides and/or coordinates on-going training. She reviews incidents and update policies and practices as necessary. In addition, she completes reports, review data and generally and constantly communicates PREA related information.

Interviewed agency PREA coordinator confirmed that if they identify an issue with complying with a PREA standard the action or process she undertakes to work toward compliance with that standard by updating policies and procedures and facilitating training to ensure compliance. Addressing the PREA concerning facilities and discussing steps to rectify the issue. If it is a concern with the funder, then she will have a discussion with the Upper Leadership Team to determine how to best communicate with the funder to rectify the situation.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

|  |   |
|--|---|
|  | <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
|--|---|

| 115.212 | Contracting with other entities for the confinement of residents  |
|---------|---|
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|         | <p><b>Auditor Discussion</b></p>  |
|         | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· Policy: DOC Administrative Directive 6.12, Client Sexual Abuse/Sexual Harassment Prevention and Intervention</li> <li>· Executed State of Connecticut Department of Corrections Contract 21DOC0117AA and Community Solutions</li> <li>· Interview Questions: Agency Contract Administrator</li> <li>· Informal Conversation</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.212 (a)</b></p> <p>A public agency that contracts for the confinement of its Residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal of the entity's obligation to adopt and comply with the PREA standards.</p> <p><b>Review of Documents:</b></p> <p>The Pre-Audit Questionnaire (PAQ) Indicated: Based on a review of information about the facility provided in the PAQ, the number of contracts for the confinement of residents that the agency entered or renewed with private entities or other government agency on or after August 20, 2012, or since the last PREA audit,</p> |



whichever is later was zero. The number of above contracts that did not require contractors to adopt and comply with PREA standards was zero.

Policy: DOC Administrative Directive 6.12, Client Sexual Abuse/Sexual Harassment Prevention and Intervention section 5 – Community Confinement states, any contract entered into by the Department of Correction with a private entity that provides for the housing of Clients in the community must include a requirement that the private entity adopt and comply with PREA standards and shall provide for monitoring by the Department to ensure the private entity’s compliance with PREA standards. Only in emergency circumstances in which all reasonable attempts to find a private entity in compliance with PREA that failed may the Department contract with a private entity an unsuccessful attempt to find a private entity in compliance with PREA standards must be documented.

A review of the Executed State of Connecticut Department of Corrections Contract 21DOC0117AA and Community Solutions, Inc. page 55 give guides regarding PREA. Number 41 Prison Rape Elimination Act (PREA): All contractors providing residential services shall adhere to the federal Prison Rape Elimination Act of 2003, Public Law 108-79. A copy of the federal PREA Standards is available upon request from the CTDOC Contract Administration Office. Additionally, all Contractors providing residential services shall comply with CTDOC policies and procedures as they related to PREA standards for contracted residential community programs, as such policies and procedures are delineated and maintained in the CTDOC Parole and Community Services Residential Provider Manual.

**Interviews: Agency Contract Administrator – Q: 1, 2, 3**

Interview Agency Contract Administrator was asked how do you monitor new and renewed contracts for confinement services to determine if the contractor complies with required PREA practices? Staff indicated that the agency does not contract with other agencies/entities for confinement services.

**Question 2 and 3 are N/A.**

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

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

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.212 (b)**

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

**Review of Documents:**

The Pre-Audit Questionnaire Indicated: The number of contracts referred to in 115.212 (a)-3 that do not require the agency monitors contractor's compliance with PREA standards; the facility response was 0.

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

A discussion with the agency PREA Coordinator and a review of the documentation confirmed that the agency/facility has not entered into any contracts or agreements for the confinement of residents at this facility.

**Interviews: Agency Contract Administrator - Q:1, 2, 3**

Interview Agency Contract Administrator was asked how do you monitor new and renewed contracts for confinement services to determine if the contractor complies with required PREA practices? Staff indicated that the agency does not contract with other agencies/entities for confinement services.

**Question 2 and 3 are N/A.**

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision****115.212 (c)**

Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed, may the agency enter a contract with an entity that fails to comply with these standards. In such a case, the public agency shall document its unsuccessful attempts to find an entity in compliance with the standards.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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 emergency circumstances after making reasonable attempts to find a

|  |  |
|--|--|
|  | <p>PREA compliant private agency or other entity to confine residents; the facility response was N/A.</p> <p>CSI does not contract with other entities for the confinement of its residents.</p> <p><b>Interviews: Agency Contract Administrator - Q: 4</b></p> <p>Interview Agency Contract Administrator was asked since August 20, 2012, has the agency entered into one or more contracts with a private agency or other entity that failed to comply with the PREA standards? Staff indicated that the agency does not contract with other agencies/entities for confinement services.</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews):</b></p> <p>Informal conversation with the agency contract administrator/PREA coordinator confirmed that the facility has not had any emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed because the facility does not contract with other entities to house their residents.</p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
|--|--|

| 115.213 | Supervision and monitoring   |
|---------|--|
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|         | <p><b>Auditor Discussion</b></p>   |
|         | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment</li> </ul> |

- Annual Staffing Plan Assessment
- Census Report
- Program Staffing Matrix
- Interview Questions: Program Director
- Interview Questions: PREA Coordinator
- Informal Conversation
- Site Review

### **Reasoning and Analysis by Provision**

#### **115.213 (a)**

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

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

#### **Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents; the facility response was 15. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicted; the facility response was 16.

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

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

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

The staffing plan minimum requirements are determined by the funder, CT Department of Corrections. The number of residents in the program determines the minimum number of staff that should always remain on the floor. The minimum staff requirements can never be deviated from them; the staff will always ensure that the minimum staff is present on the floor. The facility has video monitoring in blind spots throughout the facility and continues to add cameras as money becomes available. Staff complete hourly headcounts/rounds as an additional means of supervision.

A review of the Annual Staffing Plan Assessment indicates the following positions: Program Director (1), Assistant Program Director (1), Case Manager (1), Employment Specialists (1), and Line Staff/RRS (8).

**Interviews: Program Director- Q: 1, 2, 3 / PREA Coordinator - Q: 4**

Interviewed agency PREA coordinator confirmed that when assessing adequate staffing levels and the need for video monitoring, the agency considers the following: the staffing plan's minimum requirements are determined by the contract set out by the funder, Department of Corrections. The number of clients in the program will determine the minimum number of staff that should always remain on the floor. The minimum staffing requirements can never be deviated from so the Program Director will always ensure that the minimum staff are present on the program floor. The facility has video monitoring in blind spots throughout the program and continues to add cameras as money becomes available. Staff complete hourly headcounts/rounds as an additional means of supervision.

The interviewed Program Director confirmed that the facility has a staffing plan. The staffing plan is based on the contract with the funding agency (DOC) and the facility size. The agency follows the staffing plan assigned by DOC as CSI does not control staffing patterns. If a concern is brought forth the case will be presented to the funder requesting additional staffing. The staffing plan is documented.

Interviewed Program Director confirmed that when the facility assess adequate staffing levels and the need for video monitoring the facility considers the physical layout looking for the most vulnerable spots in the program and ensure those spots have camera and/or staff checks are done more frequently in these areas; The composition of the resident population is always changing, and has a very complex population so staff ensuring that they always monitoring and staffing appropriately.

According to the Program Director the facility checks for compliance with the staffing plan by reviewing the schedule, deviation log, and timecard approvals, and requested time off or sick leave.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Informal conversation with the facility manager indicated that the Staffing Matrices are established by the funding source, however the funding source is open to suggestions based on the agency's on-going assessments of their needs. The staffing matrix is submitted every year. If the agency/facility has changes to recommend, the funding agency does consider the justifications for the requests.

During the facility tour it was observed that three staff were on the 1st and 2nd shift and one staff member on the 3rd shift. This was following the Program Staffing Matrix.

The auditor noted that cameras are installed inside and outside the facility to eliminate blind spots and monitor residents. Cameras are also located in the stairwells. The cameras monitors are in the Administration area for reviewing.

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.213 (b)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: In circumstances where the staffing plan is not complied with, the facility document and justify all deviations from the plan; the facility response was N/A.

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

The facility staffing plan is based on the contract with CT DOC. In circumstances where the staffing plan is not complied with, the facility document and notified CT DOC of deviations. They did provide the auditor with a blank copy of a deviations forms with justification if needed.

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

**Interviews: Program Director – Q:4**

The Program Director interviewed confirmed that if there was an instance of non-compliance with the staffing plan it would be documented. However, the Program Director ensures that the facility is always in compliance. This compliance is a part of the CT DOC contract. If there is no compliance with the staffing plan the agency will utilize the deviation log for documentation.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Informal conversation with the Program Director reported that in situations in which a deviation is made from the staffing plan, written justification for such deviation is documented and sent to the PREA coordinator by the facility supervisors.

**Review site review outlined in provision (a).**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.213 (c)**

Whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (4) The resources the facility has available to commit to ensure adequate staffing levels.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: In the past months, the facility has assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section: the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: "This section is Community Solution's Direct Correlation to PREA's Community Confinement Standards Section 4.B Staffing Plan: 1. Whenever necessary, but at least once a year, the PREA Coordinator shall, in conjunction with the Program Director, Area Director and funding source shall assess, determine and document whether adjustments are needed to the staffing plan, video and other monitoring technology, and the resources the facility has available to adhere to the staffing plan.

The facility annually reviews the staffing plan to determine if adjustments are

needed. This includes examining staffing patterns, video monitoring systems, other monitoring technologies, and resource allocation to ensure compliance.

The staffing plan is reviewed annually. Per protocol, the PREA coordinator would be notified in advance if there were any adjustments made to the plan. The facility uses the Annual Staffing Plan Assessment to document reviews.

The facility conducts an Annual Staffing Plan Assessment. A review of the documentation confirmed that the agency's program leadership performs this assessment annually, with the Program/Supervisor, Area Director, and PREA Coordinator being informed upon completion.

The Annuals Staffing Plan Assessment included the requirements of the standards. The number of Facility staff and their responsibilities: Intake (RRS/CM), Screening (CM/CMS), Programming (CM/CMS), Searches (RRS/CCM), and Random Rounds (RRS/Supervisors). Findings of inadequacy from judiciary, federal investigations agency, internal or external oversight body. Staffing plan addresses all components of the facility's physical plant. The staffing plan considers populations, numbers & placement of supervisory staff, applicable state and local laws, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse. Review of the facility monitoring system. The overall assessment results, changes needed and barriers to change. The report is signed by the Program Director/Supervisor, Area Director and PREA Coordinator.

#### **Interviews: PREA Coordinator - Q: 5**

Interviewed agency PREA coordinator confirmed that the staffing plan is reviewed annually and if there was a question or adjustment regarding the PREA standards and staffing then she will be consulted. Staffing plans are submitted to me for review. However, Community Solutions does not control the staffing plans. Staffing patterns are determined by the funder at the time of contract implementation. If significant areas of concern are found, CSI will submit a contract amendment to adjust the staffing plan.

#### **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Informal conversation with the Program Director confirmed that the staffing plan has the required number and placement of staff to include some video technology that is necessary to ensure the sexual safety of the resident population given the facility layout and characteristics, classifications of residents, and security needs and programming.

During the facility tour the auditor observed that the facility has cameras located inside and outside the facility that are always monitored. The cameras in the facility cover the Kitchen, Dining Areas, Day Room, Recreation Room, Staircases, Laundry, Group Room, Exterior, rear, and front of facility. There are no cameras in residents' rooms.



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|  | <p>The auditor toured the second and third floor with the following results:</p> <p>Room 21 A &amp; B shared a private bathroom</p> <p>Room 23 A &amp; B shared a private bathroom</p> <p>Room 24 is the Case Manager Office</p> <p>Room 26 A, B &amp; C shared a private bathroom</p> <p>Room 31 A, B, &amp; C</p> <p>Room 33 A, B, C, D</p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> |
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| <b>115.215</b> | <b>Limits to cross-gender viewing and searches</b>   |
|----------------|--|
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|                | <p><b>Auditor Discussion</b></p>   |
|                | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment</li> <li>· CSI Policy 20a-11 Searches Section 3.6: Strip Searches Visual Cavity-Search-Residential</li> <li>· Interview Questions: Random Sample of Staff</li> <li>· Interview Questions: Resident Interview Questionnaire (Female Residents)</li> <li>· Interview Questions: Non-medical staff (involved in cross-gender strip or visual searches)</li> <li>· Interview Questions: Transgender/Intersex Residents</li> <li>· Guidance On Cross Gender and Transgender Pat Search (Power Point)</li> <li>· Pat and Pocket Search Training Slide</li> </ul> |

- Census Report

- Site Review

### **Reasoning and Analysis by Provision**

#### **115.215 (a)**

The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

#### **Review of Documents:**

Based on a review of information about the facility provided in the PAQ, in the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents were 0.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4.C Cross Gender Viewing and Searches: 2. CSI Cross gender strip searches and body cavity searches are prohibited. If exigent circumstances arise and a strip search or a cross-gender strip search must be conducted for safety or security reasons, the incident shall be immediately reported to the PREA Coordinator and documented via incident report. All staff shall be trained to conduct all strip searches in a professional and respectful manner.

CSI Policy 20a-11 Searches Section 3.6: Strip Searches Visual Cavity-Search-Residential Only. A strip search involves the removal of clothing by the resident, a thorough search of the clothing and other personal articles, and visual examination of the resident’s body. All clothing and items in the possession of the resident are examined as part of the strip search. No staff member will, under any circumstances, carry out a strip search or a physical intrusion/body cavity search. Also, staff are prohibited from physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. Violation of this guideline by staff will result in disciplinary action.

The policies under review are CSI Policy 20a-29 (July 2023) on DOC Adult Work Release concerning Sexual Assault and Harassment, and CSI Policy 20a-11 Section 3.6: Strip Searches Visual Cavity-Search-Residential Only, which aligns with PREA regulations.

#### **Interviews: Non-medical staff (involved in cross-gender strip or visual searches) - Q:1**

Interview Non-Medical Staff was asked what urgent circumstances would require cross-gender strip and body cavity searches? Staff indicated that they are prohibited from conducting cross-gender strip searches and body cavity searches. It was noted that they said if they need to search for these areas the leadership staff would be

notified and make the decision who and how the search will be conducted.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Based on informal conversation with the Program Director, the facility does not conduct strip searches or body cavity searches at all. Staff are also prohibited from conducting any form of search that involves "touching" by either gender staff. Residents have showers and toilets in the community area. The bathroom is shared between two rooms, and the bathroom doors have a lock to keep cell mate from walking in while another resident is using the bathroom.

Information conversations with staff during the onsite audit period there were no staff that were involved in the strip or body cavity searches. There were no medical staff present at the facility.

The auditor toured the second and third floor with the following results:

Room 21 A & B shared a private bathroom

Room 23 A & B shared a private bathroom

Room 24 is the Case Manager Office

Room 26 A, B & C shared a private bathroom

Room 31 A, B, & C

Room 33 A, B, C, D

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.215 (b)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: The number of pat-down searches of female residents that were conducted by male staff; the facility response was 0. The

number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstances (s); the facility response was 0.

CSI Policy 20a-11 Searches Section 3.4: Pat and Pocket Searches are to be conducted by staff whenever a resident returns to the facility from an unsupervised activity and before a resident renders a urine specimen. Program staff may conduct random pat searches whenever they believe it is warranted. Pat and Pocket searches will never be used as a form of harassment. The following procedures shall be followed by staff when conducting Pat and Pocket Searches for DOC Programs:

- Whenever possible, staff of the same sex as the resident conduct the pat search. Shift duties should be divided to ensure the availability of the same-sex staff to conduct Pat and pocket searches as the need arises throughout the shift.
- If a same-sex staff member is not available, a pat search is expected to proceed. The cross-gender pat search should be completed in an area with a witness and/or cameras wherever possible.

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

**Interviews: Random Sample of Staff - Q: 3 / Resident Interview Questionnaire (Female Residents) - Q: 3**

A total of three random staff were interviewed from different shifts. Two Blacks, and One White, all three were females. All three staff confirmed that this is a male facility.

During the onsite period of the audit there were no female residents to interview regarding have they been unable to participate in outside activities or programs because female staff was unavailable to conduct pat-down searches. The facility only house male residents.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Review site review outlined in provision (a).

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.215 (c)**

The facility shall document all cross-gender strip searches and cross-gender visual

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

**Review of Documents:**

Pre-Audit Questionnaire (PAQ) Indicated: Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches; the facility response was yes.

CSI Policy 20a-11 Searches Section 3.4: Pat and Pocket Searches are to be conducted by staff whenever a resident returns to the facility from an unsupervised activity and before a resident renders a urine specimen. Program staff may conduct random pat searches whenever they believe it is warranted. Pat and Pocket searches will never be used as a form of harassment. The following procedures shall be followed by staff when conducting Pat and Pocket Searches for DOC Programs:

- Should a cross-gender search occur by a male staff of a female resident, and Incident Report would be written explaining the circumstances.
- Procedures in conducting cross-gender pat searches must be followed.

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis and Provision**

**115.215 (d)**

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

**Review of Documents:**

Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4.B Staffing Plan: 1 – All residents shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. Staff of the opposite gender are required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff must announce themselves before entering a shower, bathroom, or resident's room, typically by knocking.

**Interviews: Resident Interview Questionnaire - Q: 1, 2 / Random Sample Staff - Q: 14, 15**

Ten random residents were interviewed by the auditor. Two Blacks, Six Whites, One Hispanic, and One Other. These residents were asked does female staff announce their presence when entering their rooms? Nine residents stated that staff knock on the door and announce "female," while one resident reported that staff sometimes knock. All ten residents indicated that female staff do not enter their rooms. When a room search is conducted, residents are required to leave the room. Residents also reported that they are not undressed in view of staff, including during activities such as using the toilet, showering, or changing clothes.

A total of three random staff were interviewed from different shifts. Two Blacks, and One White, all three were females. Staff were asked do you or other staff announce your presence when entering a resident’s room of the opposite gender? Three staff indicated that they announce their presence when entering a resident room. They knock on the door and say female. The only time they are allowed in the rooms is when they are conducting room searches. The residents are always out of the room when conducting room searches. Same staff were asked are residents able to dress, shower, and use the toilet without being viewed by staff of the opposite gender? The three staff indicated yes, the residents’ bathrooms are in the residents’ rooms and are private.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

During the site review,

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

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.215 (e)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: "This section is Community Solution's Direct Correlation to PREA's Community Confinement Standards Section 4.C: 3. Staff shall

not search or physically examine a transgender or intersex resident for the sole purpose of determining genital status.

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

**Interviews: Random Sample of Staff - Q: 4 / Transgender/Intersex Residents - Q: 2**

A total of three random staff were interviewed from different shifts. Two Blacks, and One White, all three were females. Three confirmed that they are aware of the policy prohibiting staff from searching or physically examining a transgender or intersex resident for the purpose of determining that resident's genital status.

During the onsite visit there were no Transgenders or Intersex residents at the facility to confirmed if they felt safe at this facility and whether their views concerning safety are given serious consideration. Have they been put in a housing area only for transgender or intersex residents; as well as do they have any reason to believe that they were strip-searched for the sole purpose of determining their genital status.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

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

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

**Corrective Action: None**

**Provision Findings:**

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



## **Reasoning and Analysis by Provision**

### **115.215 (f)**

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

#### **Review of Documents:**

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

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

- Transgendered staff identifying as a female may conduct a search of a male resident. Transgender female staff identifying as a male are also permitted to Pat and Pocket Search females.
- The transgender FBOP resident may have a preference, but in absence of the preferred gendered staff being available, the transgendered person could be searched by a staff member that they deem is cross-gender to them. The Pat Search and UA Designation Form must be thoroughly and legibly completed.
- If a transgender or Gender Non-Conforming supervised person is coming to the facility, the Program Director shall have a discussion and a plan in advance with the RPM. This is particularly important if the referral is a transgender female designated to an all-male facility or vice-versa. They may not be appropriate for the facility. Residents being placed in an all-female facility will not have the opportunity to choose a designated staff gender as only female staff are available.

A review of the training developed by the Moss Group, Inc. title "Guidance in Cross-Gender and Transgender Pat Searches included the required PREA information to include but not limited to Relevant PREA Standards, Define Exigent Circumstances, Key Terms for Pat Searches, Considerations for searches of transgender or Intersex Inmates and Residents, Practice Pat Searches, and Observe, analyze, provide feedback to peers on practice searches and Reviewing a video.

#### **Interviews: Random Sample of Staff - Q: 2**

A total of three random staff were interviewed from different shifts. Two Blacks, and One White, all three were females. Three confirmed that they have received training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with

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|  | <p>security needs. They received this training during orientation and online PowerPoint.</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A</b></p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.216 | Residents with disabilities and residents who are limited English proficient  |
|---------|---|
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|         | <p><b>Auditor Discussion</b></p>  |
|         | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· CSI Propio Signed Agreement</li> <li>· Policy: CSI Policy 20-22 Operations Adult Work Release: Clients with Special Comprehension Problems</li> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li> <li>· Interview Questions: Agency Head Designee</li> <li>· Interview Questions: Resident (with disabilities or who limited English proficient)</li> <li>· Interview Questions: Random Sample of Staff</li> <li>· The Connecticut Alliance to End Sexual Violence Flyer for Emotional Support</li> </ul> |

## **Reasoning and Analysis by Provision**

### **115.216 (a)**

The agency shall take appropriate steps to ensure that Residents with disabilities (including, for example, Residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with Residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR35.164.

### **Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

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

Policy: CSI Policy 20-22 Operations Adult Work Release: Clients with Special Comprehension Problems. Section 3.1 Impaired Comprehension, 4.1 - 4.8 Limited English Proficiency, 5.1 Providing Written Translation, 6.1 Clients who cannot read due to Blindness and 7.1 – 7.2 LEP Client in Relation to PREA.

A review of documentation that the agency has established procedures to provide disabled residents equal opportunity to participated in or benefit from all aspects of

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

During the Pre-Audit phase and onsite the auditor requested a list of targeted residents. The facility indicated that there were none during the audit period.

Policy review requires these items for targeted residents:

- LITERACY: Staff shall determine whether a resident can read and comprehend documents necessary for program participation by asking residents specific questions relevant to appropriate documents and receiving correct responses. If literary skills need to be improved, staff shall read and explain all relevant written materials and assist the residents in ensuring the accuracy of all entries.
- IMPAIRED COMPREHENSION: If a client's behavior leads staff to suspect impaired comprehension, or has a documented background, or referral material indicating the same, staff should ensure comprehension by asking the client to repeat back what has been said to him or her. In all cases, it is the responsibility of the staff who is communicating with such clients to ensure comprehension.
- LIMITED ENGLISH PROFICIENCY: Staff will accommodate any client unable to comprehend and/or speak English including those who are deaf through internal and/or external sources. Such clients will be assisted in achieving a level of comprehension necessary for their positive functioning in the program. This may be accomplished using alternative language or sign language interpreters and/or translated forms. CSI maintains a list of bilingual staff who can assist with interpretation as needed. The Case Manager assigned to any client who has a limited ability to read, speak or understand English must seek resources to ensure the client can engage in program planning and work towards achieving desired goals toward re-entry.
- RESIDENTS WHO CAN NOT READ DUE TO BLINDNESS: For residents who are blind or have low vision, staff shall read and explain all documents to them concerning the Program services, policies, and procedures.
- LEP RESIDENTS IN RELATION TO PREA: CSI shall ensure that residents with limited English or comprehension skills can fully participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or harassment. Through the methods indicated above, CSI shall ensure that residents receive meaningful access and can contribute to the prevention and detection of sexual abuse and harassment. Residents will be provided with avenues in manner that is understood for responding to sexual abuse and/or harassment. Such avenues may include sign or language interpreters or forms translated into an understandable format by the resident. The individual needs of the residents will determine the method to use.

**Interviews: Agency Head Designee - Q:11 / Resident (with disabilities or who limited English proficient) - Q: 1, 2, 3**

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

During the site visit there were no residents at the facility who were limited English Proficient (LEP) for the non-certified assistant to interview regarding did the facility provided information about sexual abuse and sexual harassment that they are able to understand. Whether the facility provided them with someone to help them read, write, speak, or to explain things to them if they need help. And whether this person helps them understand information about their rights in the facility.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

During the site visit the auditor had an informal conversation with the PREA Coordinator targeted residents with LEP, and residents who cannot read due to blindness it was stated that the facility will following policy to ensure that all residents have access to PREA information and that someone will help the residents whether it requires them to read, write, speak, or to explain things to them if they need help.

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.216 (b)**

The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to Residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, detect, and respond to sexual abuse and sexual harassment to residents

who are limited English proficient; the facility response was yes.

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

Policy: CSI Policy 20-22 Operations Adult Work Release: Clients with Special Comprehension Problems. Section 3.1 Impaired Comprehension, 4.1 - 4.8 Limited English Proficiency, 5.1 Providing Written Translation, 6.1 Clients who cannot read due to Blindness and 7.1 – 7.2 LEP Client in Relation to PREA.

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

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

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

**Interviews: Residents (with disabilities or who are limited English proficient) – Q: 1, 2, 3**

During the site visit there were no residents at the facility who were limited English Proficient (LEP) for the non-certified assistant to interview regarding did the facility provided information about sexual abuse and sexual harassment that they are able to understand. Whether the facility provided them with someone to help them read, write, speak, or to explain things to them if they need help. And whether this person helps them understand information about their rights in the facility.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Review site review outlined in provision (a).

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.216 (c)**

The agency shall not rely on resident interpreters, resident readers, other types of resident assistants except in limited circumstances where an extended delay is 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.

**Review of Documents:**

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of instance where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the residents' safety, the performance of first-response duties under 115.264, or the investigation of the resident's allegations; the facility response was 0.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: "This section is Community Solution's Direct Correlation to PREA's Community Confinement Standards Section 4.D – 1. All residents will have every opportunity to participate in all aspects of sexual abuse and sexual harassment prevention, detection and response. The program shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities or limited English proficient.

**Interviews: Random Sample of Staff - Q:9 / Residents (with disabilities or who are limited English proficient) - Q: 1,2, 3**

A total of three random staff were interviewed from different shifts. Two Blacks, and One White, all three were females. Three confirmed that the agency ever allows the use of resident interpreters, resident readers, or other types of resident assistants to assist with limited English proficiency when making an allegation of sexual abuse or sexual harassment. All staff refer to the agency interpreter contract and some report that the interpreter comes to the facility. To the best of their knowledge no residents were used as an interpreter for another resident regarding PREA issues.

During the onsite there were no resident who are limited English to interview.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Based on informal conversations with the Program Director, the facility prohibits the use of resident interpreters, resident readers and other types of resident assistants

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|  | <p>regarding PREA.</p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.217 | Hiring and promotion decisions   |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|         | <p><b>Auditor Discussion</b></p>   |
|         | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li> <li>· Employee Handbook 2025</li> <li>· Interview Questions: Administrative (Human Resources) Staff</li> <li>· HR Form 5.7 Pre-Employment Background Disclosure Form</li> <li>· Spread Sheet with staff hired date, date initial background check and the 5-year backgrounds, Employee Title, Promotion Dates, Annual Disclosure Questions Dates, Prior Work, Employment Verifications.</li> <li>· PREA Questions</li> <li>· Background Checks</li> <li>· PREA Acknowledgment Payco fillable</li> <li>· Applicant Authorization and Consent for Release</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> |



**115.217 (a)**

The agency shall not hire or promote anyone who may have contact with Residents, and shall not enlist the services of any contractor who may have contact with Residents, who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C 1997)
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- It has been civilly or administratively adjudicated to have engaged in the activity described in paragraph 2a of this section.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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 1917); the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4.E – Hiring/ Promotion Decisions & Reporting to Prospective Employers: 1. All employees shall have a criminal background check completed at the time of employment, prior to any promotion, and at least once every five years thereafter. All new employees will be appropriately screened by human resources staff before starting employment and are required to disclose any previous misconduct of a sexual nature, whether engaging in, or having attempted to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion; or if the employee has been civilly or administratively adjudicated to have engaged in any of this activity. Material omissions regarding misconduct or providing false information shall be grounds for termination.

The documentation review of five PREA Discourse forms confirmed that staff members completed and signed that they understood that, if hired, transferred, or promoted as a Connection Inc. employee, they may have contact with individuals who are in custody of the Judicial Branch or Department of Corrections and certify that the requirements of the standards are confirmed.

A review of the staff hired in the past 12 months NCIC Background checks. The facility provided the auditor with a spreadsheet of 8 staff assigned to the facility which includes Name, Employee Number, Title, Hire Date, State Title, SCDC Title, National Crime Information Center (NCIC) Date, NCIC Status. A review of the spreadsheet confirmed that the agency is conducting background staff checks.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

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

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.217 (b)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4.E – Hiring/Promotion Decisions & Reporting to Prospective Employers: 1. All employees shall have a criminal background check completed at the time of employment, prior to any promotion, and at least once every five years thereafter. All new employees will be appropriately screened by human resources staff before starting employment and are required to disclose any previous misconduct of a sexual nature, whether engaging in, or having attempted to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion; or if the employee has been civilly or administratively adjudicated to have engaged in any of this activity. Material omissions regarding misconduct or providing false information shall be grounds for termination.

Documentation review indicated that the facility considers any and all incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. This can be reviewed under section E: Hiring/Promotion Decisions & Reporting to Prospective Employees.

It also indicated that all volunteers and contractors shall have a criminal background

check completed prior to having contact with any resident. Any volunteer or contractor involved in sexual misconduct in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent shall not be enlisted to provide services to any residents.

**Interviews: Administrative (Human Resources) Staff - Q:2**

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.217 (c)**

Before hiring new employees, who may have contact with Residents, the agency shall:

- Perform a criminal background records check; and
- Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

**Review of Documents:**

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of people hired who may have contact with residents who have had criminal background record checks; the facility response was 8.

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

Documentation review requires that before it hires any new employees who may

have contact with residents, conducts criminal background record checks, consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employees for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The auditor reviewed 18 staff records, 7 staff members no longer work for the agency. The agency/facility provided an HR package for each staff member. All staff information was completed. The HR package includes:

- HR Form 5.7 Pre-Employment Background Disclosure Form
- Spread Sheet with staff hired date, date initial background check and the 5-year backgrounds.
- PREA Questions
- Background Checks
- PREA Acknowledgment Payco fillable

**Interviews: Administrative (Human Resources) Staff - Q: 1**

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.217 (d)**

The agency shall also perform a criminal background record check before enlisting the services of any contractor who may have contact with Residents.

**Review of Documents:**

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

with residents; the facility response was 0.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4.E – Hiring/ Promotion Decisions & Reporting to Prospective Employers: 3. All volunteers and contractors shall have a criminal background check completed prior to having contact with any resident. Any volunteer or contractor involved in sexual misconduct in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent shall not be enlisted to provide services to any residents.

A review of documentation requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents.

**Interviews: Administrative (Human Resources) Staff - Q: 1**

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.217 (e)**

The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with Residents or have in place a system for otherwise capturing such information for current employees.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and

Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4.E – Hiring/ Promotion Decisions & Reporting to Prospective Employers: 1. All employees shall have a criminal background check completed at the time of employment, prior to any promotion, and at least once every five years thereafter.

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

**Interviews: Administrative (Human Resources) Staff – Q: 3**

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.217 (f)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4.E – Hiring/ Promotion Decisions & Reporting to Prospective Employers: 2. All staff must continue to disclose any sexual misconduct in the community facilitated by force,

overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent.

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

**Interviews: Administrative (Human Resources) Staff - Q: 4, 5**

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.217 (g)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination; the facility response was yes.

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

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.217 (h)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4.E – Hiring/Promotion Decisions & Reporting to Prospective Employers: 4. CSI shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

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

**Interviews: Administrative (Human Resources) Staff- Q: 6**

Interviewed Human Resources Staff confirmed when a former employee applies for work at another institution, upon request from that institution, the agency provide information on substantiated allegations of sexual abuse and sexual harassment involving the former employee.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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



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|  | <p>corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.218 | Upgrades to facilities and technology  |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|         | <p><b>Auditor Discussion</b></p>   |
|         | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li> <li>· Interview Questions: Agency Head Designee</li> <li>· Interview Questions: Program Director</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.218 (a)</b></p> <p>When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect Residents from sexual abuse.</p> <p><b>Review of Documents:</b></p> <p>The Pre-Audit Questionnaire (PAQ) Indicated: If the agency designed for or acquired any new facility or planned and 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; the facility response was yes.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 4. F: Upgrade to Facilities and Technologies: 1. CSI will ensure any substantial modification of existing facility will consider the effect of the design or modification in protecting residents</p> |

from sexual abuse. Any video equipment upgrade will also consider the Program's ability to protect residents from sexual abuse.

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

**Interviews: Agency Head Designee - Q:1 / Program Director - Q:5**

The interviewed Agency Head Designee confirmed that when designing, acquiring, or planning substantial modifications, or designing any space to be occupied by clients, PREA is taken into consideration. All spaces are evaluated for blind spots that cannot be seen through traditional video monitoring. Physical plant design and/or modifications are planned with safety and security in mind. Client protection is the number one responsibility and priority. Physical plants would be modified to ensure that risk of sexual abuse is minimized. For instance, blind spots would be eliminated, and the use of video cameras would be maximized.

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.218 (b)**

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect Residents from sexual abuse.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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 agency's ability to protect residents from sexual abuse; the facility response was yes.

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

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|  | <p>Correlation to PREA's Community Confinement Standards Section 4. F: Upgrade to Facilities and Technologies: 1. CSI will ensure any substantial modification of existing facility will consider the effect of the design or modification in protecting residents from sexual abuse. Any video equipment upgrade will also consider the Program's ability to protect residents from sexual abuse.</p> <p>The agency has not made any major installation or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last audit.</p> <p><b>Interviews: Agency Head Designee - Q:2 / Program Director - Q: 6</b></p> <p>Interviewed Agency Head Designee confirmed that the agency uses monitoring technology to enhance the protection of residents from incidents of sexual abuse by using video monitoring in spaces occupied by residents. In facilities that have cameras, they are used to monitor the facility and prevent clients and/or staff from going into unauthorized areas or committing code of conduct violations. Cameras and video recording help to verify allegations and are relied upon in investigations.</p> <p>When opportunities for upgrading arise, the agency consistently takes advantage of those times by making upgrades and adding cameras to spaces that may not be monitored by a camera.</p> <p>The Program Director interviewed confirmed that when putting any new cameras in the most vulnerable spots. Any blind spots the facility has, they conducted extra rounds, and the facility is first on the list for new cameras based on funding. The facilities' video monitoring is designed to deter and detect any PREA related incidents. It is also used to confirm or deny allegations.</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A</b></p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.221 | Evidence protocol and forensic medical examinations |
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|  | <b>Auditor Overall Determination:</b> Meets Standard  |
|  | <b>Auditor Discussion</b>   |
|  | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"><li>· Pre-Audit Questionnaire (PAQ)</li><li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li><li>· Uniform Evidence Protocol</li><li>· Letter to Saint Francis Hospital</li><li>· CSI MOU (CT Alliance)</li><li>· CT State Police Department MOU</li><li>· Interview Questions: Random Sample of Staff</li><li>· Interview Questions: SAFEs/SANEs Staff</li><li>· Interview Questions: PREA Coordinator</li><li>· Interview Questions: Residents who Reported Sexual Abuse</li></ul> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.221 (a)</b></p> <p>To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p><b>Review of Documents:</b></p> <p>The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.</p> <p>CSI Policy 20a-52 July 2023 Operations DOC Adult Work Release Evidence Protocol and Forensic Medical Examinations section 2.1: After notification by the victim, but before examination by medical personnel, the victim should not wash hands or other body parts, brush teeth, drink or eat, change clothes, urinate or defecate. The agency ensures that these requirements are explained to any youth who reports being a victim of sexual abuse in a language that is easily understandable. The goal is to preserve potential evidence during medical and forensic examinations.</p> |

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

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

Policy reviews also indicated that upon learning of an allegation that a resident was physically or sexually abused, the first staff member to respond to the report is required to:

- Separate the alleged victim and abuser.
- Secure any crime scene until steps can be taken to collect any evidence.
- If the abuse occurred within a time period that still allows for the collection of physical evidence, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- If the first responder is not a security staff member, such as a volunteer or intern (contractors would always be escorted by staff), the responder would also be required to request that the alleged victim not take any actions that could destroy physical evidence then notify security staff.
- Program Director/Duty Officer is notified.

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

The auditor reviewed a letter dated June 13, 2025, sent by the Agency PREA Coordinator for the attention of the CT State Police Department requesting and sharing the required information for the PREA standards to comply with. The content of the letter discussed PREA standard 115.221 Evidence protocol and Forensic Medical Examinations procedures.

The auditor also reviewed a letter dated January 6, 2025, sent by the Agency PREA Coordinator for the attention of the CT State Police Department requesting and

sharing the required information for the PREA standards to comply with. The content of the letter discussed PREA standard 115.221 Evidence Protocol and Forensic Medical Examinations procedures.

The auditor reviewed the Uniform Evidence Protocol. This document included the following information:

- Date and Location of Incident
- Staff Assigned to Evidence Collection
- Secure the Scene – Maintain any crime scene using DOC 16-358 Crime Scene Security Log and DOC 16-357 Crime Scene Containment/Preservation/Processing Checklist. It also included, do not allow the area to be cleaned; Take photographs or video if possible; Obtain video surveillance footage; Identify staff involved/witnesses and obtain incidents reports; Identify offender witnesses; Identify offenders who were in the area.
- Collect Clothing and Other Physical Evidence Using Standard Precautions
- Handle Evidence Intended for Law Enforcement that is not Signed Over at the Time of the Incident
- Search for Cells of Involved Offenders
- Secure Evidence
- Notes

**Interviews: Random Sample of Staff - Q:10, 12**

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

A total of three random staff were interviewed from different shifts. Two Blacks, and One White, all three were females. Staff were asked, do you know who is responsible for conducting sexual abuse investigations? Three staff confirmed that the PREA coordinator or the State Police would conduct facility PREA investigations.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision****115.221 (b)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Is this protocol developmentally appropriate for youth where applicable; the facility response was yes.

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

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

The following policy was reviewed: CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA Section: It includes PREA language for this provision.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

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

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision****115.221 (c)**

The agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. The agency shall document its efforts to provide SAFEs or SANEs.

**Review of Documents:**

Based on a review of information the facility provided in the PAQ, the number of forensic medical exams conducted during the past 12 months was 0. The number of exams performed by SANEs/SAFEs during the past 12 months was 0. The number of exams performed by a qualified medical practitioner during the past 12 months was 0.

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

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

The auditor reviewed letter sent to Vice President of Medical Affairs Saint Francis Hospital informing of the PREA standards requirements. The letter stated, one of the requirements of PREA in regard to responding to a Sexual Abuse claim is that the victim be examined by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE). She is writing this letter to request that or confirm that if a client from any CSI facility is brought to facility for medical care in regard to potential Sexual Assault that they would be examined by a SAFE or SANE. This is an extremely important matter to CSI because they do not employ any medical



personnel and rely on local hospitals for the emergency treatment of their clients and they want the best possible care of their clients, especially in a time of personal crisis.

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

**Interviews: SAFEs/SANEs Staff - Q: 1, 2**

During the onsite visit and documentation review the facility does not hire medical staff to ask, are they responsible for conducting all forensic medical examinations for the facility? When SANESAFE staff are unavailable to conduct forensic medical examinations, who assumes responsibility?

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.221 (d)**

The agency shall attempt to make available to the victim advocate from a rape crisis center. If a rape crisis center is not available to provided victim advocates services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. To this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 1400043, to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit if the center is not part of the criminal justice system and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency attempt to make available to the victim a victim advocate from a rape crisis centers the facility response; the facility response was yes.

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

The facility attempts to make available to the victim a victim advocate from a rape crisis center. The agency has a Memorandum of Agreement (MOA) between Community Solution Inc, and The Connecticut Alliance to End Sexual Violence. As documentation the agency provided a copy of the MOA. A review of the MOA confirmed that the Connecticut Alliance to End sexual Violence local facility will provide a victim advocate if requested by the victim. The MOA stated that "whereas CSI is in need of resources and services to address the needs of housed clients who disclose sexual assault either while in the program's custody, or prior to admission into a facility with access to outside victim advocates.

**Interviews: PREA Coordinator - Q: 17, 18 / Residents who Reported a Sexual Abuse - Q: 9**

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

Interviewed PREA Coordinator was asked in what ways does the agency or facility attempt to make available a victim advocate from a rape crisis center? Staff indicated that the agency provides The Alliance information to clients at intake, in the client handbook, and have the hotline number posted throughout the program. When an allegation occurs, the facility notifies the client of the services available and if they need assistance calling, staff will assist. However, residents have personal cell phones. If the client is taken to a hospital, then the hospital has the same requirements to provide victim advocates.

During the site visit there were no residents who reported sexual abuse to respond to the following question. When you reported sexual abuse, did the facility allow you to contact anyone?

- Who was that person?

- Do you know what office they were from?
- How did that person assist you?
- Is that person still available to you?

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.221 (e)**

As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

A review of the MOA confirmed that Connecticut Alliance to End Sexual Violence at the residents' request, allow for a sexual assault crisis counselor to accompany and support the victim throughout the forensic medical exam process and investigatory interviews, and provide emotional support, crisis intervention, information, and referrals, as requested by the victim throughout the residents' placement in the CSI facility.

**Interviews: PREA Coordinator - Q: 17 / Resident who Reported Sexual Abuse - Q: 9**

Interviewed PREA coordinator confirmed that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member will accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. CSI will offer options to residents and encourage that residents seek advocacy services. A resident can choose who or if

they want to pursue victim advocacy services and staff will assist with the referral process.

The State of Connecticut provides guidelines for the health care response to victims of sexual assault based on State Statutes and Senate Bills which includes providing a victim advocate at the hospital.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.221 (f)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: Section 5.B Policies to Ensure Referrals of Allegations for Investigation stated all incidents of sexual abuse or sexual harassment will be investigated. Any incident involving potential criminal behavior will be immediately reported to local or state law enforcement as appropriate for criminal investigation. The PREA Coordinator shall ensure any report of sexual abuse or sexual harassment determined to be a non-criminal matter by law enforcement will be investigated at the facility level.

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

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.221 (g)**

The requirements of paragraphs (a) through (f) of this section shall also apply to:

- Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and
- Any Department of Justice component that is responsible for investigating allegations of sexual abuse in community confinement facilities.

**Review of Documents:**

Pre-Audit Questionnaire: Auditor is not required to audit this provision.

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.221 (h)**

For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

The agency uses a qualified community-based staff member with the required education concerning sexual assault and forensic examination issues in general. The

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|  | <p>agency has an MOA with the Connecticut Alliance to End Sexual Violence to provide qualified community staff if requested by the resident.</p> <p>A review of the State of Connecticut Technical Guidelines for Health Care Response to Victims of sexual Assault, in accordance with Connecticut General Statute's section 19a - 112a. The examinations performed by the SAFE or SANE staff are guided by the State of Connecticut Statute confirms that the SAFE or SANE staff meet the training requirements.</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A</b></p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.222 | Policies to ensure referrals of allegations for investigations   |
|---------|--|
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|         | <p><b>Auditor Discussion</b></p>   |
|         | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA</li> <li>· CSIP 20a - 27 DOC Sexual Assault and Harassment PREA</li> <li>· Interview Questions: Agency Head Designee</li> <li>· Interview Questions: Investigative Staff</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> |

**115.222 (a)**

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

**Review of Documents:**

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received was 0. In the past 12 months, the number of allegations resulting in an administrative investigation was 0. In the past 12 months, the number of allegations referred to for criminal investigation was 0.

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

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The administrative investigations are conducted by the agency PREA coordinator and criminal investigations are conducted by the State Police Department or the CT Department of Corrections PREA Unit.

A review of the investigation files confirmed that the agency ensure that an administrative and/or criminal investigation is completed for all allegation of sexual abuse and sexual harassment. The total number of sexual abuse and sexual harassment investigations for the past 12 months 0. Number of staff-on-resident sexual abuse classified by facility investigations 0; Number of staff-on-resident sexual harassment classified by facility investigations 0; Number of residents-on-residents sexual abuse classified by facility investigations 0; Number of residents-on-resident’s sexual harassment classified by facility investigations 0. Total number of on-going cases 0; Total number of referred to prosecution 0; and Total number of terminated staff or contractors 0. The total of staff or contractors resigned 0; The total number of investigation files the auditor reviewed was 0. Note: raw evidence is uploaded in standard 22 (a) in each confined person individual investigation file.

The auditor methodology is used to determine investigations sample: Twenty or less the auditor reviews at least 10 files. Twenty-one or more the auditor reviewed 10 plus an additional 10 percent of the remaining files.

**Interviews: Agency Head Designee- Q: 3, 4**

Interviewed Agency Head Designee confirmed that the agency does ensure that an

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

The Agency Head Designee indicated that administrative investigations are handled like regular investigations except they use a PREA investigator and determine if staff actions or failure contributed to the abuse. Criminal investigations are completed by law enforcement. Once an allegation is received, it is reported to the Program Director who reports to the Area Director, PREA Coordinator and Parole if applicable. The investigation is immediately initiated, and directives are provided by the PREA Coordinator. The course of each investigation may vary according to circumstances, but immediacy and timeliness are always prevalent within the course of the investigation.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.222 (b)**

The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The agency shall publish such a policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.



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

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

A review of the agency website (<https://csi-online.org/PREA>) features the CSI Policy 20a-29 July 2023 on Adult Work Release Sexual Assault and Harassment. This policy is available online and includes referral information.

**Interviews: Investigative Staff - Q: 4**

Interviewed Investigator confirmed that the agency policy requires all allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. The agency refers to criminal allegations to the Connecticut State Police. CSI initiates and Administrative Investigation for all allegations of sexual abuse or sexual harassment. If the allegation is suspected to be criminal in nature, then the State Police are contacted to open a criminal investigation.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.222 (c)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: If a separate entity is responsible for conducting criminal investigations, the policy describes the responsibilities of both the agency and the investigating entity; the facility response was yes.

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

A review of the agency website (<https://csi-online.org/PREA>) features the CSI Policy 20a-29 July 2023 on Adult Work Release Sexual Assault and Harassment. This policy is available online and the publication describes the responsibilities of the State Police which investigates criminal abuse and the administrative which investigates non-criminal cases.

The agency PREA coordinator provided the auditor with a copy of the PREA letter sent to the State Police.

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

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

The following policy was reviewed: CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment includes PREA language.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A****Corrective Action: None****Provision Findings:**

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

**Reasoning and Analysis by Provision****115.222 (d)**

|  |   |
|--|---|
|  | <p>Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.</p> <p><b>Review of Documents:</b></p> <p>Pre-Audit Questionnaire: Auditor is not required to audit this provision.</p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.222 (e)</b></p> <p>Any department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.</p> <p><b>Review of Documents:</b></p> <p>Pre-Audit Questionnaire: Auditor is not required to audit this provision.</p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.231 | Employee training   |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|         | <p><b>Auditor Discussion</b></p>  |
|         | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>Pre-Audit Questionnaire (PAQ)</li> </ul> |

- CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA
- PREA Refresher PP for Instructor Led Training
- Monthly Staff Mtg Agenda & PREA Topics
- PREA Training Process
- Interview Questions: Random Sample of Staff

### **Reasoning and Analysis by Provision**

#### **115.231 (a)**

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

- Its zero-tolerance policy for sexual abuse and sexual harassment.
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- Residents’ right to be free from sexual abuse and sexual harassment.
- The right of Residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- The dynamics of sexual abuse and sexual harassment in confinement.
- The common reactions of sexual abuse and sexual harassment victims.
- How to detect and respond to signs threatened and actual sexual abuse.
- How to communicate effectively and professionally with Residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming Residents; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

#### **Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 6. A – Employee Training 1: During employee orientation and annually thereafter, staff to receive the following PREA training:

- a. The facility’s zero tolerance for all forms of sexual abuse and sexual

harassment.

- b. How to fulfill their responsibilities in regard to prevention, detection, reporting and response.
- c. The residents' right to be free from of sexual abuse and sexual harassment.
- d. The residents' and staff member's right to be free from retaliation for reporting sexual abuse and sexual harassment.
- e. The dynamics of sexual abuse and sexual harassment in residential settings, including determining which residents are most vulnerable.
- f. The common reactions of sexual assault or sexual abuse victims.
- g. How to avoid inappropriate relationships with residents.
- h. How to communicate effectively and professionally with all residents.
- i. How to comply with relevant laws related to the mandatory reporting of sexual abuse to authorities.
- j. Staff shall sign a training document acknowledging that they understand the training.
- k. PREA training address factors pertaining to both male and female.

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

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

#### **Interviews: Random Sample of Staff - Q: 1**

A total of three random staff were interviewed from different shifts. Two Blacks, and One White, all three were females. Three confirmed that they received their PREA training during orientation, in-person, and online training. Staff talked about agency zero tolerance, resident rights, retaliation, detection, communication with LGBTI population, and inappropriate relationships with residents.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

#### **Provision Findings:**

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

corroborate that the facility is complying with the provisions of this standard.

**Reasoning and Analysis by Provision**

**115.231 (b)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Is such training tailored to the gender of the residents at the employee's facility? The facility response was yes.

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.231 (C)**

All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: The frequency with which employees who may have contact with residents receive refresher training on PREA requirements; the facility response was yes. Have all current employees who may have contact with residents received such training; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment Section 12.1 - All staff, volunteers and interns must be trained to

recognize and report abuse prior to their working with residents. PREA compliance, concerns, issues shall be an on-going agenda item at program staff meetings. Each member of staff shall be required to attend an annual refresher PREA training.

All employees at the facility have completed the required PREA training within the effective date. The auditor reviewed the Program Staff Meeting agendas from January through December, which include the designated PREA discussion topics. This information serves as annual employee refresher training.

Additional policy information indicated that CSI shall provide each employee with refresher training annually to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies which will be conducted during monthly staff meetings.

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.231 (d)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency document, through employee signature or electronic verification, that employees understand the training they have received; the facility response was yes.

The agency documents that employees who may have contact with residents understand the training they have received through employment signatures and electronic verification.

Documentation review of 15 staff PREA Training documentation of the PREA Employee Training & Acknowledgements, PREA – Prison Rape Elimination Act and

|  |  |
|--|--|
|  | <p>Staff Trainer's Checklist Adult Division confirmed that staff has completed the required training.</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A</b></p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| <b>115.232</b> | <b>Volunteer and contractor training</b>   |
|----------------|--|
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|                | <p><b>Auditor Discussion</b></p>   |
|                | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment - PREA</li> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· Interview Questions: Volunteer or Contractor who may have contracts with Residents</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.232 (a)</b></p> <p>The agency shall ensure that all volunteers and contractors who have contact with Residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p><b>Review of Documents:</b></p> |



Based on a review of information the facility provided in the PAQ, the number of volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection; the facility response was 0.

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

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

A review of policy also indicated that all staff, volunteers and interns must be trained to recognize and report abuse prior to their working with residents. PREA compliance, concerns, issues shall be an on-going agenda item at program staff meetings. Each member of staff shall be required to attend an annual refresher PREA training.

The documentation review of the visitors’ register log confirmed that no volunteers or contractors entered the facility.

**Interviews: Volunteer or Contractor who may have contract with Residents  
- Q: 1**

During the onsite there were no Volunteer or Contractor to ask to have you been trained in your responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedures.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.232 (b)**

The level and type of training provided to volunteers and contractors shall be based

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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 provided and level of contact they have with residents; the facility response was yes.

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

The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contract they have with residents.

**Interviews: Volunteer or Contractor who may have Contact with Residents - Q: 2, 3**

During the site visit there was no volunteers or contractors at the facility to ask whether they been notified of the agency's zero tolerance policy on sexual abuse and sexual harassment, as well as informed about how to report such incidents.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.232 (c)**

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

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|  | <p><b>Review of Documents:</b></p> <p>The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received; the facility response was yes.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 6. B – Volunteer/ Intern and Contractor Training 2. All volunteers and interns who will be working unaccompanied by staff shall sign an acknowledgement that they have received PREA training and that they understand the PREA policy. Contractors will be requested to sign a PREA Acknowledgement form noting that they have been provided with information on CSI’s zero tolerance policy and reporting procedures.</p> <p>The agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A</b></p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.233 | Resident education  |
|---------|---|
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|         | <p><b>Auditor Discussion</b></p>  |
|         | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li> </ul> |

- Policy: CSI Policy 20-22 Operations Adult Work Release: Clients with Special Comprehension Problems
- PREA Talking Points in Educating Resident
- PREA Flyer – Break the Silence! (English & Spanish)
- PREA Brochures
- PREA Reporting and Emotional Support Flyer
- Resident Data Spread Sheet – Race, Arrival Date, Intake Date, Resident Orientation Date, PREA Video Acknowledgement, Initial PREA Screening Date, Reassessment Date
- Interview Questions: Intake Staff
- Interview Questions: Resident Interview Questionnaire

### **Reasoning and Analysis by Provision**

#### **115.233 (a)**

During the intake process, Residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

#### **Review of Documents:**

Based on a review of information about the facility provided in the PAQ, the number of residents admitted during the past 12 months who were given this information at intake; the facility response was 44.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: "This section is Community Solution's Direct Correlation to PREA's Community Confinement Standards Section 5. C – Resident Education: During intake orientation, all residents will receive a resident handbook, and a facility handout containing information about PREA. All residents shall sign an acknowledgment that they have received the handbook and the PREA handout which contain the following information: Section a: the facility's zero tolerance policy regarding sexual abuse and sexual harassment; how to report incidents or suspicions of sexual abuse, sexual harassment; their rights to be free from sexual abuse and sexual harassment; their rights to be free from retaliation for reporting such incidents; and agency policy and procedures for responding to such incidents.

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

The auditor received and reviewed the "PREA Talking Points Meetings with Clients" during intake orientation. The information covered the following:

- Discussing the PREA Posters
- CSI has a zero-tolerance policy towards sexual harassment and sexual abuse
- You can report sexual harassment/abuse to a third party
- If you report sexual harassment/abuse, you will be protected from retaliation
- You can report any sexually harassment/abuse that may have occurred in any previous facility
- CSI is held accountable by the Federal Government

The point is to keep clients aware of their rights under PREA. CSIs encourages anyone to report, and the facility wants clients to feel safe in doing so. By rotating through these talking points at a monthly house meeting, along with going over the client's right under PREA at intake, clients should know what to do if they want to report and hopefully feel safe in reporting.

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

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

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

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

- How you can avoid sexual assault and sexual abuse.
- What should you do if you are sexually assaulted and/or abuse?
- Report it!

A documentation review from 16 resident's intake file information was selected by the PREA Auditor using the facility residents' roster with Resident Name, ID Number, Admission Date, Commitment, and Offense (s). The selected information was placed on a spreadsheet that included race, arrival date and year, intake orientation date, PREA Education date. Copies of the individual documentation for each resident were copied for uploading into the PREA system.

The resident's documentation review confirmed that the resident received the required PREA intake materials and PREA education. Based on the documentation review of 16 residents' signatures and date on the PREA Checklist confirmed that residents did receive the PREA Education information. The PREA Checklist included the following PREA information:

- PREA Posters and Contact/Reporting to the client.
- Zero-Tolerance policy regarding sexual harassment and sexual abuse.
- Your right to be free from sexual harassment or sexual abuse.
- How to report incidents or suspicions of sexual harassment or sexual abuse.
- Your right to be free from retaliation for reporting incidents of sexual harassment and sexual abuse, and
- CSI's policies and procedures for responding to incidents of sexual harassment and sexual accountability by the Federal Government.

**Interviews: Intake Staff - Q: 1, 2 / Resident Interview Questionnaire - Q: 4, 5**

Intake Staff was asking do you provide residents with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment? Staff indicated yes, this information is given at orientation during their first day at the facility. Staff ensure that all current residents, as well as those transferred from other facilities, have been educated on the agency's zero-tolerance policy. This information is also located in the resident handbook, on posters. Residents are allowed to ask questions regarding PREA concerns.

Staff also indicated that the facility ensure that residents are educated on their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting these incidents.

Ten random residents were interviewed by the auditor. Two Blacks, Six Whites, One Hispanic, and One Other. They were asked when you first came to this facility, did you get information regarding the facility's rules against sexual abuse and sexual

harassment? Ten (10) indicated that they received a handbook and other paperwork with PREA information.

Ten random residents were interviewed by the auditor. Two Blacks, Six Whites, One Hispanic, and One Other. They were asked when you came to this facility, were you told about:

- Your right to not be sexually abused or sexually harassed? Ten indicated yes.
- How to report sexual abuse or sexual harassment? Ten indicated yes.
- Your right not to be punished for reporting sexual abuse or sexual harassment? Ten indicated yes.
- About how long after coming here did you get the information above? Ten indicated the same day during orientation. Most said within two hours.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

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

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

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

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

This was also corroborated by the auditor running the PREA Brochures through a grammar program that tells the reading level of the educational materials which rated the reading grade levels as 5th. If the residents have a cognitive or

intelligence disability the Intake staff would read the PREA materials to the residents or request assistance from a case manager. During the site review the auditor had an informal conversation with the case manager.

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

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning by Analysis by Provision**

**115.233 (b)**

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

**Review of Documents:**

Based on a review of information on the facility provided in the PAQ, the number of residents transferred from a different community confinement facility during the past 12 months was 0. The number of residents transferred from different community confinement facility during the past 12 months, who received refresher information was 0.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 5. C – Resident Education: During intake orientation, all residents will receive a resident handbook, and a facility handout containing information about PREA. All residents shall sign an acknowledgment that they have received the handbook and the PREA handout which contain the following information: Section a: the facility’s zero tolerance policy regarding sexual abuse and sexual harassment; how to report incidents or suspicions of sexual abuse, sexual harassment; their rights to be free from sexual abuse and sexual harassment; their rights to be free from retaliation for reporting such incidents; and agency policy and procedures for responding to such incidents.

The facility does provide residents who are transferred from a different community



confinement facility with refresher information. All new and transferred residents receive the same PREA education training.

Based on interviewed intake staff confirmed that all residents are educated through PREA brochures and Posters on their rights to be free from sexual abuse, sexual harassment and to be free from retaliation for reporting incidents regarding policies, procedures for responding to retaliation. Intake staff confirmed through informal conversations that they will read PREA materials with the residents and have them sign an acknowledgement form. Usually, the resident receives the same day, however no more than 72 hours from arrival to the facility.

The facility provides refresher information to all transferred residents. The resident's documentation review corroborated whether all residents transferred or not resident received the required PREA intake materials and PREA education. Based on the documentation review of 16 residents' signatures and date on the PREA Checklist confirmed that residents did receive the PREA Education information

**Interviews: Intake Staff - Q: 3, 4 / Resident Interview Questionnaire - Q: 6**

Based on interviewed intake staff confirmed that all residents are educated through PREA brochures and Posters on their rights to be free from sexual abuse, sexual harassment and to be free from retaliation for reporting incidents regarding policies, procedures for responding to retaliation. Intake staff confirmed through informal conversations that they will read PREA materials with the residents and have them sign an acknowledgement form. Usually, the resident receives the same day, however no more than 72 hours from arrival to the facility.

Ten random residents were interviewed by the auditor. Two Blacks, Six Whites, One Hispanic, and One Other. They were asked when you first came to this facility. Were you transferred from another facility? Three indicated they came from jail, five came from prison, and two came from halfway house.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.233 (c)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency provide resident education in formats accessible to all residents, including those who Are limited English proficient; the facility response yes.

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

Policy: CSI Policy 20-22 Operations Adult Work Release: Clients with Special Comprehension Problems. Section 3.1 Impaired Comprehension, 4.1 - 4.8 Limited English Proficiency, 5.1 Providing Written Translation, 6.1 Clients who cannot read due to Blindness and 7.1 – 7.2 LEP Client in Relation to PREA.

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

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

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

A review of documentation that the agency has established procedures to provide disabled residents equal opportunity to participated in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

During the Pre-Audit phase and onsite the auditor requested a list of targeted residents. The facility indicated that there were none during the audit period.

Policy review requires these services for residents with disabilities:

- LITERANCY: Staff shall determine whether a resident can read and comprehend documents necessary for program participation by asking residents specific questions relevant to appropriate documents and receiving correct responses. If

literary skills need to be improved, staff shall read and explain all relevant written materials and assist the residents in ensuring the accuracy of all entries.

- **IMPAIRED COMPREHENSION:** If a client's behavior leads staff to suspect impaired comprehension, or has a documented background, or referral material indicating the same, staff should ensure comprehension by asking the client to repeat back what has been said to him or her. In all cases, it is the responsibility of the staff who is communicating with such clients to ensure comprehension.
- **LIMITED ENGLISH PROFICIENCY:** Staff will accommodate any client unable to comprehend and/or speak English including those who are deaf through internal and/or external sources. Such clients will be assisted in achieving a level of comprehension necessary for their positive functioning in the program. This may be accomplished using alternative language or sign language interpreters and/or translated forms. CSI maintains a list of bilingual staff who can assist with interpretation as needed. The Case Manager assigned to any client who has a limited ability to read, speak or understand English must seek resources to ensure the client can engage in program planning and work towards achieving desired goals toward re-entry.
- **RESIDENTS WHO CAN NOT READ DUE TO BLINDNESS:** For residents who are blind or have low vision, staff shall read and explain all documents to them concerning the Program services, policies, and procedures.
- **LEP RESIDENTS IN RELATION TO PREA:** CSI shall ensure that residents with limited English or comprehension skills can fully participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or harassment. Through the methods indicated above, CSI shall ensure that residents receive meaningful access and can contribute to the prevention and detection of sexual abuse and harassment. Residents will be provided with avenues in manner that is understood for responding to sexual abuse and/or harassment. Such avenues may include sign or language interpreters or forms translated into an understandable format by the resident. The individual needs of the residents will determine the method to use.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

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

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

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

Review site review outlined in provision (a).

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.233 (d)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency maintain documentation of resident participation in these education sessions; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: "This section is Community Solution's Direct Correlation to PREA's Community Confinement Standards Section 5. C – Resident Education: All residents shall sign an acknowledgment that they have received the handbook and the PREA handout which contain the following information

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

The resident's documentation review collaborated that the resident received the required PREA intake materials and PREA education. Based on the documentation review of 16 residents' signatures and date on the PREA Checklist confirmed that residents did receive the PREA Education information, and it also serve as the facility required documentation of resident participation in the PREA session.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision****115.233 (e)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible or visible to residents through poster, resident handbooks, or other written formats; the facility response was yes.

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

Documentation has indicated that the facility ensure that key information is continuously and readily available or visible to Resident through posters, resident handbooks, and other written materials such as PREA Brochures.

The following policy was reviewed: CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment includes PREA language.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

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

**Corrective Action: None****Provision Findings:**

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|  | <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| <b>115.234</b> | <b>Specialized training: Investigations</b>   |
|----------------|---|
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|                | <p><b>Auditor Discussion</b></p>  |
|                | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· American Jail Association – Searching for the Truth – Conducting Sexual Abuse Investigations in Confinement for PREA Training Program</li> <li>· Attendance Record – Investigation Training</li> <li>· American Jail Association Day One and Day Two Training Agenda</li> <li>· PREA Investigations Instruction Outline (DOC)</li> <li>· CSIP 20a – 27 DOC Sexual Assault and Harassment PREA</li> <li>· Investigator Training Cert.</li> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· Interview Questions: Investigative Staff</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.234 (a)</b></p> <p>In addition to the general training provided to all employees pursuant to standard 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p><b>Review of Documents:</b></p> <p>The Pre-Audit Questionnaire (PAQ) Indicated: In addition to the general training provided to all employees pursuant to 115.231, does the agency ensure that, to the</p> |

extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings; the facility response was yes.

Policy: CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection 6. SPECIALIZED TRAINING: INVESTIGATIONS - It is the policy of CSI that any criminal act is referred to and reported to local law enforcement and the CT DOC (Parole) or FBOP.

The agency does require that investigators are trained in conducting sexual abuse investigations in confinement settings.

**Interviews: Investigative Staff - Q: 1, 2, 3**

The Interviewed Investigator was asked did you receive training specific to conducting sexual abuse investigations in confinement settings? Staff indicated yes. They describe the training as completing both the CT DOC PREA Director and attended an investigator training facilitated by the American Jail Association. The PREA training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, although not applicable to her position as PREA Coordinator. The authorities performing the criminal investigation would maintain responsibility. Also included would be evidence collection protocols, securing the scene and documentation.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Informal conversations with the Administrative Investigator confirmed that she receives training specific to conducting sexual abuse investigations in confinement settings.

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.234 (b)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does this specialized training include Techniques for interviewing sexual abuse victims; the facility response was yes.

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

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

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

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

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



Interviewed Investigator confirmed that they did complete the training topics that included Techniques for interviewing sexual abuse victims: Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

**Interviews: Investigative Staff - Q: 3**

Interviewed Investigator confirmed that they did complete the training topics that included Techniques for interviewing sexual abuse victims: Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.234 (c)**

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

**Review of Documents:**

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

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

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

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|  | <p>informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.234 (d)</b></p> <p>Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.</p> <p><b>Review of Documents:</b></p> <p>Pre-Audit Questionnaire: Auditor is not required to audit this provision.</p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| <b>115.235</b> | <b>Specialized training: Medical and mental health care</b>  |
|----------------|--|
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|                | <p><b>Auditor Discussion</b></p>   |
|                | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li> <li>· Interview Questions: Medical and Mental Health Staff</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.235 (a)</b></p> <p>The agency shall ensure that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:</p> |

- How to detect and assess signs of sexual abuse and sexual harassment.
- How to preserve physical evidence of sexual abuse.
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

**Review of Documents:**

Based on a review of information that the facility provided in the PAQ, the number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy was 0.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 6: E – Specialized Training: Medical and Mental Health Care. CSI does not employ medical staff. All medical and mental health services are referred to by the local hospital or appropriate community service organization.

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

**Interviews: Medical and Mental Health Staff - Q: 2**

The onsite visit and documentation review revealed that the facility does not employ medical staff that receive specialized training in handling sexual abuse and harassment cases.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.235 (b)**

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 6: E – Specialized Training: Medical and Mental Health Care. CSI does not employ medical staff. All medical and mental health services are referred to by the local hospital or appropriate community service organization.

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

**Interviews: Medical and Mental Staff - Q - 1**

During the onsite visit and documentation review the facility does not hire medical staff to ask did staff conduct forensic examinations.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

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

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.235 (C)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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.

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

Correlation to PREA's Community Confinement Standards Section 6: E – Specialized Training: Medical and Mental Health Care. CSI does not employ medical staff. All medical and mental health services are referred to by the local hospital or appropriate community service organization.

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.235 (d)**

Medical and mental health care practitioners shall also receive the training mandated for employees under standard 115.31 or for contractors and volunteers under standard 115.32, depending upon the practitioner's status at the agency.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by 115.231; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: "This section is Community Solution's Direct Correlation to PREA's Community Confinement Standards Section 6: E – Specialized Training: Medical and Mental Health Care. CSI does not employ medical staff. All medical and mental health services are referred to by the local hospital or appropriate community service organization.

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

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|  | <p>informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| <b>115.241</b> | <b>Screening for risk of victimization and abusiveness</b>  |
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|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|                | <p><b>Auditor Discussion</b></p>  |
|                | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· CSIP 20a – 27 DOC Sexual Assault &amp; Harassment PREA</li> <li>· PREA Initial and Reassessments Sheets</li> <li>· PREA Screening Tool for Males</li> <li>· Resident Data Spread Sheet – Race, Arrival Date, Intake Date, Resident Orientation Date, PREA Video Acknowledgement, Initial PREA Screening Date, Reassessment Date</li> <li>· PREA Information</li> <li>· Interview Questions: Staff Responsible for Risk Screening</li> <li>· Interview Questions: Resident Interview Questionnaire</li> <li>· Interview Questions: PREA Coordinator</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.241 (a)</b></p> <p>All Residents shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other Residents or sexually abusive toward other Residents.</p> <p><b>Review of Documents:</b></p> <p>The Pre-Audit Questionnaire (PAQ) Indicated: Are all residents assessed during the</p> |

intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents; the facility response was yes.

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

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

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

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

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

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

**Interviews: Staff Responsible for Risk Screening - Q: 1 / Resident Interview Questionnaire - Q: 7**

Interviewed staff responsible for the initial PREA screening was ask do you screen residents upon admission to your facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents? Staff indicated yes that the initial assessment is completed as a part of the intake

process.

Ten random residents were interviewed by the auditor. Two Blacks, Six Whites, One Hispanic, and One Other. They were asked when you first came here, do you remember whether you were asked any questions like:

- Whether you have been in jail or prison before? Ten indicated yes.
- Whether you have ever been sexually abused? Ten indicated yes.
- Whether you identify as being gay, lesbian, or bisexual? Ten indicated yes.
- Whether you think you might be in danger of sexual abuse here? Ten indicated yes.
- When were you asked these questions? Ten indicated the first day during orientation or intake.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

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

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

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.241 (b)**

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

**Review of Documents:**

Based on a review of information the facility provided in the PAQ, the number of residents entering the facility (either through intake or transfer) within the past 12



months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexual abusing other residents within 72 hours of their entry into the facility as 42.

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

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

A documentation review of 16 residents was selected by the PREA Auditor from the resident’s roster with Resident Name, ID, Room Bed Assignments, Admission Date, Commitment, Supervising Officer, and Offense (s). The selected information was placed on a spreadsheet that included race, arrival date year, initial PREA screening date and reassessment date. Copies of the individual documentation for each resident assessment were reviewed and uploaded into the PREA system. The documentation confirmed that all residents received the initial PREA screening within the required timeframe. Most of the initials were completed within the same day the resident arrived.

Residents’ documentation collaborated that these residents received the initial PREA screenings. Of the 16 residents, 16 received the initial screening within the 72 hours timeframe.

**Interviews: Staff Responsible for Risk Screening – Q: 2 / Resident Interview Questionnaire – Q: 7**

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

Ten random residents were interviewed by the auditor. Two Blacks, Six Whites, One Hispanic, and One Other. They were asked when you first came here, do you remember whether you were asked any questions like:

- Whether you have been in jail or prison before? Ten indicated yes.
- Whether you have ever been sexually abused? Ten indicated yes.
- Whether you identify as being gay, lesbian, or bisexual? Ten indicated yes.
- Whether you think you might be in danger of sexual abuse here? Ten indicated yes.
- When were you asked these questions? Ten indicated the first day during orientation or intake.

**Observation & Test of Critical Functions (Videos, Informal Conversations,**

**Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.241 (c)**

Such assessments shall be conducted using an objective screening instrument.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Are all PREA screening assessments conducted using an objective screening instrument; the facility response was yes.

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

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

A review of the PREA Assessment Tool gives instructions on scoring. The score results are displayed at the bottom right, indicating the offender’s level of risk. The assessment tool includes additional potential Predator checklist and Victim Continuum.

The following policy was reviewed: CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment includes PREA language.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

### **Reasoning and Analysis by Provision**

#### **115.241 (d)**

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

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

#### **Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

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

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

provision.

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

The auditor reviews the PREA screening tool. The Risk for Victimization or Abusiveness objective screening instrument for adult males addresses the following:

- o Primary Likelihood Checklist:

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

- § Under age 28

- § Is or perceived Gay/Bisexual/Transgender/Intersex/Gender Nonconforming

- § First time incarcerated

- § Non-violent offenses

- § Mental, physical, or developmentally disabled

- § Non-muscular/small stature

- § Non convictions for sexual offenses against adults or children

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

- o Additional Potential Victim Checklist: Yes/ No/ NA

- § Feminine features (hairless face, long hair, high pitch voice, etc.)

- § Victim of sexual/physical abuse in the past

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

- § Unfamiliar with the prison environment

- § Verbalizes fear for personal safety.

- § If gay, flamboyant in appearance

Staff Summary: If the offender has at least three of the above 6 questions checked as “yes” then complete the following question regarding race. Otherwise, check N/A. Total: Yes + No + N/A must equal 7.

- o Additional Potential Predator checklist: Yes/No/NA

- o Evidence of physical violence in the commission of crime (consider current commitment only)

- o History of physical/sexual abuse in the past, inside prison/jail
- o If previously incarcerated- ever been placed in disciplinary segregation for assaultive/violent behavior
- o Has a disciplinary record from a previous incarceration?

Staff Summary: If the offender has at least one of the above 4 questions checked as “yes” then complete the following questions regarding sentence length or race. Otherwise, check N/A. An offender’s EOS is greater than 1.3 years or 16 months away. Total: Yes + No + NA must equal 6.

#### Victim Continuum

# of yes responses on Primary Likelihood Checklist

(+) of yes responses on Potential Victim Checklist

Offender’s Score on Victim Continuum

- o Likely Victim = 0 - 4
- o More Likely = 5 - 9
- o Highly Likely = 10 - 14

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

#### Predator Continuum

# of no responses on Primary Likelihood Checklist

(+) of yes responses on Potential Victim Checklist

Offender’s Score on Predator Continuum

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

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

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

**Interviews: Staff Responsible for Risk Screening - Q: 3, 4**

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

**Review site review outlined in provision (a).**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.241 (e)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

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

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

The PREA screening instrument considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual

abuse if known to the facility or agency. The auditor analyzed the PREA screening instrument and determined that the additional screening questions meet this provision's requirements.

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

The following policy was reviewed: CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment includes PREA language.

**Interviews: Staff Responsible for Risk Screening - Q: 3, 4**

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Review site review outlined in provision (a).

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.241 (f)**

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

**Review of Documents:**

Based on a review of information that the facility provided in the PAQ, the number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within

30 days after their arrival at the facility based upon any additional, relevant information received since intake was 38.

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

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

Interviewed staff responsible for the initial PREA screening collaborated that the reassessments are completed within 30 days. The auditor reviewed a sample of 16 initial assessments. Of the 16, 4 reassessments has not reached the 30-day timeframe.

The following policy was reviewed: CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment includes PREA language.

**Interviews: Staff Responsible for Risk Screening - Q: 6 / Resident Interview Questionnaire - Q: 8**

Interviewed staff responsible for the initial PREA screening asked how long after arrival resident’s risk levels are reassessed? Staff indicated that reassessments are conducted within the 30-day timeframes.

Ten random residents were interviewed by the auditor. Two Blacks, Six Whites, One Hispanic, and One Other. Reported that staff asked them the reassessments questions again, after the initial assessment questions. The case managers used the CSI form to conduct PREA reassessments.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.41 (g)**



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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the facility reassess a resident's risk level when warranted due to a referral; the facility response was yes.

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

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

The following policy was reviewed: CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment includes PREA language.

**Interviews: Staff Responsible for Risk Screening – Q: 5 / Resident Interview Questionnaire – Q: 8**

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

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

**Corrective Action: None**

**Provision Findings:**

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

corroborate that the facility is complying with the provisions of this standard.

### **Reasoning and Analysis by Provision**

#### **115.241 (h)**

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

#### **Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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-1,7,8 or 9 of this section; the facility response was yes.

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

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

A review of policy also indicated that residents have the right to not answer or fully disclose information with questions regarding whether or not the resident has a mental, physical, or developmental disability; the resident’s sexual orientation including transgender, intersex or gender non-conforming; whether the resident has been a victim of sexual harassment or abuse; and the resident’s own perception of vulnerability. For non-binary or transgender clients, the male or female assessment tool may be chosen based on the client’s self-identified gender. Residents will not receive any discipline for not answering questions that cover this subject matter.

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

The following policy was reviewed: CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment includes PREA language.

#### **Interviews: Staff Responsible for Risk Screening – Q: 7**

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

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

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

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision****115.241 (i)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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 and is not exploited to the residents' detriment by staff or other residents; the facility response was yes.

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

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

**Interviews: PREA Coordinator - Q: 7 / Staff Responsible for Risk Screening - Q: 8**

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

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

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

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

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

**Corrective Action: None**

**Provision Findings:**

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

**Overall Findings:**

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

|  |   |
|--|---|
|  | online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard. |
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|----------------|--|
| <b>115.242</b> | <b>Use of screening information</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· CSIP 20a – 27 DOC Sexual Assault &amp; Harassment PREA</li> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· Interview Questions: PREA Coordinator</li> <li>· Interview Questions: Staff Responsible for Risk Screening</li> <li>· Interview Questions: Transgender/Intersex Residents</li> <li>· Interview Questions: Transgender/Intersex/Gay/Lesbian Residents</li> <li>· 30 Day Reassessments</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.242 (a)</b></p> <p>The agency shall use information from the risk screening required by standard 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those Residents at elevated risk of being sexually victimized from those at elevated risk of being sexually abusive.</p> <p><b>Review of Documents:</b></p> <p>The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency use information from the risk screening required by 115.241, with the goal of keeping those residents separated at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments; the facility response was yes.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 6: G Use of Screening Information 1 – The facility shall make individual determinations on a case-by-case basis about how to ensure the safety of all residents and shall utilize the screening information to determine hosing, work, education, and programming assignments.</p> |

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

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

The PREA policy also states that information from the Sexual Violence Assessment Tool will be used in determining bed, work, education and program assignments so that residents at risk of sexual victimization are kept separate from residents with high risk of being sexually abusive. These are done on a case-by-case basis. Room and program assignments for transgendered or intersexed residents are also completed on a case-by-case basis. Decisions are made after a conversation with the residents about their preferences and safety. Room selection is also determined by what rooms are available, but room changes of existing residents may occur.

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

**Interviews: PREA Coordinator - Q: 6 / Staff Responsible for Risk Screening - Q: 9**

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

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

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

### **Reasoning and Analysis by Provision**

#### **115.242 (b)**

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

#### **Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency use information from the risk screening by 155.241, 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; the facility response was yes.

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

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

#### **Interviews: Agency PREA Coordinator / Staff Responsible for Risk Screening – Q: 9**

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

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

#### **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

#### **Corrective Action: None**

#### **Provision Findings:**

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

### **Reasoning and Analysis by Provision**

#### **115.242 (c)**

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

#### **Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

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

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

#### **Interviews: PREA Coordinator - Q: 8, 9, 10 / Transgender/Intersex Residents - Q: 1, 2**

The interview agency PREA coordinator confirmed that prior to a resident arriving at the program, program leadership and the funding agency have a discussion to confirm that this is the best fit and safest location for the resident. Upon intake, room options would be a discussion point. Case Managers and/or Intake staff would ask if the resident was comfortable in being housed in a room with 2-3 other residents. If the resident voiced his/her concerns, consideration would be given to providing a single room if available. If at any time, a resident felt unsafe, their housing option would be reviewed to ensure the residents' health and safety.

When the resident arrives, program staff have a conversation with the resident to find out how the program can accommodate the resident so that the resident is and feels safe. If the accommodation is not possible then program leadership will



discuss with DOC a solution or transfer to another program for the resident if there is a concern regarding security problems.

During the onsite visit there were no Transgenders or Intersex residents at the facility to confirmed if they felt safe at this facility and whether their views concerning safety are given serious consideration. Have they been put in a housing area only for transgender or intersex residents; as well as do they have any reason to believe that they were strip-searched for the sole purpose of determining their genital status.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Informal conversations with the Program Director indicated that prior to a resident to include transgender or intersex residents arriving at the program, program leadership and the funding agency (DOC) have a discussion to confirm that this is the best fit regarding health and safest location for the resident. When the resident arrives, the program can accommodate the resident so that the resident is and feels safe. If the accommodation is possible then the program will comply and if the accommodation is not possible then the program leadership will discuss with DOC a solution or transfer to another program for the residents. Abusive residents are not housed with a known victim or a vulnerable resident.

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.242 (d)**

A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: "This section is Community Solution's Direct Correlation to PREA's Community Confinement Standards Section 6: F – Screening for Risk of Victimization and Abusiveness 1 – Transgender and intersex residents' own views with respect to his or her safety shall be given serious consideration in

housing assignments. Transgender and intersex residents shall be given the opportunity to shower separately from other residents and shall not be placed in a dedicated unit solely based on their identification status.

The review showed that transgender and intersex residents' views on their safety are taken seriously.

Interviews: PREA Coordinator – Q:11 / Staff Responsible for Risk Screening – Q: 10 / Transgender and Intersex Residents – Q: 1

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

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

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

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

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.242 (e)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Are transgender and intersex residents given the opportunity to shower separately from other residents; the facility response was yes.

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

The agency provides transgender and intersex residents with the option to shower separately from other residents.

**Interviews: PREA Coordinator - Q:12 / Staff Responsible for Risk Screening - Q: 11 / Transgender/Intersex Residents - Q:3**

Interviewed PREA coordinator confirmed that Transgender or Intersex residents are given an opportunity to shower separately from other residents; they are allowed to shower individual when other residents are in their rooms. Many of the agency’s facilities have single showers and toilets. Residents may request that they have the restroom locked while in use. While the resident utilizes the shower, the shower will be closed to other residents. If a bigger program, then it is typically the shower the entrance can be monitored by staff. If the program has single showers, then the client will utilize it. The client is informed to notify staff prior to showering so staff can monitor the entrance if it is a larger facility.

During the onsite visit there were no Transgenders or Intersex residents at the facility to confirmed if they are allowed to shower without other residents.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

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

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

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.242 (f)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

The agency does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated housing.

The auditor requested any consent decree, legal settlement, or legal judgement requiring the facility to establish a dedicated facility, unit, or wing for LGBTI residents, and any documentation of housing if there was a consent decree, legal settlement, or legal judgement. The Program Director confirmed none.

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

During the facility documentation review of the LGBTI residents housing assignments indicated that this population is not house in designated areas. Informal conversations with staff and residents collaborated with that there was no evidence that any of the LGBTI population was placed in designated housing solely based on identification or status.

**Interviews: PREA Coordinator - Q: 13, 14 / Transgender/Intersex/Gay/ Lesbian Residents - Q: 2, 4**

The interviewed Agency PREA coordinator confirmed that the policy and agency practice is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender or intersex residents.

Interviewed PREA coordinator confirmed that the agency ensures against placing

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|  | <p>lesbian, gay, bisexual, transgender, or intersex residents in dedicated units, or wings solely based on their sexual orientation, genital status, or gender identity. Residents are housed based on their PREA assessment and other assessments conducted at intake. The safety of residents and determining who they are roomed with is always taken into consideration and especially with more targeted populations.</p> <p>During the onsite visit there were no Transgenders or Intersex residents at the facility to confirmed if they have been put in a housing area only for transgender or intersex residents; as well as do they have any reason to believe that they were strip-searched for the sole purpose of determining their genital status.</p> <p>During the onsite visit there were no Gay, Lesbian, bisexual residents at the facility to confirm that they are not placed in designated housing for the sole based on identification or status.</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A</b></p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.251 | Resident reporting   |
|---------|--|
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|         | <p><b>Auditor Discussion</b></p>   |
|         | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li> <li>· AWR DOC Client Handbook</li> <li>· Employee Handbook</li> </ul> |

- PREA Reporting Sexual Abuse or Sexual Harassment Flyer
- Pre-Audit Questionnaire (PAQ)
- Interview Questions: Random Sample of Staff
- Interview Questions: Resident Interview Questionnaire
- Interview Questions: PREA Coordinator

### **Reasoning and Analysis by Provision**

#### **115.251 (a)**

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

#### **Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency provide multiple internal ways for residents to report sexual abuse and sexual harassment; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 7: A. Resident Reporting 1. At intake all residents will be advised of all reporting options available to report sexual abuse, sexual harassment, retaliation, staff neglect, or other violations that may have contributed to an incident through the Resident Handbook issued upon arrival.

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

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

A review of additional documentation indicated that the residents have multiple internal ways to report sexual abuse and sexual harassment. The Resident Handbook including Community Solutions, Inc. Agency PREA Office number and mail address. During the intake process residents are informed that they can report to staff, Facility Director, or they may use the grievance process.

The resident handbook states that phones are available for emergencies and business calls. Residents can use their personal cell phones to contact the PREA hotline or website for reporting.

The following policy was reviewed: CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment includes PREA language.

**Interviews: Random Sample of Saff - Q: 7 / Resident Interview Questionnaire - Q: 9**

A total of three random staff were interviewed from different shifts. Two Blacks, and One White, all three were females. Three confirmed that residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment. The residents have a toll-free hotline, they could call State Police (911) or DOC, Parole Officer, PREA coordinator, or they can report to family members.

A total of three random staff were interviewed from different shifts. Two Blacks, and One White, all three were females. Three confirmed that residents can privately report sexual abuse, sexual harassment, or retaliation by confiding in a trusted resident or staff member. Staff indicated that residents have a toll-free hotline, they could call State Police (911) or DOC, Parole Officer, PREA coordinator, or they can report to family members. All residents have personal cell phones.

Ten random residents were interviewed by the auditor. Two Blacks, Six Whites, One Hispanic, and One Other. They were asked how would you report any sexual abuse or sexual harassment that happened to you or someone else? Is there someone who does not work at this facility who you could report to regarding sexual abuse or sexual harassment? Ten had different responses, all were aware of the PREA hotline and that they can report using their personal cell phones to call the PREA hotline or call 911. They can tell staff or their parole officer, their family members, wife or girlfriend.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Informal discussions with the PREA Coordinator revealed that residents can use the grievance process, but PREA-related grievances are immediately referred to for investigation, ending the grievance process and starting the investigation.

According to informal conversations with staff, residents may be permitted by their referral source to carry a cell phone.

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.251 (b)**

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

#### **Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 7: A. Resident Reporting 2. Residents shall also receive information on how to privately report any such information to public or private agencies while remaining anonymous. At the time of intake and orientation, the resident shall be provided with numbers and addresses for victim advocate services along with toll free rape crisis hot line numbers. Also, the information is posted throughout the program facilities.

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

- PREA Poster – Break the Silence! Included the confidential and free number to the Department of Corrections PREA Hotline (Spanish and English).
- PREA Poster – How to Report Sexual Abuse or Sexual Harassment, included Agency PREA Office number and address; the number to contact the State of Connecticut Department of Corrections PREA Investigation Unit Hotline; and the Local Police Department State Trooper #911.
- PREA Brochure – National Sexual Assault Hotline; and the Rape, Abuse and Incest Nation Network (RAINN) website at [www.rainn.org](http://www.rainn.org); and the PREA Coordinator Number and CSI website [www.csi-online.org](http://www.csi-online.org)

The resident handbook states that phones are available for emergencies and business calls. Residents can use their personal cell phones to contact the PREA hotline or website for reporting.

#### **Interviews: PREA Coordinator - Q: 15, 16 / Resident Interview Questionnaire - Q: 9, 10**

Interviewed PREA coordinator confirmed that the agency provides at least one way for residents to report abuse or harassment to a public or private office that is not a part of the agency. At the time of Intake, residents are oriented and educated on PREA and methods of reporting. Posted throughout the facility are fliers with contact numbers, which include DOC, BOP, Local agencies and hospitals that the resident can access at any time.



PREA coordinator also confirmed that information is made available, so that residents do not have to request from staff. Residents can contact other organizations as they feel appropriate. There is not any obligation for agencies to report back to CSI programs. Anonymity and confidentiality remain between the resident and the person/agency to whom they are reporting.

Residents can report by calling the State Police Department by dialing 911 or calling the Department of Corrections PREA Investigation Unit. The process will enable receipt and immediate transmission of resident reports of sexual abuse and sexual harassment to agency official that allow the resident to remain anonymous upon request.

Ten random residents were interviewed by the auditor. Two Blacks, Six Whites, One Hispanic, and One Other. They were asked how would you report any sexual abuse or sexual harassment that happened to you or someone else? Is there someone who does not work at this facility who you could report to regarding sexual abuse or sexual harassment? Ten had different responses, all were aware of the PREA hotline and that they can report using their personal cell phones to call the PREA hotline or call 911. They can tell staff or their parole officer, their family members, wife or girlfriend.

Ten random residents were interviewed by the auditor. Two Blacks, Six Whites, One Hispanic, and One Other. They were asked do you know if you are allowed to make a sexual abuse or sexual harassment report without having to give your name? Nine indicated yes, they are aware. One indicated no he did not know, the auditor discussed that he has the right to report without giving his name.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

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

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.251 (c)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Do staff members accept reports of

sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section: “This section is Community Solution’s Direct Correlation to PREA’s Community Confinement Standards Section 7: A. Resident Reporting 3. Residents shall also be notified that any staff member must accept and promptly document any report made verbally, in writing, anonymously, or from a third party.

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

**Interviews: Random Sample of Staff - Q: 8 / Resident Interview  
Questionnaire - Q: 11, 12**

A total of three random staff were interviewed from different shifts. Two Blacks, and One White, all three were females. Three confirmed that when a resident alleges sexual abuse, they can report it verbally, in writing, anonymously and from third parties and they can report it immediately.

Ten random residents were interviewed by the auditor. Two Blacks, Six Whites, One Hispanic, and One Other. They were asked can you make reports of sexual abuse or sexual harassment either in person or in writing? Ten indicated yes, they can report in person to staff or write a grievance. Nine indicated that someone else can make a report for them so that they do not have to give their names.

Ten random residents were interviewed by the auditor. Two Blacks, Six Whites, One Hispanic, and One Other. They were asked had you ever reported to the authorities or staff, either in person or in writing, that you were sexually abused or sexually harassed while in this facility. Ten indicated no.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Review of the site review outlined in provisions (a) and (b).

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.251 (d)**

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

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|  | <p><b>Review of Documents:</b></p> <p>The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents; the facility response was yes.</p> <p>The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.</p> <p><b>Interviews: Random Sample of Staff - Q: 6</b></p> <p>A total of three random staff were interviewed from different shifts. Two Blacks, and One White, all three were females. Three confirmed that staff can privately report sexual abuse and sexual harassment of resident by using their personal cell phones to call DOC PREA Investigation Units, call 911 or the State Police, and report to the Agency PREA coordinator.</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews):</b></p> <p>During the facility tour informal conversations with staff indicated that they will privately report sexual abuse and sexual harassment of resident to DPC PREA Investigation Unit, call 911 or the State Police or the Agency PREA Coordinator.</p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.252 | Exhaustion of administrative remedies   |
|---------|---|
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|         | <p><b>Auditor Discussion</b></p>  |
|         | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>Pre-Audit Questionnaire (PAQ)</li> </ul> |

- CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA
- CSIP 20a – 26 DOC Grievance Procedures
- Interview Questions: Residents who Reported a Sexual Abuse

### **Reasoning and Analysis by Provision**

#### **115.252 (a)**

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

#### **Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Is the agency exempt from this standard; the facility response was yes. 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.

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

An additional policy review indicates that the agency has administrative procedures to address resident grievance regarding sexual abuse.

#### **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

#### **Corrective Action: None**

#### **Provision Findings:**

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

### **Reasoning and Analysis by Provision**

#### **115.252 (b)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits; the facility response was yes.

CSI Policy 20a-27 July 2023 Operations DOC Adult Work Release Grievance Procedures section 6. CSI Grievance Regarding Sexual Abuse 6.1: Standard grievance timeframes of 5 days do not apply to complaints of sexual abuse. Sex abuse claims can be reported at any time regardless of when the event is alleged to have occurred. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Also, the grievance will not be referred to the staff member who is the subject of the complaint.

CSI shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse.

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

The following policy was reviewed: CSI Policy 20a-27 July 2023 Operations DOC Adult Work Release Grievance Procedures section 6. CSI Grievance Regarding Sexual Abuse includes PREA language.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

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

**Reasoning and Analysis by Provision**

**115.252 (c)**

The agency shall ensure that:

- A resident who alleges sexual abuse may submit grievance without submitting it to a staff member who is the subject of the complaint, and
- Such grievance does not refer to a staff member who is the subject of the complaint.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency ensure that a resident who alleges sexual abuse may submit a grievance without submitting to a staff member who is the subject of the complaint; the facility response was yes.

CSI Policy 20a-27 July 2023 Operations DOC Adult Work Release Grievance Procedures section 6. CSI Grievance Regarding Sexual Abuse 6.: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Also, the grievance will not be referred to the staff member who is the subject of the complaint.

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.252 (d)**

- The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.
- Computation of the 90-day time shall not include time consumed by Residents in preparing any administrative appeal.
- The agency may claim an extension of the time to respond, of up to 70 days, if the

normal time for response is insufficient to make an appropriate decision. The agency shall notify the residents in writing of any such extension and provide a date by which a decision will be made.

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

#### **Review of Documents:**

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of grievances filed that alleged sexual abuse was 0. In the past 12 months, the number of grievances alleging sexual abuse that reached the final decision within 90 days after being filed was 0. In the past 12 months, the number of grievances alleging sexual abuse involved extensions because the final decision was not reached within 90 days was 0.

CSI Policy 20a-27 July 2023 Operations DOC Adult Work Release Grievance Procedures section 6. CSI Grievance Regarding Sexual Abuse 6.3: The PREA Coordinator will coordinate the investigation into the resident's grievance regarding sexual abuse. This may mean contacting the authorities to engage in a criminal investigation. The Human Resources Manager and other pertinent CSI administrative staff will further explore from an administrative point the resident's grievance. A final decision on such cases must be made within 90 days of such a filing. The agency may claim an extension of up to 70 days if the normal timeframe is insufficient to make an appropriate decision. The agency must notify the residents in writing of any extension and provide a date by which the decision will be made.

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

The following policy was reviewed: CSI Policy 20a-27 July 2023 Operations DOC Adult Work Release Grievance Procedures section 6. CSI Grievance Regarding Sexual Abuse includes PREA language.

#### **Interviews: Residents who Reported a Sexual Abuse - Q: 15, 16, 17, 18**

During the site visit there were no residents who reported sexual abuse to respond to the following questions:

- Were you told in writing of any decisions made about your grievance?
- If yes, about when were you told in writing?
- Do you know if the facility is supposed to tell you of any decision within 90 days of you making a grievance about sexual abuse?
- If it took longer than 90 days to reach a decision, did the facility tell in you

writing that making a decision would take longer?

- If yes, did they tell you by what date they would have a decision?

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

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

**Corrective Action: None**

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

**Reasoning and Analysis by Provision**

**115.252 (e)**

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

**Review of Documents:**

Based on a review of information that the facility provided in the PAQ, the number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the residents' decision to decline was 0.

CSI Policy 20a-27 July 2023 Operations DOC Adult Work Release Grievance Procedures section 6. CSI Grievance Regarding Sexual Abuse 6.4: Third parties (i.e., attorneys, family members etc.) shall be permitted to assist or file such requests on behalf of a resident. If the resident declines to have the request processed on his/her behalf, the agency shall document the resident's decision. In an effort, to assist third parties in their ability to report on behalf of a resident, CSI reporting contact information and available means of reporting shall be posted on its website. Person interested in reporting acts of sexual abuse and/or harassment may do so via



phone, fax, or email.

The facility has demonstrated compliance with this provision of the standard because they permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filling requests for administrative remedies relating to allegations of sexual abuse and to file requests on behalf of the residents.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.252 (f)**

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

**Review of Documents:**

Based on a review of information that the facility provided in the PAQ, the number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months was 0. The number of those grievances in 115.252 (e)-3 that had an initial response within 48 hours was 0. The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days was 0.

CSI Policy 20a-27 July 2023 Operations DOC Adult Work Release Grievance Procedures section 6. CSI Grievance Regarding Sexual Abuse 6.5: An emergency grievance can be filed alleging a resident is in substantial risk of imminent sexual abuse. These grievances require an initial response to occur within 48 hours and a final agency decision with 5 days. The initial response and final decision shall

document CSI's determination whether the resident is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

The facility has demonstrated compliance with this provision of the standard because the agency has established procedures for filing an emergency grievance alleging that a resident is subject to substantial risk of imminent sexual abuse.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

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

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.252 (g)**

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

**Review of Documents:**

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith was 0.

CSI Policy 20a-27 July 2023 Operations DOC Adult Work Release Grievance Procedures section 6. CSI Grievance Regarding Sexual Abuse 6.6: CSI may discipline a resident for filling a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

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|  | <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.253 | Resident access to outside confidential support services  |
|---------|---|
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|         | <p><b>Auditor Discussion</b></p>  |
|         | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li> <li>· AWR DOC Client Handbook</li> <li>· CSI CT English PREA Brochure</li> <li>· CSI CT Spanish PREA Brochure</li> <li>· DOC Reporting</li> <li>· DOC Outside Emotional Support Services Flyer</li> <li>· Email from Rape Crisis Center</li> <li>· Rape Crisis Center Free &amp; Confidential Information</li> <li>· Community Solutions and CT Alliance MOU</li> <li>· Interview Questions: Resident Interview Questionnaire</li> <li>· Interview Questions: Resident who Reported Sexual Abuse</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> |

**115.253 (a)**

The facility shall provide Residents with access to outside victim advocates for emotional support services related to sexual abuse by giving Residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between Residents and these organizations and agencies, in as confidential a manner as possible.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the facility provide resident 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; the facility response was yes.

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

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

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

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

The following policy was reviewed: CSI Policy 20a-27 July 2023 Operations DOC Adult Work Release Grievance Procedures section 6. CSI Grievance Regarding Sexual Abuse includes PREA language.

**Interviews: Resident Interview Questionnaire - Q: 13, 14, 15, 16 / Resident who Reported a Sexual Abuse - Q: 10, 11**

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

During the site visit there were no residents who reported sexual abuse to respond to the following questions.

- Does the facility give you mailing addresses and telephone numbers for outside services?
- Under what circumstances are you able to talk with people who provide these services?

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

During the facility tour the auditor observed PREA posters on the wall. The posters observed were Auditor PREA Notice of the upcoming PREA audit; PREA Brochure-Sexual Assault, Abuse and Harassment Sexual Abuse and Harassment. The Connecticut Alliance to End Sexual Violence.

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

During the On-Site phase, during the tour of the facility, all the residents have personal phones. The phones were checked to ensure that the residents have access to The Connecticut Alliance to End Sexual Violence, local rape crisis center that provides emotional support services.

On July 18, 2025, at 9:04am, during the post-audit phase, the auditor called the Connecticut Alliance to End Sexual Violence the statewide emotional support services number to test its functions. The auditor uses his cell phone and dials the

toll-free number. The call went to the statewide office. The person that answered the phone asked for the auditor's reason for calling. The auditor informed the person that he was a Certified PREA auditor and was testing the statewide toll-free number. The auditor asked the staff to explain the process when a resident calls this number and how they receive emotional support services. The staff indicated that they would talk to the residents and forward the call to the zip code where the facility is located. Connecticut Alliance to End Sexual violence is a statewide coalition of individual sexual assault crisis programs. There are nine local rape crisis centers that provide emotional support services statewide. Staff also indicated that they provide services at the local hospital if requested the resident.

The auditor phone call was followed up by an email from Connecticut Alliance to End Sexual Violence on July 18, 2025, at 11:16am. The email attachment provided additional information regarding Victim Services, Advocacy and Counseling Community Education Programs. Free & Confidential 24/7 Sexual Assault Hotline numbers in Spanish and English.

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

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

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.253 (b)**

The facility shall 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.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the facility 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; the facility response was yes.

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

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

**Interviews: Resident Interview Questionnaire - Q: 17 / Resident who Report a Sexual Abuse - Q: 12**

Ten random residents were interviewed by the auditor. Two Blacks, Six Whites, One Hispanic, and One Other. They reported that they think the conversation would remain private. However, they did not know if their conversation would remain private because they never use outside services. Some say that they think their conversation would remain private unless they reported a crime.

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

During the site visit there were no residents who reported sexual abuse to respond to the following question. Can you communicate (talk or write) with these people in a confidential way? Could your conversations with them be told to or listened to by someone else?

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.253 (c)**

The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide Residents with confidential emotional support services related to sexual abuse. The

agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

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

Documentation review of the Memorandum Agreement between Community Solution, Inc., and The Connecticut Alliance to End Sexual Violence. The Alliance to End Sexual Violence (The Alliance) is a coalition of Connecticut's nine (9) community based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training programs.

MOU Connecticut Alliance to End Sexual Violence agrees to the following:

- o Identify and assign a point of contact at each organization to establish coordinator between agencies and access to SACS services for CSI clients. Response to client's request to work SACS will be made and executed within a reasonable amount of time.
- o Display sexual assault crisis hotline posters in English and Spanish at CSI and The Alliance. CSI will share information with clients about SACS program and the availability of sexual assault crisis counselors and community-based services.
- o At CSI client's request allow for a sexual assault crisis counselor to accompany and support the victim throughout the forensic medical exam process and investigatory interviews, and provide emotional support, crisis intervention, information, and referrals, as requested by the victim throughout the client's placement is the CSI facility.
- o At the Alliance and CSI there will be a dedicated and confidential space for SACs to meet with clients.
- o To develop site specific protocol and procedure for maintaining PREA standards.
- o To collaborate for the continuity of care and discharge planning for clients who are victims of sexual assault and/or abuse.
- o To identify and assign designated staff to establish a cohesive and seamless delivery of services to clients in CSI facilities.

The agency PREA coordinator maintains a copy of the statewide agreement in the office.



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|  | <p>The auditor reviews the MOU and the Modification or Termination of Agreement sections states, "Either party may terminate the agreement with or without cause upon sixty (60) days written notice. Subject to the rights of the parties to terminate this Agreement, no modification shall be made without the written consent of both parties". The Duration section states, "This agreement is effective as of the last date signed below and shall be effective henceforth unless terminated by either party as outlined above".</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews):</b></p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| <b>115.254</b> | <b>Third party reporting</b>   |
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|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|                | <p><b>Auditor Discussion</b></p>   |
|                | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li> <li>· CSI CT English PREA Brochure</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.254 (a)</b></p> <p>The agency shall establish a method to receive third party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> |

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|  | <p><b>Review of Documents:</b></p> <p>The Pre-Audit Questionnaire (PAQ) Indicated: Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment; the facility response was yes.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 7. E- Third Party Reporting: 1. Any third-party reports of sexual abuse may be made via telephone or fax. Email, or in person. The facility email address, telephone and facsimile numbers are available publicly on CSIs’ website.</p> <p>The agency provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p>A review of the agency website regarding third-party reporting confirmed that to report a PREA allegation through a third party, please utilize one of the following options: (1) State Connecticut Department of Correction PREA Investigation Unit Hotline,</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A</b></p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| <b>115.261</b> | <b>Staff and agency reporting duties</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>Pre-Audit Questionnaire (PAQ)</li> </ul> |

- CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA
- CSIP 20a -37 DOC Incident Reporting
- Interview Questions: Random Sample Staff
- Interview Questions: Medical and Mental Health Staff
- Interview Questions: Program Director
- Interview Questions: PREA Coordinator

### **Reasoning and Analysis by Provision**

#### **115.261 (a)**

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

#### **Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 8.A Staff and Agency Reporting Duties 1. All staff are required to report any instance of alleged or actual sexual abuse or sexual harassment, retaliation, or staff neglect to their Program Director, next level supervisor or the PREA Coordinator immediately. Staff members shall not reveal any information related to the report to anyone other than the extent necessary.

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

#### **Interviews: Random Sample Staff - Q: 5**

A total of three random staff were interviewed from different shifts. Two Blacks, and One White, all three were females. Three confirmed that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against residents or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. They must

report any sexual abuse immediately.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.261 (b)**

Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Apart from reporting to designated supervisors or officials, 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, investigations, and other security and management decisions; the facility response was yes.

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

**Interviews: Random Sample of Staff - Q: 5**

A total of three random staff were interviewed from different shifts. Two Blacks, and One White, all three were females. Three confirmed that when they report they will only share information with other staff as needed.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

**Corrective Action: None**

**Provision Findings:**

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

## **Reasoning and Analysis by Provision**

### **115.261 (c)**

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

#### **Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to paragraph (a) of this section; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 8.A Staff and Agency Reporting Duties Section 6: Any supervisor or manager who becomes aware of possible sexual abuse or other unlawful harassment should promptly advise the next supervisor in the chain of command, who will conduct a formal investigation in a timely and confidential manner. If the report is of a criminal nature the State Police shall be contacted to investigate the report, while an administrative investigation concurs simultaneously.

The facility reports sexual abuse and informs residents of the practitioner's duty to report, and the limitations of confidentiality during the intake process.

#### **Interviews: Medical and Mental Health Staff - Q: 3, 4, 5**

During the onsite visit and documentation review the facility does not hire medical staff to ask the following questions. At the initiation of services to a resident, do they disclose the limitations of confidentiality and their duty to report. Are they required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment of a designated supervisor or official immediately upon learning. And have they ever become aware of such incidents.

#### **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

#### **Corrective Action: None**

#### **Provision Findings:**

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

## **Reasoning and Analysis by Provision**

### **115.261 (d)**

If the alleged victim is under the age of eighteen or considered a vulnerable adult under a state or local vulnerable persons statute, the agency shall report the allegation to the designated State or Local Services agency under applicable mandatory reporting laws.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: If the alleged victim is underage of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws; the facility response was yes.

**Interviews: Program Director - Q: 11 / PREA Coordinator - Q: 27**

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

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

**Interviews: Program Director - Q: 11 / PREA Coordinator - Q: 27**

Interviewed PREA coordinator confirmed that the facility does not house individuals under the age of 18, however, if they received an allegation from another program, they would notify the appropriate authorities or DCF as they are mandated reporters. The agency would need to contact Department of Children and Families or possible Department of Social Services if it involves a vulnerable adult. It would depend upon which state agency assumes responsibility for the particular person. The agency would continue any relevant administrative investigation.

In addition to the normal PREA response, the staff are also mandated reporters for vulnerable adults and report to either the Office of Protection and Advocacy for Persons with Disabilities or The Department of Social Services.

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

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|  | <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.261 (e)</b></p> <p>The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators.</p> <p><b>Review of Documents:</b></p> <p>The Pre-Audit Questionnaire (PAQ) Indicated: Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators; the facility response was yes.</p> <p>The agency reports all allegations of sexual abuse and sexual harassment to include third party and anonymous reports, to the facility’s designated investigators.</p> <p><b>Interviews: Program Director – Q: 8</b></p> <p>The interviewed Program Director confirmed that all allegations of sexual abuse and sexual harassment including those from third-party and anonymous sources reported immediately and directly to the agency PREA coordinator or facility designated investigator.</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A</b></p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| <b>115.262</b> | <b>Agency protection duties</b> |
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|  | <b>Auditor Overall Determination:</b> Meets Standard  |
|  | <b>Auditor Discussion</b>   |
|  | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"><li>· Pre-Audit Questionnaire (PAQ)</li><li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li><li>· Interview Questions: Agency Head Designee</li><li>· Interview Questions: Program Director</li><li>· Interview Questions: Random Sample of Staff</li></ul> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.262 (a)</b></p> <p>When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the residents.</p> <p><b>Review of Documents:</b></p> <p>Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk imminent sexual abuse was 0. If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passes before acting is 0.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 8.B – Agency Protection Duties. Upon receiving any information that a resident is subject to or at-risk sexual abuse the Program Director, PREA Coordinator and Area Director will be notified, and appropriate action will be taken to protect the residents.</p> <p>The facility screens all newly admitted Residents for potential for victimization or for potential sexual abusiveness. This process is in place to ensure that a potential victim and potential abuser are not housed together in the same bedroom.</p> <p>When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident.</p> <p>Informational conservation with the Program Director confirmed that measures to protect a client are subject to a substantial risk of imminent sexual abuse. The following protective actions that may be used by the agency/facility:</p> <ul style="list-style-type: none"><li>o Consultation with referral source,</li><li>o Removing alleged client abusers from contact with victims,</li></ul> |



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

**Interviews: Agency Head Designee - Q: 12 / Program Director - Q: 7 / Random Sample of Staff - Q: 13**

Interviewed Agency Head Designee confirmed that when the agency learns that a resident is subject to a substantial risk of imminent sexual abuse the agency would take protective action. When residents are placed in the program, efforts are made to house them according to PREA assessment, which considers victimization risk. In these instances, or instances where a risk is identified at another time, the agency ensures that the resident is housed in an area that is safe and easily monitored. The program supervisors, case manager and supervising Parole Officer will review the case and implement action to reduce risk. Action may include a supervision plan, transfer of rooms or even facilities. Decisions are made based on the circumstances of the case least disruption to the residents (s) and with maximum safety and security in mind.

Staff are also made aware of the situation, and these residents have frequent physical checks done on them. The facility may also speak with the funder to see if there are more appropriate housing options for these residents.

The interviewed Program Director confirmed, when they learn that a resident is subject to a substantial risk of imminent sexual abuse, the protective action is to ensure the client is roomed either alone or with someone that based on PREA assessment is of low risk to be an abuser. In these instances, it would depend on the circumstances presented. The agency would contact the residents to discuss preferences. Depending on outcome room assignment change, supervision plan, transfer, and /or review of community access.

A total of three random staff were interviewed from different shifts. Two Blacks, and One White, all three were females. Three confirmed that the actions they would take when they learn that residents may be at risk of imminent sexual abuse. They would immediately move the residents to another area until the supervisor gives additional instructions and stay with the residents.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

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|  | <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.263 | Reporting to other confinement facilities  |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|         | <p><b>Auditor Discussion</b></p>   |
|         | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li> <li>· Interview Questions: Agency Head Designee</li> <li>· Interview Questions: Program Director</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.263 (a)</b></p> <p>Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.</p> <p><b>Review of Documents:</b></p> <p>Based on a review of information that the facility provided in the PAQ, during the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility is 0. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities has been 0.</p> <p>CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution’s direct correlation to PREA’ Community</p> |

Confinement Standards, Subsection 8. REPORTING TO OTHER CONFINEMENT FACILITIES: Upon receiving information or allegation that a client was sexually abused while confined at another facility, the Program Director shall notify the CTDOC Parole, the FBOP (if applicable) and the facility head of the facility from which the client arrived and, if a Community Confinement facility, the head of that facility will be notified immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting such notification.

The agency requires upon receiving an allegation that a resident was sexually abused while confined at another facility, the agency notifies the head of the facility or appropriate office of the facility where sexual abuse is alleged to have occurred.

**Interviews: Agency Head Designee Q:5 / Program Director Q:12**

Interviewed Agency Head Designee confirmed that if another agency or a facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of the facilities the agency has a designated point of contact. CSI agency PREA coordinator is the designated point of contact for all facilities. All allegations go through the PREA coordinator who then makes appropriate collateral contacts with those needing to be informed of the situation, including investigations. They are investigated administratively, and if it appears a criminal act has been committed, law enforcement is notified to conduct a criminal investigation. It was also reported that there were no allegations from another facility or agency. At this time there were no examples from another facility or agency.

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.263 (b)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation; the facility response was yes.

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

CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection C. Upon receiving information or allegation that a resident was sexually abused while confined at another facility, the Program Director shall notify the CTDOC Parole or the FBOP, who will in turn notify the facility head of the facility from which the inmate arrived and, if a Community Confinement facility, the head of the facility will be notified immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting such notification.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.263 (c)**

The agency shall document that it has provided such notification.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency document that it has provided such notification; the facility response was yes.

CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section, Community Solution's direct correlation to PREA' Community Confinement Standards, Subsection C. Upon receiving information or allegation that a resident was sexually abused while confined at another facility, the Program Director shall notify the CTDOC Parole or the FBOP, who will in turn notify the facility head of the facility from which the inmate arrived and, if a Community Confinement facility, the head of the facility will be notified immediately (but no later than 72

hours after receiving the allegation) and an incident report completed documenting such notification.

The facility has demonstrated compliance with this provision of the standard because the agency documents that it has provided notification within 72 hours of receiving the allegation.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.263 (d)**

The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities; the facility response was 0.

The facility has demonstrated compliance with this provision of the standard because the facility requires that allegations received from other facilities are investigated in accordance with the PREA standards.

**Interviews: Agency Head - Q: 5 / Program Director - Q: 13**

The interview Program Director was asked are their examples of another facility or agency reporting such allegations. Staff indicated none at this program. If they were to receive an allegation, the program staff would notify the PREA Coordinator, Parole and the State Police. The response is the same and is not dependent on who makes the allegations.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

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|  | <p>corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| <b>115.264</b> | <b>Staff first responder duties</b>  |
|----------------|--|
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|                | <p><b>Auditor Discussion</b></p>   |
|                | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li> <li>· Interview Questions: Security Staff and Non-Security Staff First Responders</li> <li>· Interview Questions: Residents who Reported Sexual Abuse</li> <li>· Interview Questions: Random Sample of Staff</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.264 (a)</b></p> <p>Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:</p> <ul style="list-style-type: none"> <li>· Separate the alleged victim and abuser.</li> <li>· Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.</li> <li>· If the abuse occurred within a time that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and</li> <li>· If the abuse occurs within a time that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth,</li> </ul> |

changing clothes, urinating, defecating, smoking, drinking, or eating.

**Review of Documents:**

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of allegations that a resident was sexually abused is 0. Of these allegations, the number of times the first security staff member responded to the report separated the alleged victim and abuser is 0. In the past 12 months, the number of allegations where staff were notified within a time that is still allowed for the collection of physical evidence is 0.

CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section 7.1. Staff and First Responder Duties - Upon learning of an allegation that a client was physically or sexually abused, the first staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser.
- Secure any crime scene until steps can be taken to collect any evidence.
- If the abuse occurred within a time that still allows for the collection of physical evidence, the responder is required to request that the alleged victim not take any action that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- If the first responder is not a security staff member, such as a volunteer or intern (contractors would always be escorted by staff), the responder would also be required to request that the alleged victim not take any actions that could destroy physical evidence then notify security staff.
- Program Director / Duty Officer is notified.

The agency has a first responder policy for allegations of sexual abuse and staff are aware of the process.

**Interviews: Security Staff and Non-Security Staff First Responders - Q: 1 / Residents who Reported a Sexual Abuse - Q: 1, 2, 3**

During the site visit there were no residents who reported sexual abuse to respond to the following questions:

- How soon after you were sexually abused did a staff person come to help you? Did you tell someone at the facility about the abuse, or did they find out about the abuse in another way?
- Do you feel that the staff who first got to the scene after you had been sexually abused responded quickly?
- What did the staff do when they first got to you?

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.264 (b)**

If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

**Review of Documents:**

Based on a review of information that the facility provided in the PAQ, of the allegations that a resident was sexually abused in the past 12 months, the number of times a non-security staff member was the first responder is 0. Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence is 0. Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff is 0.

CSI Policy 20-29 Operations Adult Work Release: Abuse/Harassment/PREA Compliance, Section 7.1. Staff and First Responder Duties - Upon learning of an allegation that a client was physically or sexually abused, the first staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser.
- Secure any crime scene until steps can be taken to collect any evidence.
- If the abuse occurred within a time that still allows for the collection of physical evidence, the responder is required to request that the alleged victim not take any action that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- If the first responder is not a security staff member, such as a volunteer or intern (contractors would always be escorted by staff), the responder would also be required to request that the alleged victim not take any actions that could destroy physical evidence then notify security staff.
- Program Director / Duty Officer is notified.



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|  | <p>The agency training requires that if the first staff responder is not a security staff, that responder is required to request that the alleged victim not take any actions that could destroy physical evidence just as the security staff.</p> <p><b>Interviews: Security Staff and Non-Security Staff First Responders - Q: 1 / Random Sample of Staff - Q: 11</b></p> <p>A total of three random staff were interviewed from different shifts. Two Blacks, and One White, all three were females. Three confirmed that they know and understand the agency's protocol for preserving usable physical evidence if a resident alleges sexual abuse. They report that if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, their responsibility in this situation would be to separate the victim from the abuser, close off the area where it takes place, do not let the victim and abuser brush their teeth, drink, use the bathroom, and change clothing. Staff would call 911 if a medical is needed and their supervisor.</p> <p>Interview 1st Responder was asked can you describe the action you take as a first responder to an allegation of sexual abuse? Staff indicated they would separate the alleged victim and abuser; Preserve and protect the crime scene; Ask the alleged victim and abuser not to take any actions that could destroy physical evidence such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating, and immediately notifying medical and mental health practitioners. When probe all the staff indicated that they would notify the Program Director and the Duty Officer, and Parole Officer.</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A</b></p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| <b>115.265</b> | <b>Coordinated response</b>                          |
|                | <b>Auditor Overall Determination:</b> Meets Standard |

## **Auditor Discussion**

### **Evidence Relied Upon in Making Compliance Determinations:**

- Pre-Audit Questionnaire (PAQ)
- CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA
- Coordinated Plan for Sexual Assault (Sample)
- Interview Questions: Program Director

### **Reasoning and Analysis by Provision**

#### **115.265 (a)**

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

#### **Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

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

The facility has a written policy to coordinate actions taken in response to an incident of sexual abuse among staff first responders, Program Director, Line Staff, Area Director, PREA Coordinator (investigators).

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

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

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|  | <ul style="list-style-type: none"> <li>· PREA Coordinator</li> </ul> <p>Interviews: Program Director – Q: 14</p> <p>The interviewed Program Director confirmed that the agency has a policy to coordinate actions among staff first responders, program staff and facility leadership in response to an incident of sexual abuse.</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A</b></p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.266 | Preservation of ability to protect residents from contact with abusers   |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|         | <p><b>Auditor Discussion</b></p>   |
|         | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li> <li>· Interview Questions: Agency Head Designee</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.266 (a)</b></p> <p>Neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter or renew any collective bargaining</p> |

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.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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 contract with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 8.F Preservation of Ability to Protect Residents from Contact with Abuser. CSI shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged staff sexual abuser from contact with residents pending the outcome of an investigation or of determination of whether and to what extent discipline is warranted.

The agency is not involved in any governmental entity responsible for collective bargaining on the agency's behalf.

**Interviews: Agency Head Designee- Q: 6**

Interviewed Agency Head Designee confirmed that the agency is not involved in any governmental entity responsible for collective bargaining on the agency's behalf.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.266 (b)**

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

- The conduct of the disciplinary process, if such agreements are not inconsistent with the provisions of standards 115.72 and 115.76; or

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|  | <ul style="list-style-type: none"> <li>Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</li> </ul> <p><b>Review of Documents:</b></p> <p>Pre-Audit Questionnaire: Auditor is not required to audit this provision.</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A</b></p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.267 | Agency protection against retaliation  |
|---------|--|
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|         | <p><b>Auditor Discussion</b></p>   |
|         | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>Pre-Audit Questionnaire (PAQ)</li> <li>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li> <li>Interview Questions: Residents who Reported Sexual Abuse</li> <li>Interview Questions: Agency Head Designee</li> <li>Interview Questions: Program Director</li> <li>Interview Questions: Designated Staff Member Charged with Monitoring Retaliation (or Director if none- available)</li> </ul> |

## **Reasoning and Analysis by Provision**

### **115.267 (a)**

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

#### **Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

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

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

#### **Interviews: Residents who Reported Sexual Abuse - Q:25 / Agency Head Designee**

During the site visit there were no residents who reported sexual abuse to respond to the following question. Do you feel protected enough against possible revenge from staff or other residents because you reported what happened to you?

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

#### **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.267 (b)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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 investigation; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA Section 4 PREA Coordinator 4.4: The PREA Coordinator will monitor defendant/offender screening procedures and investigations, each investigation will be assigned a case number to initiate the data collection process, according to the PREA standards; including, but not limited to ensuring staff and residents are free from retaliation for reports of sexual harassment and abuse. If an individual who cooperates with the investigation expresses fear of retaliation the PREA Coordinator will take appropriate measures to protect against retaliation. Monitoring will occur for 90 days post claim. Monitoring will terminate if the aggregation is found to be unsubstantiated. Monitoring will include:

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

A documentation review indicated that the agency has the following multiple

protection monitoring measures: Recent discipline reports, housing changes, periodic status checks, program changes, negative case notes or progress reports, staff reassignments and negative performance reviews.

**Interviews: Agency Head Designee - Q: 7 / Program Director - Q: 15 / Designated Staff Member Charged with Monitoring Retaliation (or Director if none- available) - Q: 1, 2, 3**

Interviewed Agency Head Designee was asked how do you protect residents and staff from retaliation for sexual abuse or sexual harassment allegations? Staff indicated that the agency has a system in which they follow up with residents who report allegations of abuse. The PREA Coordinator assumes responsibility for monitoring against retaliation for at least 90 days following the incident. The PREA Coordinator would be expected to check in with the resident or staff periodically as well as review any pertinent disciplinary documentation or other actions that may be construed as retaliation.

They also monitor residents closely following reports of sexual abuse. The agency has managers closely watching staff overseeing these residents to ensure there is no retaliation taking place. They inform the residents of the retaliation policy and to notify staff immediately if they feel they are being retaliated against. Staff has the ability to report any retaliation to the Human Resources Department, the PREA Coordinator or agency leadership at any time. The agency also informs victims of victim services and behavioral health supports available to the residents.

Interviewed staff responsible for monitoring retaliation confirmed that the role she plays in preventing retaliation against residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigation by making housing changes or they can transfer to another agency facility, provide emotional support services through the local rape crisis center. The agency works closely with the funder, PREA coordinator, HR and agency leadership team to ensure that individual(s) who cooperate with PREA are protected. In addition, staff initiate contact with residents who have reported sexual abuse when inspecting the facility, or during counseling sessions. She monitors staff to ensure that they are not retaliating against clients by monitoring cameras, ensuring the client is not being treated differently through chores, denial of passes, restricted outside access, etc. If staff feel like they are being retaliated against, they are instructed to communicate with the Program Director or to human resources.

Staff indicated that they initiate contact with residents who have reported sexual abuse right after the allegation and continuously until their discharge.

The interviewed Program Director described the different measures that are taken to protect residents and staff from retaliation are: Clients involved are kept always separated. If it's against a staff member that staff member is sent home until the facility completes the investigation. Staff keep a close eye on clients, and the Program Director keeps an eye on clients and staff to ensure there are no increases in chores or tickets. The staff notify the client that the facility has zero tolerance for retaliation, and they should notify staff immediately if they feel that they are being



retaliated against. If there is an incident of retaliation, then the program would notify the client's supervising officer. If it were a staff member retaliating against clients, they would be reported to Human Resources and addressed appropriately.

Considerations are made regarding room and/or facility change. Also, checking in with the individuals, supervision plan, and referrals. Heightened awareness regarding possible retaliatory actions.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.267 (c)**

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of Residents or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by Residents or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

**Review of Documents:**

Based on a review of information that the facility provided in the PAQ, the number of times an incident of retaliation occurred in the past 12 months is 0.

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

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

**Interviews: Director - Q: 16 / Designated Staff Member Charged with Monitoring Retaliation (or Director if none- available) - Q: 4, 5, 6**

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

The interview Program Director was asked what measures you take when you suspect retaliation? Staff indicated they have a no tolerance policy for retaliation, if it happens the client/staff person will be removed from the program. DOC will be notified, Area Director, PREA Coordinator, Vice President and, if necessary, the police are notified. A plan to address the retaliation would be formed.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.267 (d)**

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

**Review of Documents:**

Pre-Audit Questionnaire: In the case of residents, does such monitoring also include periodic status checks; the facility response was yes.

Monitoring will occur for at least 90 days post claim and will include periodic status checks. Monitoring will terminate if the allegation is found to be unsubstantiated.

Monitoring will include:

§ Recent discipline reports

§ Housing changes

§ Periodic status checks

§ Program changes, negative case notes or progress reports.

§ Staff reassignments

§ Negative performance reviews

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and

Harassment – PREA section 8.G Agency Protection Against Retaliation 3. The PREA Coordinator shall conduct periodic status checks and take any necessary protective measures to ensure resident and staff safety.

**Interviews: Designate Staff Member Charged with Monitoring Retaliation (or Director if none-available) – Q: 4**

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.267 (e)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

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

**Interviews: Agency Head Designee – Q: 8 / Director – Q: 15, 16**

The interviewed Agency Head confirmed that if an individual who cooperates with an investigation expresses a fear of retaliation the agency takes measures to protect that individual against retaliation. The agency would investigate the claim and take appropriate measures based on the results of the investigation.

The agency works closely with the funder, PREA coordinator, HR, and agency leadership team to ensure that individuals who cooperate with PREA investigations

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|  | <p>are protected from potential retaliation.</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A</b></p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.267 (f)</b></p> <p>An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p><b>Review of Documents:</b></p> <p>Pre-Audit Questionnaire: Auditor is not required to audit this provision.</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A</b></p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| <b>115.271</b> | <b>Criminal and administrative agency investigations</b>         |
|                | <b>Auditor Overall Determination:</b> Meets Standard             |
|                | <b>Auditor Discussion</b>  |
|                | <b>Evidence Relied Upon in Making Compliance Determinations:</b> |

- CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA
- Pre-Audit Questionnaire (PAQ)
- Interview Questions: Investigative Staff
- Interview Questions: Residents who Reported Sexual Abuse
- Interview Questions: Program Director
- Interview Questions: PREA Coordinator

### **Reasoning and Analysis by Provision**

#### **115.271 (a)**

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

#### **Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 9.A: Criminal and Administrative agency Investigations  
1. The PREA Coordinator or designee shall investigate promptly, thoroughly, and objectively all allegations of sexual abuse or sexual harassment including those from a third party.

#### **Interviews: Investigative Staff - Q: 5, 6**

Interviewed Investigator confirmed that the investigation begins immediately upon receiving an allegation and the funding agency is notified immediately and the CT State Police if evidence shows criminal conduct. The case is reviewed immediately upon receipt to ensure necessary safety precautions and follow-up are initiated.

The first steps in initiating an investigation are as follows:

- Staff immediately notify their supervisor or on-call when they discover something, or an allegation is made.
- Staff will determine the safety of the client and, if need be, contact emergency medical services (call 911).
- If needed, staff will preserve and protect against any crime scene until appropriate steps can be taken to collect evidence.

- The investigator will collect all evidence, review cameras, interview staff, interview the victim and abuser, review files.
- If the abuse occurs within a time period that allows for the collection of physical evidence, staff will request that the alleged victims (s) and/or abuser do not take any action that could destroy physical evidence. This includes, but is not limited to washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, and eating.
- The Program Manager will then call the Program Director, VP of Service Area, PREA Coordinator, and Supervising Officers or Parole On-Call.
- The PREA Coordinator contacts the Supervisor of the Supervising Officers.
- Emergency medical providers and/or law enforcement, if a potentially criminal act occurred (Call 911).

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.271 (b)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234; the facility response was yes.

The agency has trained investigators to conduct its investigations.

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

**Interviews: Investigative Staff - Q: 1, 2, 3**

The Interviewed Investigator was asked did you receive training specific to conducting sexual abuse investigations in confinement settings? Staff indicated yes.

They describe the training as completing both the CT DOC PREA Director and attended an investigator training facilitated by the American Jail Association. The PREA training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, although not applicable to her position as PREA Coordinator. The authorities performing the criminal investigation would maintain responsibility. Also included would be evidence collection protocols, securing the scene and documentation.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.271 (c)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; the facility response was yes.

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

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

**Interviews: Investigative Staff - Q: 6, 7, 9**

Interviewed Investigator confirmed and described direct and circumstantial

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

Interviewed Investigator confirmed that the investigation begins immediately upon receiving an allegation and the funding agency is notified immediately and the CT State Police if evidence shows criminal conduct. The first steps in initiating an investigation are as follows:

- Staff immediately notify their supervisor or on-call when they discover something, or an allegation is made.
- Staff will determine the safety of the client and, if need be, contact emergency medical services (call 911).
- If needed, staff will preserve and protect against any crime scene until appropriate steps can be taken to collect evidence.
- The investigator will collect all evidence, review cameras, interview staff, interview the victim and abuser, review files.
- If the abuse occurs within a time period that allows for the collection of physical evidence, staff will request that the alleged victims (s) and/or abuser do not take any actions that could destroy physical evidence. This includes, but is not limited to washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, and eating.
- The Program Manager will then call the Program Director, VP of Service Area, PREA Coordinator, and Supervising Officers or Parole On-Call.
- The PREA Coordinator contacts the Supervisor of the Supervising Officers.
- Emergency medical providers and/or law enforcement, if a potentially criminal act occurred (Call 911).

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.271 (d)**



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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

**Interviews: Investigative Staff - Q: 10**

Interviewed Investigator confirmed that when they discover evidence that a prosecutable crime may have taken place they will consult with prosecutors before they conduct compelled interviews through the Department of Corrections or CT State Police. Staff indicated that this would be the responsibility of the authorities charged with the criminal investigation.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.271 (e)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

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

**Interviews: Investigative Staff - Q: 11, 12 / Residents who Reported a**

**Sexual Abuse - Q: 13**

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

During the site visit there were no residents who reported sexual abuse to respond to the following question. Were you required to take a polygraph test as a condition for proceeding with a sexual abuse investigation?

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision****115.271 (f)**

Administrative Investigations:

- Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
- Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse; the facility response was yes.

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

A review of the investigation files confirmed that the agency ensure that an administrative and/or criminal investigation is completed for all allegation of sexual abuse and sexual harassment. The total number of sexual abuse and sexual harassment investigations for the past 12 months 0. Number of staff-on-resident sexual abuse classified by facility investigations 0; Number of staff-on-resident sexual harassment classified by facility investigations 0; Number of residents-on-residents sexual abuse classified by facility investigations 0; Number of residents-on-resident's sexual harassment classified by facility investigations 0. Total number of on-going cases 0; Total number of referred to prosecution 0; and Total number of terminated staff or contractors 0. The total of staff or contractors resigned 0; The total number of investigation files the auditor reviewed was 0. Note: raw evidence is uploaded in standard 22 (a) in each confined person individual investigation file.

The auditor methodology is used to determine investigations sample: Twenty or less the auditor reviews at least 10 files. Twenty-one or more the auditor reviewed 10 plus an additional 10 percent of the remaining files.

The auditor reviewed the investigation cases documentation (Criminal and Administrative), the following were included: Administrative Review Team members; Review Timeline; Description to include date, action steps taken; Findings; Recommendations/Summary of Resolution; Information regarding who report was given to.

#### **Interviews: Investigative Staff - Q: 16, 17**

Interviewed Investigator was asked what efforts do you make during an administrative investigation to determine whether staff actions or failure to act contributed to sexual abuse? Staff indicated yes, this is always taken into consideration when reviewing a PREA allegation and the Director of Human Resources is always contacted when an allegation involves a staff member or if there are concerns that a staff member acted inappropriately, and it may have contributed to sexual abuse. The staff supervisors are involved from the beginning, so they are aware of this information as well. This includes whether the staff may not conduct the proper rounds or sleep on the job. Staff also indicated as part of the investigation, and in collaboration with supervisors and Human Resources evaluate statements, circumstances and evidence to determine if staff actions failed to adhere to PREA policies and procedures.

Staff also indicated that the document administrative investigation in written reports. What information do you include in those reports? The document is listed above and is included in the report.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.271 (g)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attach copies of all documentary evidence where feasible; the facility response was yes.

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

**Interviews: Investigative Staff - Q: 18**

Interviewed Investigator were asked are criminal investigations documented What is contained in that report? Staff indicated yes. Same report as the administrative investigations and includes any information from CT State Police. Each step taken since the allegation is reported to staff up until the last report of the CT State Police.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Review the site review outlined in provision (f).

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.271 (h)**

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

**Review of Documents:**

Based on a review of information that the facility provided in the PAQ, the number of substantiated allegations of conduct that appear to be criminal that were referred to for prosecution since August 20, 2012, or since the last PREA audit, whichever is later is 0.

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

**Interviews: Investigative Staff - Q: 13**

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.271 (i)**

The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Review the site review outlined in provision (f).

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.271 (j)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency ensure that the departure of an alleged abuser or victim from employment or control of the facility or agency does not provide a basis for terminating an investigation; the facility response was yes.

**Interviews: Investigative Staff - Q: 14**

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.271 (k)**

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

**Review of Documents:**

Pre-Audit Questionnaire: Auditor is not required to audit this provision.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.271 (I)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: When an outside entity investigates sexual abuse, the facility cooperates with outside investigators and endeavors to remain informed about the progress of the investigation; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 9.A: Criminal and Administrative agency Investigations 4: A criminal investigation shall be conducted by law enforcement officials. Facility staff shall cooperate with and assist with any request made by law enforcement. The PREA Coordinator shall endeavor to remain informed about the progress of the investigation.

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

**Interviews: Program Director - Q: 9 / PREA Coordinator - Q: 20 / Investigative Staff - Q: 15**

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

The PREA coordinator also indicated that she would maintain contact with the investigation organization to ensure that the investigation moves forward and that the agency obtains any pertinent information that impacts our programs, policies, procedures, and staff.

Interviewed Investigator confirmed that when an outside agency investigates an incident of sexual abuse their role is to provide any information requested and assist in any way the facility can as requested. Staff ensure that the investigation moves

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|  | <p>along. Staff continue with communication and request of updated until the authorities determine an outcome.</p> <p>The interviewed Program Director confirmed that if an outside agency investigates allegations of sexual abuse the facility remains informed of the progress of a sexual abuse investigation through the PREA coordinator. The PREA coordinator would maintain contact with the outside agency via email and telephone.</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A</b></p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| 115.272 | Evidentiary standard for administrative investigations  |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|         | <p><b>Auditor Discussion</b></p>  |
|         | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· Interview Questions: Investigative Staff</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.272 (a)</b></p> <p>The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> |



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|  | <p><b>Review of Documents:</b></p> <p>The Pre-Audit Questionnaire (PAQ) Indicated: 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 harassments are substantiated; the facility response was yes.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 9.B: Evidentiary Standard for Administrative Investigations 1. The facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual assault are substantiated.</p> <p>The facility imposes a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment can be substantiated.</p> <p><b>Interviews: Investigative Staff - Q: 19</b></p> <p>Interviewed Investigator confirmed that the standard of evidence to substantiate allegations of sexual abuse or sexual harassment is the preponderance of evidence.</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A</b></p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| <b>115.273</b> | <b>Reporting to residents</b>                                    |
|                | <b>Auditor Overall Determination:</b> Meets Standard             |
|                | <b>Auditor Discussion</b>  |
|                | <b>Evidence Relied Upon in Making Compliance Determinations:</b> |

- CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA
- Sample Notification of Investigation Outcome
- Pre-Audit Questionnaire (PAQ)
- Interview Questions: Program Director
- Interview Questions: Investigative Staff
- Interview Questions: Residents who Reported Sexual Abuse

### **Reasoning and Analysis by Provision**

#### **115.273 (a)**

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

#### **Review of Documents:**

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

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

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

The auditor examined zero Notification of Investigation outcomes sent to the residents regarding the PREA investigation. The notice informs the residents that the facility has concluded the investigation and provides the status of the incident.

**Interviews: Program Director – Q: 10 / Investigative Staff – Q: 20 / Residents who Reported a Sexual Abuse – Q: 14**

The Interviewed Investigator was asked do your agency procedures require that a

resident who make an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation? Staff indicated yes, the agency procedures require notification to be made to any current resident when the outcome is substantiated, unsubstantiated, or unfounded.

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

During the site visit there were no residents who reported sexual abuse to respond to the following question. Do you know if the agency/facility is required to notify you when your sexual abuse allegation has been substantiated, unsubstantiated, or unfounded?

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.273 (b)**

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

**Review of Documents:**

Based on a review of information that the facility provided in the PAQ, the number of investigations of alleged resident sexual abuse in the facility that was completed by an outside agency in the past 12 months was 0. Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigations was 0.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 9.C. Reporting to Residents 1- It is the policy of CSI that residents shall be informed of the outcome of an investigation whether the allegation was determined to be substantiated, unsubstantiated, or unfounded.

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

The facility has demonstrated compliance with this provision of the standard because if the agency did not conduct the investigation, the investigators request the relevant information from the investigative office to inform the resident of the outcome of the investigation.

**Interviews: Resident who Reported Sexual Abuse**

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.273 (c)**

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

- The staff member is no longer posted within the residents' unit.
- The staff is no longer employed at the facility.
- The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

**Interviews: Residents who Reported a Sexual Abuse - Q: 20**

During the site visit there were no residents who reported sexual abuse to respond to the following questions:

- The staff member is no longer posted within the residents' unit.
- The staff are no longer employed at the facility.
- The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A****Corrective Action: None****Provision Findings:**

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

**Reasoning and Analysis by Provision****115.273 (d)**

Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

- The agency learns that the alleged abuser has been indicated on a charge related to sexual abuse within the facility; or
- The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

**Interviews: Residents who Reported a Sexual Abuse - Q: 21**

During the site visit there were no residents who reported sexual abuse to respond to the following questions:

- The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility.

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.273 (e)**

All such notifications or attempted notifications shall be documented.

**Review of Documents:**

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of notifications to residents that were provided pursuant to this standard is 0. Of those notifications made in the past 12 months, the number that was documented is 0.

The agency has a policy that all notifications to residents described under this standard are documented.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.273 (f)**

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

**Review of Documents:**

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|  | <p>Pre-Audit Questionnaire: Auditor is not required to audit this provision.</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A</b></p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| <b>115.276</b> | <b>Disciplinary sanctions for staff</b>  |
|----------------|--|
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|                | <p><b>Auditor Discussion</b></p>   |
|                | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li> <li>· Employee Handbook</li> <li>· Pre-Audit Questionnaire (PAQ)</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.276 (a)</b></p> <p>Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p><b>Review of Documents:</b></p> <p>The Pre-Audit Questionnaire (PAQ) Indicated: Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies; the facility response was yes.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and</p> |

Harassment – PREA section 10.A. Discipline Sanctions on Staff section 1. Any staff member found in violation of sexual assault will be terminated immediately. 2. Any staff member found to be in violation of sexual harassment shall be subject to disciplinary sanctions up to and including termination.

The agency has a policy that employees are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.276 (b)**

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

**Review of Documents:**

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies is 0. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies is 0. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies; the facility response was 0.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**



**115.276 (c)**

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

**Review of Documents:**

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies other than engaging in sexual abuse is 0.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision****115.276 (d)**

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

**Review of Documents:**

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies is 0.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

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|  | <p>corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| <b>115.277</b> | <b>Corrective action for contractors and volunteers</b>  |
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|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|                | <p><b>Auditor Discussion</b></p>   |
|                | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· Interview Questions: Program Director</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.277 (a)</b></p> <p>Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with Residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p><b>Review of Documents:</b></p> <p>Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents is 0.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 10.B. Corrective Action for Contractors and Volunteers section 1. Any contractor or volunteer who engage in sexual assault, sexual abuse, or sexual harassment shall be prohibited from contact with residents and local law enforcement will be contracted unless the activity is determined to be non-criminal. CSI shall discontinue the services of Contractor, volunteers or interns who have engaged in sexual abuse and/or harassment.</p> <p>The agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies.</p> |

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Informal conversation with the Program Manager confirmed that if a contractor or volunteer engages in sexual misconduct it will be reported to law enforcement agencies and to relevant licensing bodies.

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision****115.277 (b)**

The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with Residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 10.A. Corrective Action for Contractors and Volunteers section 2. Appropriate remedial measures up to and including termination of services will be taken on violations of sexual abuse or sexual harassment by contractors or volunteer on non-criminal incidents.

The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

**Interviews: Program Director - Q: 17**

The interviewed Program Director confirmed that in a case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer the measures the facility will not allow the person access to the program and prohibit further contact with the resident. The investigation may be occurring; the police would be notified. For the safety of the residents the facility would request a different employee from the contracting company, and if it was a volunteer the facility would no longer utilize them. The contractor or volunteer would be immediately removed, PREA Coordinator would be contacted to determine if law enforcement needs to be involved.

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|  | <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews):</b></p> <p>Informal conversation with the Program Director confirmed that if a contractor or volunteer engages in sexual misconduct with a resident, they will be prohibited from further contact with the residents until the investigation is completed.</p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| <b>115.278</b> | <b>Disciplinary sanctions for residents</b>  |
|----------------|--|
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|                | <p><b>Auditor Discussion</b></p>   |
|                | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li> <li>· AWR DOC Client Handbook</li> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· Interview Questions: Program Director</li> <li>· Interview Questions: Medical and Mental Health Staff</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.278 (a)</b></p> <p>Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident</p> |

sexual abuse.

**Review of Documents:**

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at that facility is 0. In the past 12 months, the number of criminal findings guilty of resident-on-resident sexual abuse that have occurred at the facility is 0.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 10.C. Disciplinary Sanctions for Residents section 1. Residents will be subject to disciplinary sanctions up to being remanded back to the CTDOC or FBOP following an administrative finding that the resident engaged in sexual assault, sexual abuse or sexual harassment of another resident. Any resident criminally charged will be remanded.

The facility has a policy that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.278 (b)**

Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses of other Residents with similar histories.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

The interviewed Program Director confirmed that the disciplinary sanctions residents are subject to following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse, the supervising agency would remove the client from the program and determine sanctions.

**Interviews: Program Director - Q: 18**

The interview Program Director asked what disciplinary sanctions are residents subject to following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse? DOC would remove the client from the program and determine sanctions. When asked, are the sanctions proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories? Parole Officer would make this determination. Is mental disability or mental illness considered when determining sanctions? The Parole Officers would make this determination.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Informal conversation with the agency PREA coordinator confirmed that the agency resident's sanctions are commensurate with the nature and circumstances of the abuse committed, and the resident's disciplinary history.

**Corrective Action: None****Provision Findings:**

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

**Reasoning and Analysis by Provision****115.278 (c)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

**Interviews: Program Director - Q: 18**

The interview Program Director asked what disciplinary sanctions are residents subject to following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse? DOC would remove the client from the program and determine sanctions. When asked, are the sanctions proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories? Parole Officer would make this determination. Is mental disability

or mental illness considered when determining sanctions? The Parole Officers would make this determination.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Informal conversation with the agency PREA coordinator confirmed that the disciplinary process does consider whether a resident mental disabilities or mental illness contributed to the behavior.

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.278 (d)**

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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 condition of access to programming and other benefits; the facility response was yes.

**Interviews: Medical and Mental Health Staff - Q: 6, 7**

During the onsite visit and documentation review the facility does not hire medical staff to ask the following questions. If the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse, does the facility consider whether to offer these services to the offending residents. When they provide these services, do they require a resident's participation as a condition of access to programming or other benefits.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Informal conversations with the case manager confirmed that they would offer counseling or other interventions to help to correct underlying reasons or motivation for the abuse. They do have an option to refer the resident to the rape crisis center

for emotional support services.

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.278 (e)**

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to the act.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Information conversation with the PREA Coordinator confirmed that a resident could be disciplined for sexual contact with staff without staff consent.

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.278 (f)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: For disciplinary action does a report of



sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation; the facility response was yes.

The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate that allegation.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.278 (g)**

An agency may, in its discretion, prohibit all sexual activity between Residents and may discipline Residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse; the facility response was yes.

The agency prohibits all sexual activity between residents.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Overall Findings:**

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

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|  | online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard. |
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| <b>115.282</b> | <b>Access to emergency medical and mental health services</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· Interview Questions: Medical and Mental Health Staff</li> <li>· Interview Questions: Residents who Reported Sexual Abuse</li> <li>· Interview Questions: Security Staff and Non-Security Staff First Responders</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.282 (a)</b></p> <p>Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p><b>Review of Documents:</b></p> <p>The Pre-Audit Questionnaire (PAQ) Indicated: 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 judgement; the facility response was yes.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 11.A. Access to Medical and Mental Health Care section 1. Victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services at no cost to the resident regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 2. CSI does not employ medical or mental health staff. Any victim of sexual assault or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted</p> |

diseases in accordance with professionally accepted standards of care by SAFE/ SANE qualified staff.

Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention service from outside of the facility.

The auditor reviews a copy of the State of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual assault review general medical care and treatment.

**Interviews: Medical and Mental Health Staff - Q: 8, 9, 10 / Residents who Reported a Sexual Abuse Q:4**

During the onsite visit and documentation review the facility does not hire medical staff to ask the following questions. Do resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. How fast does this typically occur? Are the nature and scope of these services determined according to their professional judgement?

During the site visit there were no residents who reported sexual abuse to respond to the following question: Did they have the chance to see a medical or mental health doctor/nurse in a timely fashion after they reported the abuse?

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Informal conversation with the agency PREA coordinator confirmed that the agency's facilities ensure that the residents receive timely, unimpeded access to emergency medical treatment and crisis intervention services through the local hospital. Local hospital is required to follow the State of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual assault. In accordance with Connecticut General Statutes Section 19a-112a.

Informal conversation with the Program Director confirmed that the local hospital or the rape crisis center will provide timely access to emergency services.

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.282 (b)**

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to standard 115.62 and shall immediately notify

the appropriate medical and mental health practitioners.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 11.A. Access to Medical and Mental Health Care section 1. Victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services at no cost to the resident regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 2. CSI does not employ medical or mental health staff. Any victim of sexual assault or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/ SANE qualified staff.

**Interviews: Security Staff and Non-Security Staff First Responders - Q: 1**

Interview 1st Responder was asked can you describe the action you take as a first responder to an allegation of sexual abuse? Staff indicated they would separate the alleged victim and abuser; Preserve and protect the crime scene; Ask the alleged victim and abuser not to take any actions that could destroy physical evidence such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating, and immediately notifying medical and mental health practitioners. When probe all the staff indicated that they would notify the Program Director and the Duty Officer, and Parole Officer.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.282 (C)**

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

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Are resident victims of sexual abuse 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; the facility response was yes.

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

The auditor reviews a copy of the State of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual assault review general medical care and treatment.

**Interviews: Medical and Mental Health Staff - Q: 11 / Residents who Reported a Sexual Abuse - Q: 6**

During the site visit there were no residents who reported sexual abuse to respond to the following question. Were they provided information about, and access to emergency contraception (for female residents when appropriate) and/or sexually transmitted infection prophylaxis?

During the onsite visit and documentation review the facility does not hire medical staff to ask are victims of sexual abuse offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Informal conversation with the agency PREA coordinator confirmed that the agency's facilities ensure that the residents receive timely, unimpeded access to emergency medical treatment and crisis intervention services through the local hospital. Local hospital is required to follow the State of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual assault. In accordance with Connecticut General Statutes Section 19a-112a.

Informal conversation with the Program Director confirmed that the local hospital or the rape crisis center will provide timely access to emergency services.

**Corrective Action: None****Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.282 (d)**

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.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 11.A. Access to Medical and Mental Health Care section 1. Victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services at no cost to the resident regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 2. CSI does not employ medical or mental health staff. Any victim of sexual assault or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/ SANE qualified staff.

Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Informal conversation with the Program Director confirmed that the residents are not charged for sexual abuse services.

**Corrective Action: None****Provision Findings:**

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

**Overall Findings:**

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

|         |   |
|---------|---|
| 115.283 | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· Interview Questions: Medical and Mental Health Staff</li> <li>· Interview Questions: Residents who Reported a Sexual Abuse</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.283 (a)</b></p> <p>The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all Residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p><b>Review of Documents:</b></p> <p>The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 11.B. Ongoing Medical and Mental Health Care for Victims and Abusers 1. Continued medical and mental health treatment for victims and abusers will be provided by the preferred funder provider or local medical facilities as deemed appropriate at no cost to the resident (s). 2. CTDOC policy states it will conduct a mental health evaluation within 60 days on all known resident-on-resident abusers.</p> <p>The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews):</b></p> <p>Informal conversation with the Program Director confirmed that mental health services are provided by the local hospital or rape crisis center.</p> |

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.283 (b)**

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or replacement in, other facilities, or their release from custody.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

**Interviews: Medical and Mental Health Staff - Q: 12 / Residents who Reported a Sexual Abuse - Q: 5**

During the onsite visit and documentation review the facility does not hire medical staff to ask what does evaluation and treatment of residents who have been victimized entail?

During the site visit there were no residents who reported sexual abuse to respond to the following questions. Did the medical or mental health doctor/nurse discuss with you follow-up services, treatment plans, or if necessary, referrals for continued care?

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.283 (c)**

The facility shall provide such victims with medical and mental health services



consistent with the community level of care.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the facility provide such victims with medical and mental health services consistent with the community level of care? The facility response was yes.

**Interviews: Medical and Mental Health Staff - Q:13**

During the onsite visit and documentation review the facility does not hire medical staff to ask, are the medical and mental health services offered consistent with community level of care?

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.283 (d)**

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? N/A if "all-male facility".

The agency requires that resident victims of sexually abusive vaginal penetration while incarcerated be offered pregnancy tests.

**Interviews: Residents who Reported a Sexual Abuse - Q:22**

During the onsite review period there were no residents who reported sexual abuse to respond if they were offered a pregnancy test after you were sexually abused? This is a male facility.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision****115.283 (e)**

If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: If pregnancy results from the conduct described in paragraph 115.283 (d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? N/A if “all male facility”.

The agency requires that if pregnancy results from the conduct described in the above provision, such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

**Interviews: Medical and Mental Health Staff - Q: 14, 15 / Residents who Reported a Sexual Abuse - Q: 23**

During the onsite visit and documentation review the facility does not hire medical staff to ask if pregnancy results from sexual abuse while incarcerated, are victims given timely information and access to all lawful pregnancy-related services? When, ordinarily, are such victims provided with this information and access to services

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A****Corrective Action: None****Provision Findings:**

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

**Reasoning and Analysis by Provision****115.283 (f)**

Resident victims of sexual abuse while incarcerated shall be offered tests for

sexually transmitted infections as medically appropriate.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate; the facility response was yes.

Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate by the rape crisis center or local hospital.

**Interviews: Residents who Reported a Sexual Abuse - Q: 7**

During the site visit there were no residents who reported sexual abuse to respond to the following question. Were you offered tests for sexually transmitted infections?

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.283 (g)**

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

**Interviews: Residents who Reported a Sexual Abuse - Q: 8**

During the site visit there were no residents who reported sexual abuse to respond to the following question. Did you have to pay for any treatment related to this incident of sexual abuse (including any co-pays)?

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.283 (h)**

All facilities shall attempt to conduct a mental health evaluation of all known residents-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the facility attempt to conduct a mental health evaluation of all known residents-on-resident abusers within 60 days of learning about such abuse history and offer treatment when deemed appropriate by mental health practitioners; the facility response was yes.

**Interviews: Medical and Mental Health Staff - Q: 16**

During the onsite visit and documentation review the facility does not hire medical staff to ask do they conduct a mental health evaluation of all known resident-on-resident abusers and offer treatment if appropriate? After learning about the abuse history of such a resident, when do they typically conduct an evaluation?

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

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Overall Findings:**

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

| 115.286 | Sexual abuse incident reviews   |
|---------|---|
|         | <p data-bbox="280 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="280 342 1251 376"><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul data-bbox="280 409 1474 846" style="list-style-type: none"> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li> <li>· Incident Review Report Form (Sample)</li> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· Interview Questions: Agency PREA Coordinator</li> <li>· Interview Questions: Program Director</li> <li>· PREA Incident Review Team Reports</li> </ul> <p data-bbox="280 880 863 913"><b>Reasoning and Analysis by Provision</b></p> <p data-bbox="280 947 464 981"><b>115.286 (a)</b></p> <p data-bbox="280 1025 1453 1149">The facility shall 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.</p> <p data-bbox="280 1182 635 1216"><b>Review of Documents:</b></p> <p data-bbox="280 1249 1474 1373">Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents is 0.</p> <p data-bbox="280 1406 1465 1697">CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 12.A. Data Collection and Review – 1: Sexual Abuse Incident Reviews: The PREA Coordinator in consultation with the Incident Review Team, which includes the CEO, HR Manager, PREA Coordinator, Area Director and other pertinent individuals will conduct an incident review team with 30 days of the conclusion of all sexual abuse investigations including allegations that are found to be unsubstantiated.</p> <p data-bbox="280 1731 1474 1854">The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded.</p> <p data-bbox="280 1888 1382 1966">The auditor reviews zero PREA Incident Review Reports to confirm the agency conducts a review at the conclusion of every sexual abuse investigation.</p> <p data-bbox="280 2000 983 2033"><b>Interviews: Agency PREA Coordinator: Q: 24</b></p> |

Interviewed PREA coordinator confirmed that the agency does conduct sexual abuse incident reviews and prepares a report of its findings from the reviews, including any determinations and any recommendations for improvement.

The agency completes sexual abuse incident reviews for all allegations with a substantiated or unsubstantiated outcome. The form includes the specific determinations noted in this standard and documents any recommendations for improvement. These reports are forwarded for review by the management team.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.286 (b)**

Such a review shall ordinarily occur within 30 days of the conclusion of the investigation.

**Review of Documents:**

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents is 0.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 12.A. Data Collection and Review – 1: Sexual Abuse Incident Reviews: The PREA Coordinator in consultation with the Incident Review Team, which includes the CEO, HR Manager, PREA Coordinator, Area Director and other pertinent individuals will conduct an incident review team within 30 days of the conclusion of all sexual abuse investigations including allegations that are found to be unsubstantiated.

The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

The auditor reviewed zero PREA Incident Review Report to confirm that the reports are being completed within the required timeframe.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.286 (c)**

The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 12.A. Data Collection and Review – 1: Sexual Abuse Incident Reviews: The PREA Coordinator in consultation with the Incident Review Team, which includes the CEO, HR Manager, PREA Coordinator, Area Director and other pertinent individuals will conduct an incident review team with 30 days of the conclusion of all sexual abuse investigations including allegations that are found to be unsubstantiated.

The sexual abuse incident review team includes the CEO, HR Manager, PREA Coordinator, Area Director and other pertinent individuals will conduct an incident review team with 30 days of the conclusion of all sexual abuse investigations including allegations that are found to be unsubstantiated

A review of the documents indicated that the agency Incident Review Team consists of the CEO, HR Manager, PREA Coordinator, Area Director and other pertinent individuals

**Interviews: Program Director – Q: 19**

The interviewed Program Director confirmed that the agency has a sexual abuse Incident Review Team, the review team discusses the event, and a written report is done. The Incident Review Team involves the Program Director, VP, CEO, HR Manager, PREA Coordinator, and any other pertinent individuals.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

### **Reasoning and Analysis by Provision**

#### **115.286 (d)**

The review team shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian; gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise cause by other group dynamics at the facility.
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) of this section, and any recommendations for improvement and submit such a report to the facility head and PREA compliance manager.

#### **Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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 respond to sexual abuse; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 11.A. Sexual Abuse Incident Reviews section 2. The Incident Review Team shall consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by a group of dynamics at the facility.

A review of a sample PREA Incident Review Team Reports reveal the following information:

- Incident Date
- Investigation Start Date



- Alleged Victim (s)
- Alleged Perpetrator (s)
- Summary of Incident
- Individuals Interviewed
- Incident Reports Reviewed
- Investigation Summary and Findings
- Policy or Practice Changes
- Motivation of Incident
- Physical Plant Concerns
- Staffing Patterns or Other Concerns
- Monitoring Technology
- Corrective Action Plan

**Interviews: Program Director - Q: 20, 21 / PREA Coordinator - Q: 25, 26 / Incident Review Team - Q: 1, 2, 3, 4**

The interviewed PREA Coordinator was asked are the Review Team Reports forwarded to you for review? Have you noticed any trends? She leads the Incident Review process and writes reports. Staff indicated that she participates in the review as well. Regarding trends, it depends on the program.

The PREA Coordinator actions are based upon the Team review and findings as documented in the report. She ensures that any action plans are implemented, which could mean training, policy updates, physical plant change. She would make the contracts and initiate the necessary action with the appropriate support departments.

The interviewed Program Director confirmed that the information from the sexual abuse incident review is used to discuss policy changes, training needs, safety and security measures, and increase video monitoring.

When asked how the review team considers whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI, gang affiliation. Staff indicated yes, as well as assessing the adequacy of staffing levels and monitoring technology deployment.

Interviewed staff that is a member of the Incident Review Team confirmed that they consider whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse, whether the incident or allegation was motivated by race, ethnicity, gender identity, or LGBT population. They look at physical barriers and the different shifts. When the Team

often find during the incident review process that there is a need to add or alter camera locations and can determine action steps to implement the need.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.286 (e)**

The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the facility implement the recommendations for improvement or document its reasons for not doing so? The facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 11.A. Sexual Abuse Incident Reviews section 3. The Incident Review Team shall examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; assess staffing levels; assess use of monitoring equipment; and prepare a report of its findings and recommendations for improvement.

The facility implements recommendations for improvement or documents its reasons for not doing so.

A review of policy also stated based on the review of an incident, appropriate corrective actions shall be taken as determined by the Incident Review Team.

A review of the PREA Administrative Review Report confirmed that the findings are listed at the bottom of the page and the recommendations for improvement. There is a statement “will the recommendations of improvement be implemented?”

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Informal conversation with the PREA coordinator confirmed that the Team recommended is approval and implemented because the Team members are the upper level from the central office.

|  |   |
|--|---|
|  | <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
|--|---|

| 115.287 | Data collection  |
|---------|--|
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|         | <p><b>Auditor Discussion</b></p>   |
|         | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA</li> <li>· 2023 PREA Data Collection</li> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· 2024 PREA Annual Report</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.287 (a)</b></p> <p>The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p><b>Review of Documents:</b></p> <p>The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 11.B. Data Review for Corrective Action section 1. CSI</p> |

shall collect accurate, uniform data for every allegation of sexual abuse that has taken place in each of its programs/facilities. Data shall be aggregated according to facility as well as the agency. A standardized tool shall be used, which answers all of the questions from the most recent Survey of Sexual Violence conducted by the Department of Justice. The following shall be collected on each alleged report:

- On each alleged report, creating a total number of reports and their outcome.
- What type of alleged harassment / Abuse occurred – resident-on-resident, resident on staff, staff on resident, staff on staff.
- What Type of Resident – originating referral source.
- Type of abuse or harassment – nonconsensual sexual acts, abusive sexual contact, sexual harassment, sexual misconduct.
- Was the alleged claim of sexual harassment/abuse substantiated, unfounded, or the investigation is still on going.
- Contributing factors – race, gang affiliation, sexual identity, sexual orientation, physical plan issues, staff supervision, violation of code of Ethics.

The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

The following policy was reviewed: CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 11.B. Data Review for Corrective Action section 1. includes PREA language.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.287 (b)**

The agency shall aggregate the incident-based sexual abuse data at least annually.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency aggregate the incident-based sexual abuse data at least annually; the facility response was yes.

The agency aggregates the incident-based sexual abuse data at least annual PREA report.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 11.A. Sexual Abuse Incident Reviews section 2. Data shall be aggregated and presented in an annual report. The facility shall prepare an annual report of its findings and corrective actions. The report shall include a comparison of the current year’s data with those of previous years and shall provide an assessment of the facility’s progress in addressing sexual abuse.

A review of the agency 2024 PREA Annual Report confirmed that the agency has aggregated incident-based sexual abuse data.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.287 (c)**

The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of Sexual Violence conducted by the Department of Justice; the facility response was yes.

The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the survey conducted by the Department of Justice.

A review of the Survey of Sexual Victimization, 2024 Adult Residential Facilities confirmed that the agency is collecting the required data that answers all questions from the most recent version of the survey for the Department of Justice.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision****115.287 (d)**

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigations files, and sexual abuse incident reviews; the facility response was yes.

The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Informal conversation with the PREA coordinator confirmed that the agency maintains, reviews, and collects data, investigation files and sexual abuse incident reviews.

**Corrective Action: None****Provision Findings:**

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

**Reasoning and Analysis by Provision****115.287 (e)**

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its Residents.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents; the facility response was yes.

The agency does not obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Informal conversation with the PREA coordinator confirmed that the agency does not contract with any private facilities to house its contract residents.

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.287 (f)**

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30; the facility response was yes.

The agency will provide the Department of Justice with data from the previous calendar year upon request.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Overall Findings:**

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

|                |  |
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| <b>115.288</b> | <b>Data review for corrective action</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· Pre-Audit Questionnaire (PAQ)</li> <li>· 2024 PREA Annual Report</li> <li>· CSIP 20a – 27 DOC Sexual Assault &amp; Harassment PREA</li> <li>· Interview Questions: Agency Head Designee</li> <li>· Interview Questions: PREA Coordinator</li> </ul> <p><b>115.288 (a)</b></p> <p>The agency shall review data collected and aggregated pursuant to standard 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:</p> <ul style="list-style-type: none"> <li>· Identifying problem areas.</li> <li>· Taking corrective action on an ongoing basis; and</li> <li>· Preparing an annual report of its findings and corrective actions for each facility, as well as the agency.</li> </ul> <p><b>Review of Documents:</b></p> <p>The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.</p> <p>The agency reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training.</p> <p><b>Interviews: Agency Head Designee – Q: 9 / PREA Coordinator – Q: 21, 22</b></p> <p>Interviewed Agency Head Designee confirmed that the agency uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. Incident report data is routinely reviewed to look for trends and opportunities to make early detection of incidents of sexual abuse. The agency uses data to review problem areas and how it can improve upon them. The agency may determine that staff needs additional training or revise policy, and increase electronic monitoring based on trends in the data.</p> |



By reviewing the incidents on a regular basis, the agency can make preemptive changes to improve overall practice related to prevention, detection and response to abuse.

The interviewed PREA coordinator confirmed that she reviews data collected and aggregated in standard 115.287 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training.

When asked what role the facility data plays in the review does, she indicated that the facility data demonstrates whether there are trends or areas where we can enhance training, revise policy, and increase video surveillance. The agency does this upon individual incidents, and again with the aggregated data. Concerns and trends are addressed with an appropriate plan of action.

The agency also prepares an annual report of findings from its data review and any corrective actions for each facility, as well as the agency.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.288 (b)**

Such a report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 11.B. Sexual Abuse Incident Reviews section 2. Data shall be aggregated and presented in an annual report. The facility shall prepare an annual report of its findings and corrective actions. The report shall include a comparison of the current year's data with those of previous years and shall provide an assessment of the facility's progress in addressing sexual abuse.

The annual report includes a comparison of the current year's data and corrective

actions with those from prior years.

A review of the 2024 PREA Annual Report confirmed that the agency is preparing and reporting comparison PREA data for year 2023 and 2024. The data compares the findings, substantiated, unsubstantiated, unfounded, and total for the years 2019, 2020, 2021, 2022 and 2023 posted on the agency website.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.288 (c)**

The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Is the agency's 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; the facility response was yes.

**Interviews: Agency Head Designee- Q: 10**

The interviewed Agency Head Designee was asked, "do you approve annual reports written pursuant to 115.288? Staff indicated yes, the CEO signs off on the annual report.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.288 (d)**

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|  | <p>The agency may redact specific material from the reports when publication presents a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.</p> <p><b>Review of Documents:</b></p> <p>The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.</p> <p>When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.</p> <p>A review of the agency 2024 Annual PREA report confirmed that the agency redaction is limited to specific materials where publication would be a clear and specific threat to the safety and security of the facility.</p> <p><b>Interviews: PREA Coordinator - Q: 23</b></p> <p>The interviewed PREA coordinator confirmed that the types of material that are typically redacted from the annual report do include any resident and staff personal information or any major security issues.</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A</b></p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| <b>115.289</b> | <b>Data storage, publication, and destruction</b>    |
|                | <b>Auditor Overall Determination:</b> Meets Standard |
|                | <b>Auditor Discussion</b>                            |

**Evidence Relied Upon in Making Compliance Determinations:**

- CSIP 20a – 27 DOC Sexual Assault & Harassment PREA
- Pre-Audit Questionnaire (PAQ)
- Interview Questions: PREA Coordinator

**115.289 (a)**

The agency shall ensure that data collected pursuant to standard 115.87 is securely retained.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency ensure that data collection pursuant to 115.287 are securely retained; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 11.C. Data Storage, Publication and Destruction section 1. CSI shall collect data and maintain records of all incidents related to sexual abuse and sexual harassment whether alleged or actual. The data collected shall include, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. 2. Prior to making the data public, all personal identifiers shall be redacted. 3. Records will be maintained for at least 10 years after the date of initial collection.

The agency ensures that incident based, and aggregated data are securely retained.

**Interviews: PREA Coordinator – Q: 21**

When asked how the agency ensures that data collected is securely retained, the agency has a records retention policy. All information is stored in designated locked areas with access given to those on a need-to-know basis. All electronic systems are password protected.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A****Corrective Action: None****Provision Findings:**

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

**Reasoning and Analysis by Provision****115.289 (b)**

The agency shall make all aggregated sexual abuse data, from facilities under its

direct control and private facilities with which it contracts, readily available to the public at least at least annually through its website or, if it does not have one, through other means.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: 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; the facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 11.C. Data Storage, Publication and Destruction section 2. Prior to making the data public, all personal identifiers shall be redacted.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Informal conversation with the PREA coordinator confirmed that the agency does not contract any private facilities to house its residents.

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.289 (c)**

Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? The facility response was yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 11.C. Data Storage, Publication and Destruction section 1. CSI shall collect data and maintain records of all incidents related to sexual abuse and sexual harassment whether alleged or actual. The data collected shall include, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. 2. Prior to making the data public, all personal identifiers shall be redacted. 3. Records will be maintained for at least 10 years after the date of initial collection.

Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

A review of the agency 2024 Annual PREA report confirmed that the agency removes all personal identifiers.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.289 (d)**

The agency shall maintain sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

**Review of Documents:**

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency maintain sexual abuse data collected pursuant to 115.287 for at least 10 years after the data of the initial collection, unless Federal, State, or local law requires otherwise? Yes.

CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 11.C. Data Storage, Publication and Destruction section 1. CSI shall collect data and maintain records of all incidents related to sexual abuse and sexual harassment whether alleged or actual. The data collected shall include, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. 2. Prior to making the data public, all personal identifiers shall be redacted. 3. Records will be maintained for at least 10 years after the date of initial collection.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

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|  | <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| <b>115.401</b> | <b>Frequency and scope of audits</b>   |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|                | <p><b>Auditor Discussion</b></p>   |
|                | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <ul style="list-style-type: none"> <li>· Pre-Audit Questionnaire (PAQ)</li> </ul> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.401 (a)</b></p> <p>During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or a private organization on behalf of the agency, is audited at least once.</p> <p><b>Review of Documents:</b></p> <p>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; the facility response was yes.</p> <p>CSI Policy 20a-29 July 2023 Operations DOC Adult Work Release Sexual Assault and Harassment – PREA section 13 A – 1 Audits: Audits will be scheduled every 3-years and will follow Department of Justice Community Confinement Standards 115.401-405.</p> <p>A review of the agency’s website confirmed PREA audit according to cycles. Each facility is included in the agency’s Annual PREA Report. The private facility produces its own annual PREA report.</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A</b></p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and</p> |

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

**Reasoning and Analysis by Provision**

**115.401 (b)**

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

**Review of Documents:**

Is this the first year of the current audit cycle? Yes.

A review of the agency's website confirmed PREA audit according to cycles. The agency has scheduled a third of its facilities to be audited within the required cycle.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.401 (h)**

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

**Review of Documents:**

Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes.

On the first day of the audit after the entrance conference, the auditor conducted a comprehensive tour of the facility. It was requested that when the auditor pauses to speak or have informal conversations with a resident or staff, that staff on the tour would please step away so the conversation might remain private. This request was well respected.

During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards and walls. The auditor observed camera surveillance, physical supervision, and electronic monitoring capabilities. Other areas of focus during the tour included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing. Housing units, visitation, intake area, administrative



areas, Kitchen, dining, storage, work areas were toured.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.401 (i)**

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

**Review of Documents:**

Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes.

The PREA Coordinator and the facility provided the auditor with all relevant documents to include electronically stored information through the agency system.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.401 (m)**

The auditor shall be permitted to conduct private interviews with residents.

**Review of Documents:**

Was the auditor permitted to conduct private interviews with residents? Yes.

During the pre-audit period, the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the on-site visit for confidential communications. The facility posted the notices in English and Spanish. The auditor received email and pictures confirming the posted notices and observed the posted

notices on-site.

During the onsite visit the auditor requested and received areas to interview residents in private.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Reasoning and Analysis by Provision**

**115.401 (n)**

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

**Review of Documents:**

Were inmates, residents, or detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes.

There was no confidential communication from residents and none from staff. The staff interview indicated that residents are permitted to send confidential information or correspondence in the same manner as if they were communicating with legal counsel.

The auditor reviews the MOU for Emotional Support Services for Survivors of Sexual Abuse.

- Documentation review of the Memorandum Agreement between Community Solution, Inc., and The Connecticut Alliance to End Sexual Violence. The Alliance to End Sexual Violence (The Alliance) is a coalition of Connecticut's nine (9) community based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training programs.

- o Just Detention International (JDI) – is a health and human rights organization that seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the only organization in the U.S. – and the world – dedicated exclusively to ending sexual abuse behind bars. They hold government officials accountable for prisoner rape; challenge the attitudes and misperception that enable sexual abuse to flourish; and make sure that survivors get the help they need. This agency reported that they did not receive reports from the facility.

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|  | <p>· National Sexual Violence Resource Center (NSVRC) response: An email was sent to NSVRC, the return email states that they provide information and tools to prevent and respond to sexual violence. While they are happy to have our organization listed as a resource for people who are incarcerated, they do not receive reports or provide services in any capacity. They also are not able to disclose if anyone from the facility reached out for resources.</p> <p><b>Observation &amp; Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A</b></p> <p><b>Corrective Action: None</b></p> <p><b>Provision Findings:</b></p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p><b>Overall Findings:</b></p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p> |
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| <b>115.403</b> | <b>Audit contents and findings</b>   |
|----------------|--|
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|                | <p><b>Auditor Discussion</b></p>   |
|                | <p><b>Evidence Relied Upon in Making Compliance Determinations:</b></p> <p><b>Reasoning and Analysis by Provision</b></p> <p><b>115.403 (f)</b></p> <p>The agency shall ensure that the auditor's final report is published on the agency's website if it has one or is otherwise made readily available to the public.</p> <p><b>Review of Documents:</b></p> <p>The agency has published on its website all Final Audit Reports. The review period is for prior audits completed during the past three year Preceding this audit. The pendency of any agency appeals pursuant to 28 C.F.R. 115.405 does not excuse noncompliance with this provision? Yes.</p> <p>The auditor reviewed the agency website and confirmed the final PREA reports are</p> |

published on the agency website.

**Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A**

**Corrective Action: None**

**Provision Findings:**

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

**Overall Findings:**

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

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

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|                        | emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) |     |
|                        | In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)                     | na  |
| <b>115.213<br/>(a)</b> | <b>Supervision and monitoring</b>   |     |
|                        | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?  | yes |
|                        | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?  | yes |
|                        | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?  | yes |
|                        | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?                                       | yes |
|                        | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  | yes |
| <b>115.213<br/>(b)</b> | <b>Supervision and monitoring</b>   |     |
|                        | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)   | yes |
| <b>115.213<br/>(c)</b> | <b>Supervision and monitoring</b>   |     |
|                        | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?   | yes |
|                        | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing   | yes |

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|                    | staffing patterns?  |     |
|                    | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?   | yes |
|                    | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?   | yes |
| <b>115.215 (a)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  | yes |
| <b>115.215 (b)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)   | na  |
|                    | Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  | na  |
| <b>115.215 (c)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  | no  |
|                    | Does the facility document all cross-gender pat-down searches of female residents?  | no  |
| <b>115.215 (d)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
|                    | Does the facility have procedures that enable residents to shower,  | yes |

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



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

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

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

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

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

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

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

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



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

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

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

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|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  | na |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)      | na |
| <b>115.235 (b)</b> | <b>Specialized training: Medical and mental health care</b>  |    |
|                    | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)   | na |
| <b>115.235 (c)</b> | <b>Specialized training: Medical and mental health care</b>  |    |
|                    | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)   | na |
| <b>115.235 (d)</b> | <b>Specialized training: Medical and mental health care</b>  |    |
|                    | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)   | na |
|                    | Do medical and mental health care practitioners contracted by  | na |

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

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|                    | 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:<br>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:<br>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:<br>Whether the resident has previously experienced sexual victimization?   | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?  | yes |
| <b>115.241 (e)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                    | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?   | yes |
|                    | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?   | yes |
|                    | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  | yes |
| <b>115.241 (f)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                    | Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?   | yes |

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

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



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

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

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|                    | with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)   |     |
| <b>115.252 (c)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)   | yes |
| <b>115.252 (d)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)                           | 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 |
| <b>115.252 (e)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
|                    | Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf  | yes |

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

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

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

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

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|                        | washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  |     |
|                        | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| <b>115.264<br/>(b)</b> | <b>Staff first responder duties</b>  |     |
|                        | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?   | yes |
| <b>115.265<br/>(a)</b> | <b>Coordinated response</b>  |     |
|                        | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  | yes |
| <b>115.266<br/>(a)</b> | <b>Preservation of ability to protect residents from contact with abusers</b>  |     |
|                        | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?                           | yes |
| <b>115.267<br/>(a)</b> | <b>Agency protection against retaliation</b>   |     |
|                        | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?   | yes |



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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