PREA Facility Audit Report: Final

Name of Facility: Lucy Baney Family Reunification Center
Facility Type: Community Confinement
Date Interim Report Submitted: NA
Date Final Report Submitted: 08/17/2026

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:** 08/17/2026

AUDITOR INFORMATION	
Auditor name:	Barnett, Adam
Email:	adam30906@gmail.com
Start Date of On-Site Audit:	07/13/2026
End Date of On-Site Audit:	07/14/2026

FACILITY INFORMATION	
Facility name:	Lucy Baney Family Reunification Center
Facility physical address:	1037 Sylvan Avenue, Bridgeport, Connecticut - 06606
Facility mailing address:	1037 Sylvan Ave, 1037 Sylvan Ave, Bridgeport,

Primary Contact

Name:	Kim Lydia Harris
Email Address:	harris@careerresources.org
Telephone Number:	4133308841

Facility Director	
Name:	Cynthia Sparks
Email Address:	Sparks@careerresources.org
Telephone Number:	2036839568

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

Facility Characteristics	
Designed facility capacity:	5
Current population of facility:	3
Average daily population for the past 12 months:	3
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Women/girls
Age range of population:	18 and up
Facility security levels/resident custody levels:	minimum
Number of staff currently employed at the	21

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

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

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

Agency-Wide PREA Coordinator Information			
Name:	Kim Harris	**Email Address:**	harris@careerresources.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:	2026-07-13
2. End date of the onsite portion of the audit:	2026-07-14

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	• MOA: Center for Family Justice • CT Alliance MOU

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	5
15. Average daily population for the past 12 months:	3
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes (●) No ( ) 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	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	4
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:	0
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:	0
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:	0
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:	0
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:	1
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:	0

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:	0
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:	0
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:	0
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:	0
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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
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:	7
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:	1

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:	0
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:	None of the staff selected to be interviewed refused. The facility was accommodating and assigned supervisors to work with the auditor so there was minimal downtime waiting for staff or residents to interview.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	2
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor selected at least one resident from each occupied housing unit, considering population, gender, age, race, and length of stay.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	○ Yes ◉ No

a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	The auditor initially selected the required number of residents for interviews based on the resident interview requirements in the Auditor's Handbook, using the facility's population size. The auditor found no indication that residents were afraid to be interviewed due to threats or fear of retaliation. Interviewed residents did not appear distressed or fearful about participating confidentially. However, there were only 4 residents housed during the onsite period.
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):	The auditor made a concerted effort to ensure that the sample of residents selected for interviews represented a broad geographic diversity. This process began with a thorough review of the detainee roster, taking into account various factors such as race, ethnicity, length of time incarcerated at the facility, and housing assignments. To further validate the diversity and appropriateness of the sample, the auditor also engaged in informal conversations with residents encountered during the facility tour, cross-checking the selected individuals against these interactions. This approach helped confirm that the interviewee group reflected the overall inmate population in a fair and balanced manner.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1

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".

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	During the onsite portion of the audit, facility staff reported that there were no residents from this specific population currently present. Additionally, the facility was unable to provide a list identifying any such residents. To verify these statements, the auditor undertook a multi-pronged approach. This included reviewing information from the Pre-Audit Questionnaire (PAQ) which did not identify any residents, examining relevant documentation available onsite, and engaging in discussions with staff members and observation during facility tours. Through these corroborative methods, the auditor sought to determine whether this population was present at the facility.

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	During the onsite portion of the audit, facility staff reported that there were no residents from this specific population currently present. Additionally, the facility was unable to provide a list identifying any such residents. To verify these statements, the auditor undertook a multi-pronged approach. This included reviewing information from the Pre-Audit Questionnaire (PAQ) which did not identify any residents, examining relevant documentation available onsite, and engaging in discussions with staff members and observation during facility tours. Through these corroborative methods, the auditor sought to determine whether this population was present at the facility.
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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	During the onsite portion of the audit, facility staff reported that there were no residents from this specific population currently present. Additionally, the facility was unable to provide a list identifying any such residents. To verify these statements, the auditor undertook a multi-pronged approach. This included reviewing information from the Pre-Audit Questionnaire (PAQ) which did not identify any residents, examining relevant documentation available onsite, and engaging in discussions with staff members and observation during facility tours. Through these corroborative methods, the auditor sought to determine whether this population was present at the facility.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	During the onsite portion of the audit, facility staff reported that there were no residents from this specific population currently present. Additionally, the facility was unable to provide a list identifying any such residents. To verify these statements, the auditor undertook a multi-pronged approach. This included reviewing information from the Pre-Audit Questionnaire (PAQ) which did not identify any residents, examining relevant documentation available onsite, and engaging in discussions with staff members and observation during facility tours. Through these corroborative methods, the auditor sought to determine whether this population was present at the facility.
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:	1
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Not Applicable.

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☑ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Not Applicable.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☑ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	During the onsite portion of the audit, facility staff reported that there were no residents from this specific population currently present. Additionally, the facility was unable to provide a list identifying any such residents. To verify these statements, the auditor undertook a multi-pronged approach. This included reviewing information from the Pre-Audit Questionnaire (PAQ) which did not identify any residents, examining relevant documentation available onsite, and engaging in discussions with staff members and observation during facility tours. Through these corroborative methods, the auditor sought to determine whether this population was present at the facility.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	During the onsite portion of the audit, facility staff reported that there were no residents from this specific population currently present. Additionally, the facility was unable to provide a list identifying any such residents. To verify these statements, the auditor undertook a multi-pronged approach. This included reviewing information from the Pre-Audit Questionnaire (PAQ) which did not identify any residents, examining relevant documentation available onsite, and engaging in discussions with staff members and observation during facility tours. Through these corroborative methods, the auditor sought to determine whether this population was present at the facility.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	During the onsite portion of the audit, facility staff reported that there were no residents from this specific population currently present. Additionally, the facility was unable to provide a list identifying any such residents. To verify these statements, the auditor undertook a multi-pronged approach. This included reviewing information from the Pre-Audit Questionnaire (PAQ) which did not identify any residents, examining relevant documentation available onsite, and engaging in discussions with staff members and observation during facility tours. Through these corroborative methods, the auditor sought to determine whether this population was present at the facility.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	2
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☑ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Gender and Race.

60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	○ Yes ◉ No
a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☒ 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). ☐ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other
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):	In selecting staff for interviews, both gender and race were considered. There were no barriers in conducting interviews. These factors were included to ensure that the sample reflected the diversity present within the facility, thereby supporting a fair and representative assessment of the population.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	11
63. Were you able to interview the Agency Head?	○ Yes ◉ No

a. Explain why it was not possible to interview the Agency Head:	The agency head has formally appointed the Vice President of Reentry Services to serve as the official designee. This designation ensures that the responsibilities and duties typically carried out by the agency head are appropriately delegated. By selecting the VP, the agency maintains both a clear line of authority and continuity in decision-making processes, particularly on matters requiring legal oversight or interpretation.
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) 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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☐ Religious ■ Other
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
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)?	(●) Yes ( ) No
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)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

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).	The auditor conducted a comprehensive site review of the facility, examining a wide range of areas to ensure an in-depth assessment. The following areas were included during the walkthrough: Housing; Intake/Classification; Record Storage; Administrative Areas; Front Entrance; Main Control; Kitchen/Cafeteria; and Intake Holding. Throughout the site review, the auditor completed his personal PREA Audit Site Review Checklist and took notes. This process involved direct observation, testing of critical facility functions, and engaging in informal conversations with both staff and residents. Key observations and actions included: • Assessment of PREA-related signage, including PREA Audit Notices, PREA Posters, Flyers, Pamphlets, and similar materials. • Verification that signage was available in both English and Spanish. • Examination of the height and physical placement of signage to ensure visibility and accessibility. • Identification of any signage that was obscured, unreadable due to graffiti, or otherwise damaged. • Testing of internal and external reporting mechanisms, such as phones. • Observation of housing, the number of toilets and showers, placement of cameras and mirrors, identification of blind spots, staff announcements regarding the presence of the opposite gender, frequency of checks, and verification of whether any youth were present. • Informal conversations with staff regarding facility perceptions of safety and reporting sexual abuse.

Documentation Sampling

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

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?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	• State mandatory reporting laws • The auditor develops an Employee Data Sheet to capture the following information: Employee Name, Hire Date, Initial Background Check Date, Clearance Status and the letter 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. • To confirm compliance, the auditor develops and uses his Resident Documentation Review Data Sheet captures the following information: Resident Name, Race, Arrival Date/Year at the Facility, Intake Date, Resident Orientation Date, PREA Education Date (PREA Video/Information Acknowledgement Date), Initial PREA Screening Date, and Reassessment Date. • PREA Investigation Package Overview • The auditor requested a Target List of Residents with Disabilities to include the following: Residents with Physical Disabilities (Wheelchairs), Residents with low Intellectual Disabilities, Residents Blind or Low Vision, Residents Deaf or Hard of Hearing.

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
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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:	The auditor was unable to review any sexual abuse investigations, as the facility did not report any PREA allegations during the past 12 months.

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

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The auditor was unable to review any sexual abuse investigations, as the facility did not report any PREA allegations during the past 12 months.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ◉ No ○ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The auditor was unable to review any sexual abuse investigations, as the facility did not report any PREA allegations during the past 12 months.

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
a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	1

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
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
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.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section A-1 • Organizational Chart • PREA Coordinator **Reasoning and Analysis by Provisions** **115.211 (a)** An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. **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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures the Career Resources, Inc, shall maintain a zero tolerance towards all forms of sexual abuse and sexual harassment. Any person who becomes aware of or suspects sexual abuse, or sexual harassment must report it immediately to the Vice President of Re-Entry and Residential Services, Program Director, Assistant Director or Director of Human Resources. All residents and staff have the right to work in an environment free of sexual harassment and sexual abuse. The agency maintains a written policy that clearly mandates zero tolerance toward all forms of sexual abuse and sexual harassment. This policy demonstrates the agency's commitment to creating and sustaining an environment where such behaviors are strictly prohibited. The written policy outlines comprehensive measures for preventing, detecting, and responding to incidents of sexual abuse and harassment, ensuring that staff and residents are aware of their rights and responsibilities regarding a safe and respectful environment. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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. **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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states, the PREA coordinator's responsibilities include: • Ensure compliance with the Prison Rape Elimination Act policies and standards. • Develop and implement a PREA training plan. • Monitor intake screening procedures. • Ensure all incidents of sexual abuse are referred to by the appropriate law enforcement authorities.

	• Ensure reports investigations are conducted on all incidents of sexual abuse or sexual harassment. • Maintain data collection of incidents and coordinate reporting of such to DOC. • Review all incidents and take appropriate actions to prevent any future occurrences. An examination of both the agency's policy documents and the organizational chart verify that the agency has appointed a PREA Coordinator at an upper-management level. This individual holds agency-wide responsibility and is charged with overseeing all Prison Rape Elimination Act (PREA) related activities across the organization. The presence of this role ensures that the agency's efforts to comply with PREA standards are coordinated effectively and consistently throughout all facilities under its jurisdiction. **PREA Coordinator – Q: 1, 2, 3** 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 ass necessary. In addition, she completes reports, review data and generally and constantly communicates PREA related information. 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): NR** **Corrective Action: Not Required** **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.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Executed State of Connecticut Department of Corrections Contract • Agency Contract Administrator • Informal Conversation **Reasoning and Analysis by Provisions** **115.212 (a)** 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. **Review of Documents:** 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, whichever is later was zero. The number of above contracts that did not require contractors to adopt and comply with PREA standards was zero. A review of the Executed State of Connecticut Department of Corrections Contract and Lucy Barney Family Reunification Center gives guides regarding PREA. Contractors providing residential services shall adhere to the federal Prison Rape Elimination Act of 2023, 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. **Agency Contract Administrator – Q: 1, 2, 3**

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 NR

.

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

Informal discussions with the PREA Coordinator, along with a review of relevant documentation, verified that the agency has not entered into or renewed any contracts for the confinement of its residents. This finding demonstrates the agency's current practice regarding contractual agreements for resident confinement and further supports the documentation presented in the pre-audit questionnaire and other reviewed records.

Corrective Action: Not Required

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.

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.

Agency Contract Administrator – Q:1, 2, 3

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 NR.

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

Corrective Action: Not Required

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. **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 PREA compliant private agency or other entity to confine residents; the facility response was no. **Agency Contract Administrator – Q: 4** 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. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During an informal conversation with the agency contract administrator and PREA coordinator, it was confirmed that the facility has not encountered any emergency situations that would require all reasonable efforts to secure a PREA-compliant private agency or other entity for resident housing. This is due to the fact that the facility does not engage in contracts with external entities for the confinement of its residents. As a result, the issue of emergency contracting with non-compliant entities has not arisen. **Corrective Action: Not Required** **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.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Executed State of Connecticut Department of Corrections Contract • The Funder, CT Department of Corrections Number of Residents in the Program • Annual Staffing Pattern • Physical Layout of Facility • Informal Conversation • Site Review **Reasoning and Analysis by Provisions** **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 3. 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 5. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states, Career Resource’s Inc. shall develop a staffing plan to provide adequate

	staffing levels and where applicable, video monitoring to ensure staff and resident safety and to protect residents against sexual abuse. When developing the staffing plan, the facility shall consider the layout, composition of the resident population, and any other relevant factors. Documentation review confirmed that this facility has a staffing plan in place, which ensures adequate levels of staffing and incorporates video monitoring to protect residents against sexual abuse and sexual harassment. The physical layout of the facility is regularly reviewed and considered when developing and updating the staffing plan. This process helps to identify vulnerable areas that may require additional monitoring or supervision. The minimum staffing requirements are determined by the funder, CT Department of Corrections. The staffing plan is based on the number of residents in the program, which dictates the minimum number of staff who must always be present on the floor. These minimum staffing levels cannot be altered, ensuring that staff consistently maintain adequate supervision. A review of the State of Connecticut Purchase of Service Contract includes the General Program Information as follows: • Program Name: Residential Work Release Women and Children Program • Program Type: Residential Work Release • Program Location: 1037 Sylvan Avenue, Bridgeport, CT 06606 • Program Capacity: 5 Beds • Gender/Age: Females, aged 18 and older The DOC contract requires the following staffing: • One (1) full-time Director of Residential Services • One (1) full-time Assistant Director • One (1) full-time Case Manager • Three (3) full-time House Monitors • Three (3) part-time House Monitors • One (1) part time Marriage and Family Therapist • One (1) Job Developer • One (1) Head Cook Total of 12 staff, listed on contract. The facility conducts head counts at minimum every two hours. The facility conducts informal counts, and facility checks randomly between house counts. Staff move throughout the facility to ensure consistent monitoring of clients' activities and immediately intervene as needed. Staff in emergency situations conduct a formal house count. All counts positively identify and account for each resident's whereabouts. The staff reconcile signed-out documentation to ensure accuracy of where about at all times. House count documentation is maintained for all counts and log entries with the breakdown of resident locations are recorded in the program log.

	Video monitoring is used throughout the facility, especially in blind spots, to enhance resident safety. The facility continues to install additional cameras as funding allows. In addition to video monitoring, staff conduct hourly headcounts and rounds to provide an extra layer of supervision. A review of the Annual Staffing Plan Assessment indicates the following positions: • One (1) full-time Director of Residential Services • One (1) full-time Manager • Three (3) full-time House Monitors • One (1) part-time House Monitors • One (1) Head Cook Total of 10 staff, as of June 8, 2026. **Program Director– Q: 1, 2, 3 / PREA Coordinator – Q: 4** 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 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 LBFRCP 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. The 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, and timecard approvals, and requested time off or sick leave. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During an informal conversation, the facility manager explained that the Staffing Matrices used by the facility are determined by the funding source. Although the

	funding agency sets the initial staffing standards, they remain receptive to proposed changes based on the agency's ongoing evaluations of operational needs. The staffing matrix is submitted annually for review and approval. Should the agency or facility identify a need for adjustments, they can submit recommended changes, accompanied by justifications. The funding source carefully considers these requests before making a final determination on any modifications to the staffing plan. During the facility tour it was observed that two staff were on the 1st and one on 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. The cameras monitors are in the Administration area for reviewing. **Corrective Action: Not Required** **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. **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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states, anytime there are deviations in the staffing plan, the Program Director or designee shall document the deviation and justify the reason. The facility maintains a staffing plan that is established in accordance with the contract requirements set forth by the Connecticut Department of Correction (CT DOC). This plan outlines the necessary staffing levels to ensure adequate supervision and safety within the facility. In the event that the facility does not comply with the established staffing plan, all deviations are documented. The facility is responsible for notifying the CT DOC of any such deviations, providing clear justification for the changes. To support this process, the facility has a standardized form, which is used to record the circumstances and the rationale for any departures from the staffing plan. During the review, the auditor was provided with a statement on how deviation

would be documented. Demonstrating the facility's preparedness to document and communicate any staffing discrepancies as required.

Documentation confirms that the facility has consistently adhered to its established staffing plan. The plan itself is developed in alignment with the requirements outlined by the Department of Correction (DOC) contract and is directly affected by the available funding. There has been no recorded deviation from this staffing plan, demonstrating the facility's commitment to maintaining compliance and ensuring adequate supervision and safety at all times.

Program Director – Q:4

The Program Director confirmed that if there was an instance of non-compliance with the staffing plan it would be documented. However, the Program Director ensures that the facility is always in compliance. 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 statement 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: Not Required

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.

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.

	Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states, whenever necessary, but at least once a year, the Vice President Director, Assistant Program Director and funding source shall assess, determine, and document whether adjustments are needed to the staffing plan, video and other monitoring technology, and the resources the facility has available to adhere to the staffing plan. Each year, the facility undertakes a review of its staffing plan to determine whether any adjustments are required. This review encompasses an evaluation of staffing patterns, the deployment of video monitoring systems, the use of other monitoring technologies, and the allocation of resources necessary to maintain compliance with relevant standards. The staffing plan is subject to an annual review, and per established protocol, the PREA Coordinator is notified in advance if any adjustments are made to the plan. The facility utilizes the Annual Staffing Plan to document these reviews. Documentation confirms that the facility conducts an Annual Staffing Plan, which is performed by the agency's program leadership, and signed by the Vice-President of Re-Entry/Residential Service, Agency PREA Coordinator, and Program Director. The auditor reviewed written guidance uploaded in the Pre-Audit Questionnaire by the Vice President of Re-Entry and Residential Services/Agency PREA Coordinator. At least once a year the facilities PREA Coordinator along with the review team will review the staffing pattern to determine whether adjustments are recommended. **PREA Coordinator – Q: 5** 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, LBFRCP 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, LBFRCP 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, Laundry, Group Room, and Exterior. There are no cameras in residents’ rooms. The auditor toured the facility with the following results:

	Room 111Two Beds Room 109 Two Beds Room 110 Two Beds Room 108 Two Beds Room 107 One Bed The facility has 3 bathrooms. **Corrective Action: Not Required** **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.

115.215	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Staffing Plan • Cross Gender Search Training • Random Sample Staff • Resident Interview Questionnaire • Non-medical staff (involved in cross-gender strip or visual searches) • Site Review **Reasoning and Analysis by Provisions** **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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “cross gender strip searches and body cavity searches are prohibited. If exigent circumstances arise and a strip search or a cross-gender strip search must be conducted for safety or security reasons, the incident shall be immediately reported to the PREA Coordinator and documented via incident report” (p. 2).

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

A 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):

According to an informal conversation with the Program Director, the facility does not conduct strip searches or body cavity searches under any circumstances. Furthermore, staff members, regardless of gender, are strictly prohibited from performing any type of search that involves physically touching a resident. This policy is designed to ensure the safety and dignity of all individuals at the facility. The facility only hired female staff.

Residents have access to showers and toilets within the community area. Bathrooms are shared between five rooms, and each bathroom door is equipped with a lock. This arrangement prevents residents from entering while another resident is using the bathroom, thereby preserving residents’ privacy.

During the onsite audit, informal conversations with staff confirmed that no staff members had participated in strip searches or body cavity searches. Additionally, there were no medical staff present at the facility during this period.

Corrective Action: Not Required

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.

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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "cross gender strip searches and body cavity searches are prohibited. If exigent circumstances arise and a strip search or a cross-gender strip search must be conducted for safety or security reasons, the incident shall be immediately reported to the PREA Coordinator and documented via incident report" (p. 2). The agency/facility strictly prohibits cross-gender pat-down searches of female residents except in cases where exigent circumstances exist. This policy ensures that, under normal operations, male staff do not conduct pat-down searches on female residents. The approach aligns with established standards for resident safety and dignity by mandating that only in emergencies or urgent situations may such searches be conducted by staff of the opposite gender. Note the facility only hired female staff. This restriction is part of the facility's broader commitment to maintaining compliance with applicable regulations and upholding the rights and privacy of all residents. The enforcement of this policy is reflected in the facility's procedures, staff training, and ongoing monitoring to ensure that cross-gender pat-down searches remain an exception and are properly documented when they occur due to unavoidable circumstances. **Random Sample of Staff – Q: 3 / Resident Interview Questionnaire (Female Residents) – Q: 3** A total of two random staff were interviewed who work on different shifts. One Black and One Hispanic, both females. All two staff confirmed that this is a female facility with female staff only. During the onsite period of the audit there were three 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 female staff. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Review site review outlined in provision (a).

Corrective Action: Not Required

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.

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.

In accordance with agency/facility policy, the agency strictly prohibits cross-gender strip searches and cross-gender visual body cavity searches. In the event that such searches are conducted, staff members are required to document all instances of cross-gender strip searches and cross-gender visual body cavity searches. Note the facility does not hire male staff. This documentation process ensures accountability and compliance with established standards and policies.

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

Corrective Action: Not Required

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.

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 no. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "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" (p. 2). The facility has established and implemented clear policies and procedures to protect resident privacy during personal activities. These guidelines ensure that residents are able to shower, perform bodily functions, and change clothing without being viewed by non-medical or other staff of the opposite gender. Exceptions to this rule are only permitted in exigent circumstances or when such viewing occurs incidentally as part of routine room checks. To further safeguard privacy, staff members of the opposite gender are required to announce their presence prior to entering areas where residents may be showering, using the bathroom, or changing clothes. This announcement is typically made by knocking on the door and verbally identifying themselves, thereby providing residents with notice and the opportunity to maintain their privacy. **Resident Interview Questionnaire – Q: 1, 2 / Random Sample Staff – Q: 14, 15** Three random residents were interviewed by the auditor. One White, and Two Hispanic. Residents were asked do staff announce their presence when entering their rooms? Three residents stated that staff knock on the door and announce their presence. A total of two random staff were interviewed who work on different shifts. One Black and One Hispanic, both females. Staff were asked do you or other staff announce your presence when entering a resident's room? Both staff indicated that they announce their presence when entering a resident room. They knock on the door. The same staff were asked are residents able to dress, shower, and use the toilet without being viewed by staff? Both staff indicated yes. **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 that there are no male staff at the facility. • The auditor conducted observations to assess the facility's critical function regarding cross-gender viewing. Specifically, the auditor focused on areas where residents may be in a state of undress, including showers, toilets, and when changing clothing. The auditor observed the housing units, shower, and bathrooms to verify that protocols designed to protect resident privacy are effectively implemented and maintained. • 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: Not Required** **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. **115.215 (e) – Not Applicable** **115.215 (f) – Not Applicable** **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.

115.216	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in Making Compliance Determinations:

- Pre-Audit Questionnaire (PAQ)
- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section
- Interpreter Information Card
- Resident Handbook
- PREA Posters
- Agency Head Designee
- Resident (with disabilities or who limited English proficient)
- Random Sample Staff

Reasoning and Analysis by Provisions

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "All residents will have every opportunity to participate in all aspects of sexual abuse and sexual harassment prevention, detection and response. The program shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities or limited English proficient" (p. 3).

	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. The auditor requested a Target List of Residents with Disabilities to include the following: • Residents with Physical Disabilities (Wheelchairs) - 0 • Residents with low Intellectual Disabilities - 0 • Residents Blind or Low Vision - 0 • Residents Deaf or Hard of Hearing - 0 The auditor also requested a Target List of Residents that included the following: • Residents Limited English Proficient - 1 • Residents Reported Sexual Abuse - 0 • Residents Disclosed Prior Sexual Victimization/Risk Screening - 0 • Youthful Residents - 0 During both the pre-audit phase and the onsite portion of the audit, the auditor requested that the facility provide a list identifying any targeted residents, specifically those with disabilities or limited English proficiency who might require additional support under PREA standards. In response, facility staff confirmed that there were no residents meeting these criteria present at the facility during the audit period. **Agency Head Designee – Q:11 / Resident (with disabilities or who limited English proficient) – Q: 1, 2, 3** Agency Head Designee (VP of Reentry Affairs) 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 meet the needs of the person served. All signage is written in both English and Spanish. The agency also employs a variety of employees who can stand in when necessary to provide translation services. Currently the agency has staff that speak English, French, Creole, Japanese, and Italian. All rooms and bathrooms at the Baney Center are handicapped accessible. During the site visit there were one resident at the facility who were limited English Proficient (LEP) for the auditor 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. The auditor uses the facility staff to translate the resident interview.

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

During the site visit, the auditor engaged in an informal conversation with the Program Director regarding targeted residents with Limited English Proficiency (LEP) and residents who are unable to read due to blindness. The Program Director affirmed that the facility adheres to established policy to ensure all residents have access to PREA-related information. The facility is committed to supporting residents by providing assistance as needed, which may include helping them read, write, speak, or explaining information to them to facilitate understanding and participation. These measures are put in place to guarantee that every resident, regardless of language proficiency or visual ability, receives the necessary support to access critical information about their rights and the facility's efforts to prevent, detect, and respond to sexual abuse and harassment.

Corrective Action: Not Required

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.

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all residents will have every opportunity to participate in all aspects of sexual abuse and sexual harassment prevention, detection and response. The program shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities or limited English proficient” (p. 3).

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.

As part of the documentation review, the facility provides the Interpreter Information Card. This card is from the Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need reasonable accommodation, in accordance with the ADA, contact a Judicial Branch employee or an ADA contact person listed at ww.jud.ct.gov/ada. The Interpreter Information Card has different language “If English is not my main language and I do not read, speak, or understand English well, can I get an interpreter?

This Interpreter Information Card ensures that qualified interpreters are available to assist residents who are limited English proficient, supporting the agency's commitment to meaningful access in accordance with PREA standards.

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

During the site visit there were one resident at the facility who were limited English Proficient (LEP) for the auditor 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. The auditor uses the facility staff to translate the resident interview.

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

Review site review outlined in provision (a).

Corrective Action: Not Required

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.

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. The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "interpretation services will be provided as needed. Resident interpreters will not be utilized for any investigation aspects of reported sexual abuse or harassment except where an extended delay in obtaining an effective interpreter could compromise resident's safety or performance of first responders or investigation of resident's allegation. Any use of resident interpreters must be documented" (p. 3). **Random Sample of Staff – Q:9 / Residents (with disabilities or who are limited English proficient) – Q: 1,2, 3** A total of two random staff were interviewed who work on different shifts. One Black and One Hispanic, both females. Both 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 review, there were one resident identified who had limited English proficiency available for interviews. As a result, direct input from residents with limited English skills regarding their experiences with interpretation services or communication barriers could not be obtained during this assessment period. The auditor uses the facility staff to translate the resident 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 regarding PREA. **Corrective Action: Not Required** **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.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Initial Employee Background Checks • Contract Background Checks • Pre-Employment Questionnaire • Employee Roster • Administrative (Human Resources) Staff • 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. **Reasoning and Analysis by Provisions** **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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all employees shall have a criminal background check completed at the time of employment, prior to any promotion, and at least once every five years thereafter. All new employees will be appropriately screened by human resources staff before starting employment and are required to disclose any previous misconduct of a sexual nature, whether engaging in, or having attempted to engage

in sexual activity facilitated by force, overt or implied threats of force, or coercion; or if the employee has been civilly or administratively adjudicated to have engaged in any of this activity. Material omissions regarding misconduct or providing false information shall be grounds for termination.

A review of the staff hired in the past 12 months NCIC Background checks. The facility provided the auditor with a spreadsheet of 9 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: Not Required

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.

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.

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

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.

Interview Statements: Administrative (Human Resources) Staff – Q:2

The 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): NR

Corrective Action: Not Required

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.

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 4.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all employees shall have a criminal background check completed at the time of employment, prior to any promotion, and at least once every five years thereafter. All new employees will be appropriately screened by human resources staff before starting employment and are required to disclose any previous misconduct of a sexual nature, whether engaging in, or having attempted to engage

	in sexual activity facilitated by force, overt or implied threats of force, or coercion; or if the employee has been civilly or administratively adjudicated to have engaged in any of this activity. Material omissions regarding misconduct or providing false information shall be grounds for termination. 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 employes for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The auditor reviewed 9 staff records. **Interview Statements: Administrative (Human Resources) Staff – Q: 1** The 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. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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. **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 checks were conducted on all staff covered in the contract who might have contact with residents; the facility response was 1. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all volunteers and contractors shall have a criminal background check completed prior to having contact with any resident. Any volunteer or contractor involved in sexual misconduct in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent shall not be enlisted to provide services to any residents”.

Documentation review confirms that the facility requires a criminal background record check to be conducted before any contractor who may have contact with residents is enlisted. This procedure ensures that all contractors are appropriately vetted in accordance with facility policy and applicable standards. The background check must be completed as a prerequisite for engaging contractor services, thereby supporting the facility's commitment to resident safety and compliance with regulatory expectations.

Administrative (Human Resources) Staff – Q: 1

The 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): NR

Corrective Action: Not Required

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.

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.

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

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. The were no staff that needed a five-year backcheck.

Administrative (Human Resources) Staff – Q: 3

The Human Resources Staff confirmed that the agency uses there HR Management to conduct criminal background checks and criminal background checks are conducted every five years.

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

Corrective Action: Not Required

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.

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all staff must continue to disclose any sexual misconduct in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent”.

The documentation review of the Applicant Authorization and Consent for Release demonstrates that staff members are required to acknowledge and uphold an affirmative duty to disclose any previous misconduct. This obligation ensures transparency and supports the agency’s commitment to maintaining a safe environment. By signing the authorization and consent form, staff affirm their responsibility to report any relevant misconduct, in accordance with agency policies and standards.

Administrative (Human Resources) Staff – Q: 4, 5

The 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 Policy.

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

Corrective Action: Not Required

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.

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “material omissions regarding misconduct or providing false information shall be grounds for termination”.

Documentation review confirms that the agency considers material omissions relating to misconduct, as well as the provision of materially false information, as valid grounds for terminating employment. This policy ensures accountability among staff and aligns with the agency's standards for personal conduct and integrity. Employees are required to fully disclose any prior misconduct, and failure to do so—or providing false information—may result in dismissal from their positions.

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

Corrective Action: Not Required

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.

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. Isaiah/STARS/Women and Children's policy require that before hiring new employees who may have contact with residents, the facility will perform a criminal background check; and consistent with Federal, State and local law guidelines. As of January 1, 2017, the State of Connecticut joined the Ban the Box movement. We can no longer inquire about anyone's criminal history during the application process (see attached). Our Director of HR conducts criminal background checks on all employees to confirm there is no evidence of sexual abuse or sexual harassment or any criminal activity that would hinder the hiring process prior onboarding staff. Isaiah/STARS/Women and Children's Program will inform applicant of our PREA Policy during the interview. Isaiah/STARS/Women and Children's Programs make every effort to contact all prior employers for information on substantiated allegations of residents or detainee sexual abuse or harassment or any resignation pending an investigation of such allegations. A review of agency policy documentation confirmed that the agency is committed to providing information regarding substantiated allegations of sexual abuse or sexual harassment. This process is supported by formal policy, ensuring that such information is made available when required, particularly in response to requests from institutional employers seeking details about former employees. The policy demonstrates the agency’s adherence to standards for transparency and accountability in matters related to sexual misconduct. **Administrative (Human Resources) Staff- Q: 6** The 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): NR** **Corrective Action: Not Required** **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.

115.218	**Upgrades to facilities and technology**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Agency Head Designee • Program Director **Reasoning and Analysis by Provisions** **115.218 (a)** 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. **Review of Documents:** 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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "Career Resources, Inc will ensure any substantial modification of existing facility will consider the effect of the design or modification in protecting residents from sexual abuse. Any video equipment upgrade will also consider the Program's ability to protect residents from sexual abuse". It should also be noted

	that the agency has taken over operations of the community corrections site in the last four years. 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. **Agency Head Designee – Q:1 / Program Director – Q:5** Agency Head Designee (VP of Reentry Affairs) 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. CRI's prime consideration is maximizing the number of cameras and camera angles in order to avoid blind spots. The agency recently added cameras and door windows to create an even safer environment. CRI also is conscious of maintaining PREA notices in common areas when modifying any of our buildings. The Program Director confirmed that the facility has not made any major expansions or modifications in the past year. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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. **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.

	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. This indicates that the facility remains unchanged in regard to its monitoring technology and has not implemented any new systems or significant updates during the current audit review period. **Agency Head Designee – Q:2 / Program Director – Q: 6** Agency Head Designee (VP of Reentry Affairs) 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. Camera footage is reviewed daily in order to ensure that any incidents of inappropriate behavior, sexual or otherwise, can be addressed by agency staff. Also, whenever there is a PREA complaint, CRI reviews specific times and dates of alleged behavior. 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. The Program Director confirmed that when putting any new cameras in the most vulnerable spots. Any blind spots the facility has, they conducted extra rounds, and the facility is first on the list for new cameras based on funding. The facilities' video monitoring is designed to deter and detect any PREA related incidents. It is also used to confirm or deny allegations. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • State of Connecticut Technical Guidelines for Health Care Response to Victims of sexual Assault • MOU: The Center for Family Justice • Bridgeport Police Department or Connecticut State Police • Random Sample Staff • SAFEs/SANEs Staff • PREA Coordinator • Residents who Reported Sexual Abuse **Reasoning and Analysis by Provisions** **115.221 (a)** 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. **Review of Documents:** 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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon notification of any incident of sexual abuse or sexual assault, staff shall secure the scene of the incident, and at a minimum does not allow the alleged victim or alleged abuser to shower, toilet, eat, drink, or change clothes”. The agency/facility follows a uniform evidence protocol through the State Police and Local Hospital that maximizes the potential for obtaining usable physical evidence during both administrative proceedings and criminal prosecutions. In accordance with established policies, after a report of sexual abuse is made, the facility ensures that evidence is preserved by instructing victims not to wash, brush their teeth, eat, drink, change clothes, urinate, or defecate prior to the forensic medical examination. These instructions are communicated in a manner that is easily understood by all victims, including youth.

The agency's protocols require that all incidents of sexual abuse or harassment are investigated. When allegations are deemed non-criminal by law enforcement, investigations are handled at the facility level by the PREA Coordinator. For allegations with potential criminal implications, referrals are made to external law enforcement authorities, such as the Connecticut State Police or Department of Correction, who are responsible for criminal investigations. In all cases, the agency and its investigative partners adhere to a consistent evidence protocol to ensure the integrity of the investigative process.

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.

Random Sample of Staff - Q:10, 12

A total of two random staff were interviewed who work on different shifts. One Black and One Hispanic, both females. Both 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 or the Agency PREA Coordinator conducts PREA investigations.

A total of two random staff were interviewed who work on different shifts. One Black and One Hispanic, both females. Staff were asked, do you know who is responsible for conducting sexual abuse investigations? Both 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: Not Required

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.

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 N/A.

There are no youth housed at the facility.

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

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, which guides all local Health Care facility (Local Hospital). 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).

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

During an informal discussion, the administrative investigator confirmed that the facility's protocol is consistent with those established by the Department of Corrections (DOC) and the Connecticut State Police Department. This alignment ensures that investigative practices at the facility adhere to recognized standards, supporting uniformity in procedures and compliance with state requirements.

Corrective Action: Not Required

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.

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.

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

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.

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.

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: Not Required

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.

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.

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

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 Career Resources (Isaiahs/STARS and Women and Children’s Program), 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 Center for Family Justice). The MOA provide 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.

PREA Coordinator – Q: 17, 18 / Residents who Reported a Sexual Abuse – Q: 9

Previously 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.

On April 14, 2026, at 4:57 PM, the auditor contracts the Connecticut Alliance to End Sexual Violence via email. The auditor explains that the purpose of this reach out to relevant state and local advocacy organizations, including rape crisis centers is to connect with community-based or victim advocates who can provide insight into the conditions and operations of the facilities and programs under review. The following was asked:

- Has your organization provided SAFE (Sexual Assault Forensic Examiner) or SANE Assault Nurse Examiner) referrals within the past 12 months to any of these facilities or programs?
- Are residents able to remain anonymous upon request when seeking emotional support?
- Would your organization have received reports of, or provided services for, sexual abuse and/or sexual harassment in the past 12 months related to any of the listed facilities or programs?
- If yes, how many individuals receive services.

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

Corrective Action: Not Required

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.

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.

	Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “community-based victim services will be made available to victims in addition to Department of Correction Medical and Mental Health Services as needed”. **PREA Coordinator – Q: 17 / Resident who Reported Sexual Abuse – Q: 9** The 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. LBFRCP will offer options to residents and encourage residents to 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 Statues 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: Not Required** **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. **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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon notification, the PREA Coordinator or designee will contact the appropriate law enforcement agency who will conduct and coordinate the investigation”. The State Police Department is responsible for investigating allegations of criminal 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): NR

Corrective Action: Not Required

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.

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.

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 agency has an MOA with the Connecticut Alliance to End Sexual Violence to provide qualified community staff if requested by the resident.

A review of the State of Connecticut Technical Guidelines for Health Care Response

	to Victims of sexual Assault, in accordance with Connecticut General Statute's section 19a – 112a. The examinations performed by the SAFE or SANE staff are guided by the State of Connecticut Statute confirms that the SAFE or SANE staff meet the training requirements. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Agency Website • Investigation Cases • Investigations Notes • Agency Head Designee • Investigative Staff **Reasoning and Analysis by Provisions** **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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all incidents of sexual abuse or sexual harassment will be investigated. Any incident involving potential criminal behavior will be immediately reported to local law enforcement for criminal investigation. The PREA Coordinator shall ensure any report pf sexual abuse or sexual harassment determined to be 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 1. 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 1. 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 employs a structured methodology when selecting investigation files for review. If the total number of investigations is twenty or fewer, the auditor will review at least ten files. When there are twenty-one or more investigations, the auditor will examine ten files plus an additional ten percent of the remaining investigation files. This approach ensures a representative sample is analyzed during the audit process. **Agency Head Designee– Q: 3, 4** Agency Head Designee (VP of Reentry Affairs) 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. Again, State Police are called to conduct an independent criminal investigation, and the Department of Corrections is immediately notified. Agency Head Designee (VP of Reentry Affairs) 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 a complaint is received, the agency immediately separates the accused and the alleged victim in order to keep the alleged victim safe. The highest level and available administrative staff are also notified. At this time, independent interviews of both parties are conducted, and if any part of the allegation can be substantiated, State Police are called to conduct a full criminal investigation. Concurrently, DOC is notified, and the beginnings of reports are generated. At this point, the agency take director from DOC and the State Police regarding how the facility manages the involved residents, and report are finalized and submitted to CRI staff and the supervising Parole Officer. The investigation is immediately initiated, and directives are provided by the PREA Coordinator. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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. 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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states “the PREA coordinator will also ensure the CT Department of Correction (Parole) is notified of any incidents of sexual abuse or sexual harassment. This information shall be made available on the CT DOC website. 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. **Investigative Staff – Q: 1** The 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. CRI 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): NR** **Corrective Action: Not Required** **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. **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; yes. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states “the PREA coordinator will also ensure the CT Department of Correction (Parole) is notified of any incidents of sexual abuse or sexual harassment. This

	information shall be made available on the CT DOC website. The State Police Department is responsible for investigating allegations of criminal 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): NR** **Corrective Action: Not Required** **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. **115.222 (d)** 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. **Review of Documents:** Pre-Audit Questionnaire: Auditor is not required to audit this provision. **115.222 (e)** 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. **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. **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.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Employee PREA Training Acknowledgement • Career Resources Staff Handbook • PREA Refresher • PREA Training PPT • Random Sample Staff **Reasoning and Analysis by Provisions** **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 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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that: 1) During employee orientation and annually, staff shall receive the following

	PREA training: • The facility's zero tolerance for all forms of sexual abuse and sexual harassment. • How to fulfill their responsibilities in regard to prevention, detection, reporting, and response. • The resident's right to be free from of sexual abuse and sexual harassment. • The resident's and staff member's right to be free from retaliation for reporting sexual abuse and sexual harassment • The dynamics of sexual abuse and sexual harassment in residential settings, including determining which residents are most vulnerable. • The common reactions of sexual assault or sexual abuse victims • How to avoid inappropriate relationships with residents • How to communicate effectively and professionally with all residents and • How to comply with relevant laws related to the mandatory reporting of sexual abuse to authorities. The agency ensures that comprehensive training is provided to all employees who may come into contact with residents. This training specifically addresses the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Through this initiative, staff members gain a clear understanding of their obligations to uphold a safe and respectful environment for all residents, reinforcing the agency's commitment to preventing, detecting, reporting, and responding to any incidents of sexual abuse or 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. **Random Sample of Staff – Q: 1** A total of two random staff were interviewed who work on different shifts. One Black and One Hispanic, both females. Both confirmed that they received their PREA training during orientation, in-person. Staff talked about agency zero tolerance, resident rights, retaliation, detection, communication, and inappropriate relationships with residents. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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. **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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "PREA training addresses factors pertaining to both males and females". The agency policy requires PREA training to address factors pertaining to both males and females. This ensures that the training content is relevant and appropriate for staff who may be working with residents of any gender. By tailoring the training to cover issues specific to both male and female residents, the agency promotes comprehensive awareness and preparedness among its employees regarding the prevention, detection, and response to sexual abuse and harassment within the facility. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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. **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.

	All employees at the facility have completed the required PREA training within the effective date. The auditor reviewed the Training, which included the designated PREA discussion topics. This information serves as annual employee refresher training as-well. Additional policy information indicated that LBFRCP 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 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): NR** **Corrective Action: Not Required** **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. **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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "staff shall sign a training document acknowledging that they understand the training". The agency ensures that all employees who may have contact with residents acknowledge their understanding of the training they have received. This is achieved by requiring employers to provide either a physical signature or electronic verification, which serves as documentation that the training has been completed and comprehended. Documentation review of 9 staff PREA Training documentation of the PREA Employee Training & Acknowledgements, PREA – Prison Rape Elimination Act and

	Staff Trainer’s Checklist Adult Division confirmed that staff has completed the required training. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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.

115.232	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Career Resources Inc. Isaiah/Lucy Baney House Volunteer, Intern, and Professional Partners • Career Brochure PREA Policy • Employee PREA Training Acknowledgement • Volunteer Training Material • Volunteer or Contractor who may have contracts with Residents. **Reasoning and Analysis by Provisions** **115.232 (a)** 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.

Review of Documents:

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 2.

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

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

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.

However, there were no volunteers at the facility during site view.

Volunteer or Contractor who may have contract with Residents – Q: 1

During the onsite there were one 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. The volunteer indicated that she completed all the required PREA training.

Corrective Action: Not Required

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.

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. The level and type of training that will be provided to volunteers and contractors will be based on the services they provide and the level of contract they have with residents. The facility uses volunteers. **Volunteer or Contractor who may have Contact with Residents - Q: 2, 3** During the site visit there was one volunteer 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. The volunteer explained that they were notified of the agency's zero tolerance policy. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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. **115.232 (c)** The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. **Review of Documents:** 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. If the agency uses volunteers, the agency will maintain documentation confirming that volunteers who have contact with residents understand the training they have received. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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.

115.233	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Career Resources, Inc. Volunteer, Intern, and Professional Partners PREA Training • Career Resources PREA Compliance Policy Brochure (Spanish and English) – Career Resources PREA Compliance policy • Isaiah House/Mary Magedelene a Program of Career Resources Inc. Resident Handbook • Posters • Resident Roster • PREA Hand Outs • Intake Records/Resident Education • Resident Data Spread Sheet – Race, Arrival Date, Intake Date, Resident Orientation Date, Initial PREA Screening Date, Reassessment Date • Intake Staff • Resident Interview Questionnaire **Reasoning and Analysis by Provisions** **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 12.

Residents receive information at the time of intake regarding the facility's zero-tolerance policy for sexual abuse and sexual harassment. This process ensures compliance with the relevant standards by providing clear guidance to residents about their rights and the procedures for reporting incidents or suspicions. The intake materials emphasize the agency's commitment to preventing sexual abuse and harassment, outline how residents can report concerns, and explain protections against retaliation for reporting. All residents are informed of these policies and procedures during intake to promote a safe and supportive environment.

The residents received the intake information through brochures and Intake package. The facility has the following brochures in English and Spanish title "PREA In Pink" (Career Resources PREA Compliance Policy).

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.

• What is PREA?
• Zero Tolerance
• Why Report?
• How to Report
• What is Sexual Harassment?
• What is Sexual Abuse?
• For questions or concerns about Career Resources PREA policy, please Contact: PREA Coordinator (203) 675-9569 and email address is included.
• Ways to report sexual abuse and harassment.
• If you are abused

A documentation review from 3 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 3 residents' signatures and date on the PREA Checklist confirmed that residents did receive the PREA Education information.

Intake Staff – Q: 1, 2 / Resident Interview Questionnaire – Q: 4, 5

An 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 that 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. Three random residents were interviewed by the auditor. One White and Two Hispanic. 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? Three indicated that they received a handbook and other paperwork with PREA information. Three random residents were interviewed by the auditor. One White and Two Hispanic. They were asked when you came to this facility, were you told about: • Your right to not be sexually abused or sexually harassed? Three indicated yes. • How to report sexual abuse or sexual harassment? Three indicated yes. • Your right not to be punished for reporting sexual abuse or sexual harassment? Three indicated yes. • About how long after coming here did you get the information above? Three 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 Case Manager 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 "PREA In Pink" (Career Resources PREA Compliance Policy). states What is PREA, Zero Tolerance, Why Report? How to Report, what is Sexual Harassment? What is

	Sexual Abuse? For questions or concerns about Career Resources PREA policy, please Contact: PREA Coordinator (203) 675-9569 and email address is included. Ways to report sexual abuse and harassment, if you are abused. 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 Case Manager explains that they use the services of Language Services Contract, Interpreters and Translators, Inc. (ITI) and LBFRCP. 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: Not Required** **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. **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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

	states that “during intake orientation, all residents will receive a resident handbook, and facility handout containing information about PREA. All residents shall sign an acknowledgment that they hall received the handbook and the PREA handout which contain the following information: • 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. • The resident handbook, PREA handout, and all related material will be made available various formats to ensure those residents with limited English proficiencies, deaf, visually impaired, or otherwise disabled residents will be able to participate in all aspects of PREA. The facility ensures that residents who are transferred from another community confinement facility are provided with refresher information upon their arrival. Both new admissions and those transferred from different facilities receive identical PREA education training. This process guarantees that every resident is informed about the facility’s policies regarding sexual abuse and harassment, their rights, and how to report any incidents or suspicions. The refresher information is delivered consistently to ensure comprehensive understanding and compliance with PREA standards. 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 3 residents’ signatures and date on the PREA Checklist confirmed that residents did receive the PREA Education information **Intake Staff – Q: 3, 4 / Resident Interview Questionnaire - Q: 6** Based on 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. Three random residents were interviewed by the auditor. One White and Two

Hispanic. They were asked when you first came to this facility. Were you transferred from another facility? Three indicated they came from jail/prison.

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

Corrective Action: Not Required

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.

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “the resident handbook, PREA handout, and all related material will be made available various formats to ensure those residents with limited English proficiencies, deaf, visually impaired, or otherwise disabled residents will be able to participate in all aspects of PREA”.

The facility ensures that PREA (Prison Rape Elimination Act) education is available to all residents in accessible formats. This includes providing materials and resources that accommodate individuals who are limited English proficient, as well as those with various disabilities. The agency's commitment to accessibility encompasses offering educational content in multiple languages, such as English and Spanish, and utilizing methods that address different levels of literacy and comprehension. For residents who cannot read or have impaired comprehension, staff provide additional support by reading and explaining the materials or by engaging interpreters when necessary. These approaches guarantee that every resident can fully understand and participate in PREA-related education and procedures, promoting equal access and compliance with agency standards.

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.

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

During the facility on site visit, the auditor asks the Case Manager 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 LBFRCP. 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, it was observed that all residents were provided with access to a facility telephone. In addition to this, residents also possessed personal cell phones. This information was corroborated through both formal interviews with residents and confirmation from facility staff, ensuring that all individuals had means of telecommunication available to them within the facility.

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: Not Required

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.

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.

The agency/facility has maintained thorough documentation verifying resident participation in PREA education sessions. This is evidenced through the review of various supporting documents, including the facility's Pre-Audit Questionnaire (PAQ) and relevant policies, as well as interviews and informal conversations with both staff and residents. The PAQ specifically confirms that the agency maintains such records, with the facility's response indicating compliance.

The resident's documentation review collaborated that the resident received the required PREA intake materials and PREA education. Based on the documentation review of 3 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): NR

Corrective Action: Not Required

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.

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.

Documentation confirms that the facility takes steps to ensure that essential PREA information is consistently accessible and clearly visible to all residents. This is accomplished through various means, including the display of posters in resident

	areas, distribution of resident handbooks, and the provision of other written materials such as PREA brochures. These resources are strategically placed and made available to reinforce PREA education and to provide ongoing access to key information for all residents. **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, Assault & Harassment, The CT Alliance to End Sexual Violence numbers, Agency PREA Coordinator number. The information is in English and Spanish. **Corrective Action: Not Required** **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.

115.234	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Training Certificate of Completion (PREA): Investigating Sexual Abuse in a Confinement Setting • PREA Training Records • Investigative Staff **Reasoning and Analysis by Provisions**

115.234 (a)

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.

Review of Documents:

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 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: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “it is the policy of Career Resources Inc residential programs that any criminal act is referred and reported to local law enforcement and the CT DOC (Parole)”.

The agency maintains a clear requirement that all investigators receive specialized training in conducting sexual abuse investigations within confinement settings. This expectation aligns with federal standards and is reinforced through the agency's policies and procedures. Investigators are not only provided with general training required of all employees, but also receive instruction tailored to the unique challenges of investigations in confinement environments. This includes focused education on investigative techniques, evidence collection, and the protocols necessary to ensure thorough and compliant responses to sexual abuse allegations.

Investigative Staff – Q: 1, 2, 3

The Investigator was asked did you receive training specific to conducting sexual abuse investigations in confinement settings? Staff indicated yes. The PREA Coordinator has a certificate of completion indicating that he was trained in investigating Sexual Abuse in a Confinement Setting by the National Institute of Corrections. The PREA training 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.

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: Not Required

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.

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.

The auditor review documentation of two investigators. The Documentation were certificate of completion for the NIC online course title “PREA: Investigating Sexual Abuse in a Confinement Setting presented by the National Institute of Corrections.

A review of the National Institute of Corrections (NIC) online training “PREA: Investigating Sexual Abuse in a Confinement Setting” includes the following topics: Initial Response, Investigation, Determination of the findings, A Coordinated Response, Sexual Assault Response Team, A Systemic Approach, How Sexual Abuse Investigations Are Different, How Investigations in Confinement Settings Are Different, Criteria for Administrative Action, Criteria for Criminal Prosecution, Report Writing Requirements of an Administrative Report, Requirements for an Administrative Report, Requirements for a Criminal Report, The Importance of Accurate Reporting, Miranda and Garrity Requirement, Miranda Warning Considerations, Garrity Warning Considerations, The Importance of Miranda and Garrity Warnings, Medical and Mental Health Practitioner’s Role in Investigations, PREA Standards for Forensic Medical Examinations.

The auditor verified Connecticut State Troops/State Police training through previous PREA audits of the State Troops/State Police training.

The auditor confirmed that investigators take the Specialized Training for Investigators from the PREA Resource Center Specialized Training: Investigating Sexual Abuse in Confinement Setting (9 modules). The auditor reviewed nine modules and covered the following topics:

- Module 1: PREA Update and Overview of PREA
- Module 2: Legal Issues and Agency Liability: What Investigators Should Know
- Module 3: Investigations and Agency Culture
- Module 4: Trauma and Victim Response: Considerations for The Investigative Process
- Module 5: Role of Medical and Mental Health Practitioners in Investigations
- Module 6: First Response and Evidence Collection: The Foundation for Successful Investigations

- Module 7: Interviewing Techniques: Skills that Address the Dynamics of Sexual Abuse
- Module 8: Report Writing
- Module 9: Prosecutorial Collaboration

A review of the Specialized Training for Investigators confirmed that all Troopers are investigators have received specialized training to investigate allegations of sexual abuse in a confinement setting. It should be noted that all troopers are law enforcement personnel.

Investigative Staff – Q: 3

The 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.

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

Corrective Action: Not Required

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.

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 2.

The agency would maintain documentation confirming that its investigators have successfully completed the specialized training required for conducting sexual abuse investigations. This ensures compliance with established standards and demonstrates the agency’s commitment to properly equipping investigators with the necessary skills and knowledge for handling these cases.

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

Corrective Action: Not Required

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.

115.234 (d)

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.

Review of Documents:

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

Overall Findings:

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

115.235	Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making Compliance Determinations:

- Pre-Audit Questionnaire (PAQ)
- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section
- Medical and Mental Health Staff

Reasoning and Analysis by Provisions

115.235 (a)

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:

- 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.

The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “Career Resources Inc residential programs do not employ medical staff. All medical and mental health services are referred to the local hospital, appropriate community service organization”.

The agency does not employ any part-time or full-time medical staff. This was confirmed during the facility tour, where no medical personnel were observed on site. As a result, medical services are not provided directly by the agency within the facility.

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): NR

Corrective Action: Not Required

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.

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 no.

The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “Career Resources Inc residential programs do not employ medical staff. All medical and mental health services are referred to the local hospital, appropriate community service organization”.

	The agency does not employ any part-time or full-time medical staff. This was confirmed during the facility tour, where no medical personnel were observed on site. As a result, medical services are not provided directly by the agency within the facility. **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: Not Required** **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. **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. The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “Career Resources Inc residential programs do not employ medical staff. All medical and mental health services are referred to the local hospital, appropriate community service organization”. The agency does not employ any part-time or full-time medical staff. This was confirmed during the facility tour, where no medical personnel were observed on site. As a result, medical services are not provided directly by the agency within the facility. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR**

	Corrective Action: Not Required **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. **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 no. The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “Career Resources Inc residential programs do not employ medical staff. All medical and mental health services are referred to the local hospital, appropriate community service organization”. The agency does not employ any part-time or full-time medical staff. This was confirmed during the facility tour, where no medical personnel were observed on site. As a result, medical services are not provided directly by the agency within the facility. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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.

115.241	**Screening for risk of victimization and abusiveness**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making Compliance Determinations:

- Pre-Audit Questionnaire (PAQ)
- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section
- Screening Tool Blank
- PREA Initial Screenings
- PREA Rescreening's
- PREA Screening Checklist
- Resident Data Spread Sheet – Race, Arrival Date, Intake Date, Resident Orientation Date, Initial PREA Screening Date, Reassessment Date
- Resident Interview Questionnaire
- PREA Coordinator

Reasoning and Analysis by Provisions

115.241 (a)

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.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Are all residents assessed during the intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents; the facility response was yes.

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

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

- The resident's age, physical build.
- Any physical, mental, or development disabilities.
- If the resident has been previously incarcerated, or whether the resident has previously experienced sexual victimization.
- The residents own perception of vulnerability.
- If the resident is perceived as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- Any prior convictions for sex offenses against an adult or child.

The agency maintains a policy that mandates all residents undergo a

comprehensive screening process upon admission to a facility or following a transfer to another facility. This screening assesses each resident's risk of experiencing sexual abuse by other residents, as well as the risk of posing a threat of sexual abusiveness toward others. The policy ensures that these assessments are systematically conducted to support the safety and well-being of all individuals within the facility.

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

During the 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 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.

Staff Responsible for Risk Screening – Q: 1 / Resident Interview Questionnaire – Q: 7

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.

Three random residents were interviewed by the auditor. One White and Two Hispanic. 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? Three indicated yes.
- Whether you have ever been sexually abused? Three indicated yes.
- Whether you identify as being gay, lesbian, or bisexual? Three indicated yes.
- Whether you think you might be in danger of sexual abuse here? Three indicated yes.
- When were you asked these questions? Three 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. 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.

During the facility tour, informal conversations were held with residents to gather additional insights into their intake experiences. Residents reported that, upon arrival, they were asked questions specifically related to their history of sexual abuse. These discussions confirm that screening for sexual abuse is a routine part of the intake process, ensuring that staff address sensitive topics as required by PREA standards.

Corrective Action: Not Required

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.

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 12.

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

The agency mandates that, upon intake, every resident undergoes a screening process to assess their risk of sexual victimization or the potential for sexually abusing other residents. This screening must be completed within 72 hours of the resident’s arrival at the facility. Adhering to this timeframe ensures the prompt identification of individuals at risk, enabling staff to address their needs appropriately and in compliance with agency and PREA requirements. The consistent application of this policy reflects the agency’s commitment to resident safety and the prevention of sexual abuse within the facility.

A documentation review of 3 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 3 residents, 3 received the initial screening within the 72 hours timeframe.

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

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.

Three random residents were interviewed by the auditor. One White and Two Hispanic. 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? Three indicated yes.
- Whether you have ever been sexually abused? Three indicated yes.
- Whether you identify as being gay, lesbian, or bisexual? Three indicated yes.
- Whether you think you might be in danger of sexual abuse here? Three indicated yes.
- When were you asked these questions? Three indicated the first day during orientation or intake.

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

Corrective Action: Not Required

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.

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.

The agency ensures that risk assessments are conducted using an objective screening instrument. Within LBFRCP programs, this process involves the administration of the Sexual Violence Assessment Tool. This structured approach allows for consistent and impartial evaluation of each resident's risk factors at intake, supporting compliance with established standards and agency policy

regarding risk screening.

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.

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

Corrective Action: Not Required

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.

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 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.

The agency mandates that the intake screening process evaluates all the criteria outlined in this provision. Staff must ensure that each resident is assessed for risk factors related to sexual victimization or abusiveness. This includes consideration of the resident's age, physical build, history of incarceration, criminal history—specifically whether offenses are exclusively nonviolent—prior convictions for sex offenses against adults or children, previous experiences of sexual victimization, mental, physical, or developmental disabilities, and the resident's own perception of vulnerability. By following these guidelines, the agency demonstrates its commitment to thorough and comprehensive risk screening at intake.

	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 Career Resources Programs – Isaiah/STARS/Women and Children Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) instrument addresses the following: • Results: Vulnerable to Victimization or Sexually Aggressive • Vulnerability to Victimization: o Interview o Social Skills o Perception of Risk o Gender and Sexual Orientation o History of Victimization o Intellectual Impairment o Mental Health Issues o Transitional Culture: Client's Physical Appearance ◈ Small Build ◈ Impaired Vision ◈ Pronounced Disfigurement ◈ Physical Disability ◈ Deaf ◈ Appears Frail, Weak o Transitional: Client's Presentation and Behaviors ◈ Inappropriate verbal behavior ◈ Inappropriate physical behavior ◈ Hunched fearful posture. ◈ Obvious effeminate behavior ◈ Speech Impediment ◈ Appears slow or dull. ◈ Behaviors that are likely to irritate and annoy others. ◈ Behaviors that appear related to mental illness ◈ Any gender nonconforming appearance o Features of the Client which make him or her standout. ◈ Having a lack of exposure to criminal lifestyle ◈ Being from a minority not well represented in the offender population ◈ Membership in a gang that is likely to be a target of attack from others. • Vulnerability to Victimization Scoring • Override Due to Severe Disability • Override Due to Safety Concern • Sexually Aggressive Behavior o Sexual assaulted or attempted to sexually assault someone. o Sexual Acts Against their will • Collateral Information o File Review/Face Sheet Review

o Prior sexual Aggression or Sexual Victimization

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: Not Required

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.

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.

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.

Staff Responsible for Risk Screening – Q: 3, 4

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: Not Required

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.

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 12.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "the resident shall be reassessed no later than 30 days from arrival at the facility. Reassessment shall be noted in the Progress Notes of the resident's file. Residents shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness".

The agency mandates that the facility conduct a reassessment of each resident's risk of victimization or abusiveness within a specific time limit. This period must not exceed 30 days following the resident's arrival. The reassessment process is designed to evaluate any additional, relevant information that has been obtained since the initial intake screening, ensuring that the facility remains proactive in addressing potential risks and maintaining compliance with established standards.

Interviewed staff responsible for the initial PREA screening collaborated that the reassessments are completed within 30 days. The auditor reviewed a sample of 3 initial assessments. Of the 3, 3 reassessments have not reached the 30-day time limit.

Staff Responsible for Risk Screening – Q: 6 / Resident Interview Questionnaire – Q: 8

	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 time limits. Three random residents were interviewed by the auditor. One White and Two Hispanic. Reported that staff asked them the reassessments questions again, after the initial assessment questions. The case managers used the LBFRCP form to conduct PREA reassessments. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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. **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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "the resident shall be reassessed no later than 30 days from arrival at the facility. Reassessment shall be noted in the Progress Notes of the resident's file. Residents shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness". The agency requires that residents undergo risk level reassessments whenever warranted by circumstances that could impact their risk of sexual victimization or abusiveness. These circumstances include referrals, requests, incidents of sexual abuse, or the receipt of additional information relevant to the resident's risk status. Staff utilize the same initial PREA screening questions during these reassessments to ensure consistency and thorough evaluation. This policy supports the agency's commitment to maintaining safety and compliance with PREA standards by proactively addressing any changes in residents' risk factors. **Staff Responsible for Risk Screening – Q: 5 / Resident Interview Questionnaire – Q: 8**

	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. Three random residents were interviewed by the auditor. One White and Two Hispanic. Reported that staff asked them the reassessments questions again, after the initial assessment questions. The case managers used the LBFRCP form to conduct PREA reassessments. 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: Not Required** **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. **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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "rresidents will not be disciplined for refusing to answer or discuss information requested by the intake form". The agency maintains a clear policy that prohibits disciplining residents who choose not to answer, or who do not fully disclose information, in response to questions included in the PREA (Prison Rape Elimination Act) screening instrument. This policy

applies to all questions asked during both initial screenings and any subsequent reassessments. Residents are not subject to any disciplinary action or penalty for declining to respond or for withholding information during these required assessments. The intent of this policy is to ensure residents' rights are protected and to encourage an environment of trust and voluntary participation during the risk screening process.

As part of the audit process, the auditor conducted a thorough review of various sources of facility documentation, including investigations, incident reports, and resident grievances. The purpose of this search was to determine if there were any instances in which residents were disciplined for refusing to answer or for not disclosing information during the PREA screening process. The auditor found no evidence of any disciplinary actions taken against residents for these reasons. This finding supports the facility's adherence to policies prohibiting discipline related to non-disclosure or refusal to answer PREA-related questions.

Staff Responsible for Risk Screening – Q: 7

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 confined 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: Not Required

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.

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 in 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. These controls are designed to ensure that any responses to questions asked under the PREA standard are handled with the utmost confidentiality and are not used to the detriment of residents by staff or other residents.

In addition to electronic safeguards (passwords), hard copies of sensitive documents are securely stored in locked file cabinets within the office area or, for investigation files, in the PREA Coordinator's locked office. There was no evidence of confidential information being left in common areas or in locations accessible to unauthorized staff or residents. The administration actively monitors compliance and takes immediate action if any sensitive information is found to be exploited.

PREA Coordinator – Q: 7 / Staff Responsible for Risk Screening – Q: 8

The 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.

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.

The 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: Not Required** **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.

115.242	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • PREA Screening Checklist • PREA Initial Screenings • PREA Rescreening's • Resident Roster • PREA Coordinator • Staff Responsible for Risk Screening

Reasoning and Analysis by Provision

115.242 (a)

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.

Review of Documents:

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “the facility shall make individual determinations on a case-by-case basis about how to ensure the safety of all residents and shall utilize the screening information to determine housing, work, education, and programming assignments”.

The agency utilizes information obtained from risk screenings to guide decisions related to housing, bed assignments, work placements, and education opportunities for residents. This practice is specifically aimed at ensuring that residents who are identified as being at high risk of sexual victimization are kept separate from those who are determined to be at high risk of exhibiting sexually abusive behavior. By implementing these measures, the agency seeks to promote the safety and well-being of all residents within its facilities.

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 indicated 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.

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.

PREA Coordinator – Q: 6 / Staff Responsible for Risk Screening – Q: 9

The 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

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): NR

Corrective Action: Not Required

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.

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "the facility shall make individual determinations on a case-by-case basis about how to ensure the safety of all residents and shall utilize the screening information to determine housing, work, education, and programming assignments".
The agency makes individualized determinations about how to ensure the safety of each resident.

This approach is confirmed through interviews with staff responsible for the initial PREA screening, who indicated that the screening process during intake is designed to protect residents from being sexually victimized or abusive. Management considers input from staff when assigning residents to programs, work, and housing. The PREA Risk Assessment and other evaluation tools are actively used to inform decisions, ensuring that residents at risk are separated from those who may pose a threat. These assessments help determine appropriate placement in housing, programming, education, and work assignments, prioritizing safety based on each individual's circumstances. Facility policy further supports this practice by requiring

	case-by-case determinations utilizing screening information to guide all assignments. **Agency PREA Coordinator / Staff Responsible for Risk Screening – Q: 9** The 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. 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): NR** **Corrective Action: Not Required** **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. 115.242 (c) – Not Applicable 115.242 (d) – Not Applicable 115.242 (e) – Not Applicable 115.242 (f) – Not Applicable **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.

115.251	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in Making Compliance Determinations:

- Resident Handbook
- PREA Posters
- PREA Reporting Sexual Abuse or Sexual Harassment
- Pre-Audit Questionnaire (PAQ)
- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section
- Random Sample Staff
- Resident Interview Questionnaire
- PREA Coordinator

Reasoning and Analysis by Provisions

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “at intake all residents will be advised of all reporting options available to report sexual abuse, sexual harassment, retaliation, staff neglect, or other violations that may have contributed to an incident through the Resident Handbook issued upon arrival”.

The agency has developed and implemented procedures that enable residents to report incidents of sexual abuse, sexual harassment, retaliation, and staff neglect or violations of responsibilities through multiple internal avenues. These procedures ensure that residents can make such reports privately to both agency officials and, when appropriate, to non-agency representatives. The available reporting methods are communicated to residents during intake, including information provided in the Resident Handbook, and reinforced through access to resources such as hotlines and grievance processes. By offering a variety of options, the agency facilitates confidential reporting and upholds the requirements outlined in PREA standards, supporting resident safety and agency accountability.

The resident handbook provides multiple internal and external reporting methods. As provided in the handbook “to report any incident of sexual abuse or sexual harassment you, or a third party may:

- Make a verbal, written or anonymous complaint to any staff member.
- Director of Residential Service 203-675-9569

- Contact Career Resources Inc. Administrative office at 203-368-6116.

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:

- Contact the Bridgeport Police Department at 203-576-7610
- Contact the Department of Corrections PREA Hotline at 770-743-7783
- 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

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

The auditor reviewed written guidance from Vice President and the Agency PREA Coordinator uploaded in the Pre-Audit Questionnaire indicated – Resident Reporting: 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 and the PREA Handout issued upon arrival.

Random Sample of Staff – Q: 7 / Resident Interview Questionnaire – Q: 9

A total of two random staff were interviewed who work on different shifts. One Black and One Hispanic, both females. Both 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 Parole Officer, PREA coordinator, or they can report to family members.

Three random residents were interviewed by the auditor. One White and Two Hispanic. 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? They 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.

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.

Informal discussions with staff revealed that residents may be allowed to carry a cell phone, provided their referral source grants permission. This access enables

residents to communicate for approved purposes and supports their ability to report incidents privately, including those related to sexual abuse, assault, or harassment, as outlined in facility documentation and interviews. Having a personal cell phone can facilitate direct contact with hotlines and external support resources.

Corrective Action: Not Required

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.

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “residents shall also receive information on how to privately report any such information to public or private agencies while remaining anonymous. At the time of intake and orientation, the resident shall be provided with numbers and addresses for victim advocate services along with toll free rape crisis hot line numbers. Also, the information is posted throughout the program facilities. The resident handbook provides multiple internal and external reporting methods”. As provided in the handbook “to report any incident of sexual abuse or sexual harassment you, or a third party may:

- Make a verbal, written or anonymous complaint to any staff member.
- Director of Residential Service 203-675-9569
- Contact Career Resources Inc. Administrative office at 203-368-6116.

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

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:

- Contact the Bridgeport Police Department at 203-576-7610

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

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.

PREA Coordinator – Q: 15, 16 / Resident Interview Questionnaire – Q: 9, 10

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 LBFRCP 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.

Three random residents were interviewed by the auditor. One White and Two Hispanic. 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? They 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.

Three random residents were interviewed by the auditor. One White and Two Hispanic. 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? They indicated yes, they are aware.

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: Not Required

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.

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “Residents shall also be notified that any staff member must accept and promptly document any report made verbally, in writing, anonymously, or from a third party”.

The agency has established a clear policy that requires staff members to accept reports of sexual abuse and sexual harassment, regardless of how those reports are made. This includes reports that are submitted verbally, in writing, anonymously, or by third parties. Staff are obliged to receive and address all such reports, ensuring that the reporting process is accessible and responsive to the needs of residents.

Random Sample of Staff – Q: 8 / Resident Interview Questionnaire – Q: 11, 12

A total of two random staff were interviewed who work on different shifts. One Black and One Hispanic, both females. Both 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.

Three random residents were interviewed by the auditor. One White and Two Hispanic. They were asked can you make reports of sexual abuse or sexual harassment either in person or in writing? Three indicated yes, they can report in person to staff or write a grievance. They indicated that someone else can make a report for them so that they do not have to give their names.

Three random residents were interviewed by the auditor. One White and Two Hispanic. 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. Three 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: Not Required** **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. **115.251 (d)** The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of Residents. **Review of Documents:** 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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “staff members shall be provided a method to privately report sexual abuse or sexual harassment of residents. Methods of reporting shall include in-person, phone, mail, email, fax or any means by which the staff feel comfortable in reporting to supervisory level staff, the PREA Coordinator. Staff are expected to report any knowledge or suspicion of abuse. The methods of reporting are expected to vary based on the situation and the individual involved. Should there be any question as to the most appropriate method, the PREA Coordinator or Supervisor should be contacted”. The auditor reviewed written guidance from Vice President/Agency PREA Coordinator uploaded in the Pre-Audit Questionnaire indicated – Staffing Reporting: Staff members are provided method to privately report sexual abuse or sexual harassment of residents. Staff members may report verbally or in writing to their program manager and/or to the Executive Director. The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. These procedures ensure that staff members can communicate concerns or incidents confidentially, supporting a safe environment for both staff and residents. The availability of private reporting mechanisms reinforces the agency's commitment to compliance with relevant standards and fosters a culture of accountability and protection within the facility. **Random Sample of Staff – Q: 6** A total of two random staff were interviewed who work on different shifts. One Black and One Hispanic, both females. Both confirmed that staff can privately report sexual abuse and sexual harassment of resident by using their personal cell phones to call 911or the State Police, and report to the Agency PREA coordinator.

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

During the facility tour informal conversations with staff indicated that they will privately report sexual abuse and sexual harassment of resident to call 911 or the State Police or the Agency PREA Coordinator.

Corrective Action: Not Required

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.

115.252 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making Compliance Determinations:

- Pre-Audit Questionnaire (PAQ)
- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section
- Residents Grievances
- Resident Handbook
- 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 No.

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.

A further review of the agency's policies demonstrates that there are established administrative procedures in place for handling resident grievances related to sexual abuse. These procedures ensure that residents have a formal process through which they can submit grievances concerning incidents of sexual abuse. The existence of such procedures confirms that the agency is not exempt from the relevant standards, as explicit administrative remedies are available to address these serious concerns.

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

Corrective Action: Not Required

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.

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.

Agency/LBFRCP does not require residents to utilize any informal grievance procedures or attempt to resolve alleged incidents of sexual abuse directly with staff. Residents are not obligated to engage in informal processes prior to submitting a formal grievance regarding an allegation of sexual abuse. This ensures that all residents have direct access to the formal grievance system without unnecessary barriers or requirements to first address their concerns with staff members who may be involved in the incident.

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. 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. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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. **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 did not response. The agency permits residents to submit grievances regarding allegations of sexual abuse without the requirement to submit grievance to the staff member who is the subject of the complaint. This procedure ensures that residents can report concerns confidentially and without fear of retaliation from the staff members involved. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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. **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.

The agency stipulates that any grievance, or any part of a grievance, related to allegations of sexual abuse must be resolved with a final decision regarding its merits within 90 days from the date the grievance is initially filed. This requirement is designed to ensure timely and effective responses to such sensitive issues, providing residents with clarity and closure within a defined period. However, all grievance related to sexual abuse or sexual harassment is sent direct to the PREA Coordinator for investigation.

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: Not Required

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.

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "any third-party reports of sexual abuse may be made via telephone, fax, email, or in person. The facility email address, telephone and LBFRCP numbers are available publicly on Career Resources website".

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): NR

Corrective Action: Not Required

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.

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. 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: Not Required** **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. **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. The agency maintains a policy that restricts its capacity to discipline any resident who files a grievance alleging sexual abuse. Disciplinary action may only be taken if the agency can clearly demonstrate that the resident submitted the grievance in bad faith. This approach is designed to ensure that residents are not discouraged from reporting allegations of sexual abuse, while also maintaining a process to address grievances that are found to be intentionally false or malicious. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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.

115.253	**Resident access to outside confidential support services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Resident Handbook • Career Resource PREA Compliance Policy (Brochures- English and Spanish) • MOA: Center for Family Justice • CT Alliance MOU • Resident Interview Questionnaire • Resident who Reported Sexual Abuse

Reasoning and Analysis by Provisions

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “residents are provided contact information to outside victim advocates and support services when requested. Career Resources, Inc has access to CONNSACS (Connecticut Sexual Assault Crisis Services) through an MOU with Child and Family Guidance Center in Bridgeport. Any resident may call the toll-free CONNSACS number at any time”.

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 facility relies on the local Connecticut Alliance to End Sexual Violence organization to provide emotional support services.

	The auditor reviewed written guidance from Vice President/Agency PREA Coordinator uploaded in the Pre-Audit Questionnaire indicated- Resident phone calls are not monitored or recorded. All calls are confidential. **Resident Interview Questionnaire – Q: 13, 14, 15, 16 / Resident who Reported a Sexual Abuse – Q: 10, 11** Three random residents were interviewed by the auditor. One White and Two Hispanic. These residents came to the facility within the past 12 months; all came from another facility. Three reported that they were aware of services available outside of the facility for dealing with sexual abuse if they needed it. Two 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. This information was continuous throughout the facility. The residents has personal cell phone. 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. Previously 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 facility relies on the local Connecticut Alliance to End Sexual Violence organization to provide emotional support services.

On April 14, 2026, at 4:57 PM, the auditor contracts the Connecticut Alliance to End Sexual Violence via email. The auditor explains that the purpose of this reach out to relevant state and local advocacy organizations, including rape crisis centers is to connect with community-based or victim advocates who can provide insight into the conditions and operations of the facilities and programs under review. The following was asked:

- Has your organization provided SAFE (Sexual Assault Forensic Examiner) or SANE Assault Nurse Examiner) referrals within the past 12 months to any of these facilities or programs?
- Are residents able to remain anonymous upon request when seeking emotional support?
- Would your organization have received reports of, or provided services for, sexual abuse and/or sexual harassment in the past 12 months related to any of the listed facilities or programs?
- If yes, how many individuals receive services.

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: Not Required

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.

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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “resident phone calls are not monitored or recorded. All calls are confidential”. 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. **Resident Interview Questionnaire – Q: 17 / Resident who Report a Sexual Abuse – Q: 12** Three random residents were interviewed by the auditor. One White and Two Hispanic. 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): NR**

Corrective Action: Not Required

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.

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.

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

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

Corrective Action: Not Required

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.

115.254	**Third party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • MOA: Center for Family Justice • Website • Resident Handbook • Break the Silence Poster • Career Resources PREA Compliance Policy (Brochures) **Reasoning and Analysis by Provisions** **115.254 (a)** 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. **Review of Documents:** 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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “any third-party reports of sexual abuse may be made via telephone, fax, email, or in person. The facility email address, telephone and BFRCP numbers are available publicly on Career Resources website”. The agency has established a clear method to receive third-party reports of sexual abuse or sexual harassment involving residents. This process ensures that individuals other than the resident—such as family members, friends, or advocates—can submit reports on behalf of a resident who may be unable or

	unwilling to do so directly. According to the Pre-Audit Questionnaire, the facility has confirmed the existence of such a reporting method. The agency's policy outlines that third-party reports may be submitted through various channels, including telephone, email, or in person. The agency makes the necessary contact information, such as the facility's email address and telephone, publicly available on the organization's website. This accessibility ensures transparency and facilitates the reporting process for all concerned parties. The auditor reviewed written guidance from Vice President/Agency PREA Coordinator uploaded in the Pre-Audit Questionnaire indicated – Any third-party reports of sexual abuse may be made via telephone, fax, email, or in person. Career Resources Inc. is a contracted unit of the Connecticut Department of Correction and facility address, telephone and BFRCP number can be found on their website at: www.ct.gov/doc. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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.

115.261	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Website

- Random Sample Staff
- Medical and Mental Health Staff
- Program Director
- PREA Coordinator

Reasoning and Analysis by Provisions

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all staff are required to report any instance of alleged or actual sexual abuse or sexual harassment, retaliation, or staff neglect to their Program Director, next level supervisor or the PREA Coordinator immediately. Staff members shall not reveal any information related to the report to anyone other than the extent necessary.

According to agency policy, all staff members are required to report immediately any knowledge, suspicion, or information they receive concerning incidents of sexual abuse or sexual harassment that occur within the facility. This obligation applies regardless of whether the incident involves individuals who are part of the agency or not. Staff must follow the agency's reporting procedures without delay to ensure prompt and appropriate response to any potential or actual incidents.

Random Sample Staff – Q: 5

A total of two random staff were interviewed who work on different shifts. One Black and One Hispanic, both females. Both 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): NR

Corrective Action: Not Required

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.

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “staff members shall not reveal any information related to the report to anyone other than the extent necessary”.

Staff are required to report incidents of sexual abuse directly to designated supervisors, officials, and the appropriate state or local services agencies. In accordance with policy, staff are strictly prohibited from disclosing any information related to these reports to individuals outside of those directly involved in treatment, investigations, security, or management decisions. This ensures that sensitive information is only shared as necessary for the proper handling of the incident and preserves the confidentiality of those involved.

Random Sample of Staff – Q: 5

A total of two random staff were interviewed who work on different shifts. One Black and One Hispanic, both females. Both 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): NR

Corrective Action: Not Required

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.

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.

The facility upholds its responsibility to report incidents of sexual abuse in accordance with relevant regulations and facility policy. During the intake process, residents are clearly advised about the practitioner's obligation to report any suspected or known sexual abuse. In addition, practitioners inform residents about the limitations of confidentiality, ensuring that all individuals understand what information may need to be disclosed and to whom. This process reinforces transparency and compliance with reporting requirements.

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):

During the onsite visit, the auditor engaged in informal conversations and conducted a review with the agency PREA Coordinator to discuss Connecticut Elder Abuse Laws and requirements for mandated reporting. In Connecticut, elder abuse encompasses a range of actions, including the intentional infliction of physical pain, injury, or mental anguish on an elderly individual. It also extends to situations where a caretaker willfully deprives an elderly person of services essential for maintaining their physical and mental health. Furthermore, elder abuse covers incidents of neglect, exploitation, and abandonment affecting individuals aged 60 and older.

The review specifically addressed how Connecticut's elder abuse statutes intersect with the facility's obligations under the Prison Rape Elimination Act (PREA). The facility is required to comply with mandated reporting laws, ensuring that suspected cases of elder abuse are promptly reported in accordance with state guidelines. This includes recognizing various forms of abuse or neglect as defined by Connecticut law, as well as understanding the responsibilities of caretakers and agency staff in

identifying and reporting such incidents. The conversation with the PREA Coordinator highlighted the importance of integrating these legal requirements with PREA protocols, reinforcing the facility's commitment to safeguarding vulnerable residents and maintaining compliance with both state and federal standards.

Corrective Action: Not Required

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.

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "the PREA coordinator or designee will ensure appropriate law enforcement is contacted on all criminal matters for investigation. The CTDOC will also be notified of any incidents or allegations of sexual abuse or sexual harassment".

Program Director – Q: 11 / PREA Coordinator – Q: 27

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 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): NR

Corrective Action: Not Required

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.

115.261 (e)

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

Review of Documents:

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.

The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "the PREA coordinator or designee will ensure appropriate law enforcement is contacted on all criminal matters for investigation. The CTDOC will also be notified of any incidents or allegations of sexual abuse or sexual harassment."

The agency ensures that all allegations of sexual abuse and sexual harassment, including those submitted by third parties or anonymously, are promptly reported to the facility's designated investigators. This commitment supports transparency and accountability in handling such reports and demonstrates adherence to agency standards and protocols.

Program Director – Q: 8

The 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.

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

Corrective Action: Not Required

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.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Agency Head Designee • Program Director • Random Sample Staff **Reasoning and Analysis by Provisions** **115.262 (a)** 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. **Review of Documents:** 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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon receiving any information that a resident is subject to or at risk of sexual abuse the Vice President of Re-Entry and Residential Services (PREA Coordinator), Program Director, and the Assistant Director will be notified, and appropriate action will be taken to protect the resident”. 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.

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.

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:

- Consultation with referral source,
- Removing alleged client abusers from contact with victims,
- Removing alleged staff abusers from contact with victims,
- Monitoring client rooms, including observation by director,
- Transferring potential victims/abusers to other facilities,
- 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.

Agency Head Designee – Q: 12 / Program Director – Q: 7 / Random Sample of Staff – Q: 13

Agency Head Designee (VP of Reentry Affairs) 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. In this case, the residents would immediately separate from the rest of the residents, Parole is notified, and staff take every effort to protect the individual up to and including removal from the premises until such time as the environment is deemed safe ty the DOC and CRI staff. If an offense occurred, law enforcement would be contacted, and proper investigatory measures would be taken.

The 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 two random staff were interviewed who work on different shifts. One Black and One Hispanic, both females. Both 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): NR

Corrective Action: Not Required

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.

115.263	Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making Compliance Determinations:

- Pre-Audit Questionnaire (PAQ)
- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section
- Agency Head Designee
- Program Director

Reasoning and Analysis by Provisions

115.263 (a)

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.

Review of Documents:

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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon receiving information or allegation that a resident was sexually abused while confined at another facility, the VP of Residential and Re-Entry Services(PREA Coordinator), Program Director shall notify the CTDOC Parole, and the facility head of the facility from which the inmate arrived and, if a Community Confinement facility, the head of that facility will be notified immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting such notification”. When the agency receives an allegation that a resident was sexually abused while confined at another facility, the agency is required to promptly notify the head of the facility or the appropriate office of the agency where the alleged sexual abuse took place. This ensures that the parties responsible are informed and able to initiate the necessary procedures in accordance with established guidelines. **Agency Head Designee Q:5 / Program Director Q:12** Agency Head Designee (VP of Reentry Affairs) 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. CRI Sr. VP of Reentry Affairs/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. Note: If the Sr. VP of Reentry Affairs/ Agency PREA Coordinator is on vacation at which point the Chief Strategic Officer would be notified. The 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): NR** **Corrective Action: Not Required** **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. **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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon receiving information or allegation that a resident was sexually abused while confined at another facility, the Program Director shall notify the CTDOC (Parole) and the facility head of the facility from which the inmate arrived and, if a Community Confinement facility, the head of that facility will be notified immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting notification”. The agency mandates that the facility Program Director must provide notification promptly after receiving an allegation. This notification must occur as soon as possible and is required to be completed no later than 72 hours following receipt of the allegation. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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. **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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon receiving information or allegation that a resident was sexually abused while confined at another facility, the Program Director shall notify the

CTDOC (Parole) and the facility head of the facility from which the inmate arrived and, if a Community Confinement facility, the head of that facility will be notified immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting notification".

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. This process ensures that allegations are reported promptly and in accordance with regulatory requirements, supporting transparency and accountability within the facility's operations.

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

Corrective Action: Not Required

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.

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.

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

The facility has demonstrated compliance with this provision of the standard by ensuring that any allegations received from other facilities are investigated in accordance with the Prison Rape Elimination Act (PREA) standards. This commitment to investigation reflects the facility's dedication to upholding regulatory requirements, maintaining transparency, and promoting accountability within its operations. By following PREA guidelines, the facility provides assurance that all reports of abuse are handled appropriately and consistently, reinforcing its compliance with established protocols.

Program Director – Q: 13

The 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): NR

Corrective Action: Not Required

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.

115.264	Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making Compliance Determinations:

- Pre-Audit Questionnaire (PAQ)
- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section
- PREA Incident Check Sheet Sample
- Security Staff and Non-Security Staff First Responders
- Residents who Reported Sexual Abuse
- Random Sample Staff

Reasoning and Analysis by Provisions

115.264 (a)

Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:

	• Separate the alleged victim and abuser. • Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. • If the abuse occurred within a time that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and • If the abuse 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, 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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon learning of an allegation that a resident was sexually abused, the first responding staff member shall separate the alleged victim and abuser ensuring that neither shower, bathes, eats, drinks, uses the toilet, or changes clothes if the abuse occurred within a time period that still allows for the collection of physical evidence”. In addition, the policy states that “the staff member will also secure the crime scene to preserve any physical evidence available and make appropriate notifications”. The agency maintains a clear first responder policy regarding allegations of sexual abuse. This policy outlines the specific responsibilities and requires actions for staff upon learning of an allegation. Staff members are knowledgeable about these procedures and understand the steps to follow, ensuring an organized and effective response to any reported incidents. The policy includes guidelines such as separating the alleged victim and abuser, securing the crime scene, and preserving physical evidence by instructing the alleged victim not to engage in activities that could compromise evidence, such as washing, brushing teeth, or changing clothes. Staff are also required to notify the Program Director or Duty Officer as part of the established protocol. This structured approach ensures staff are prepared to act promptly and appropriately in accordance with agency standards. **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): NR

Corrective Action: Not Required

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.

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.

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.

Security Staff and Non-Security Staff First Responders – Q: 1 / Random Sample of Staff – Q: 11

A total of two random staff were interviewed who work on different shifts. One Black and One Hispanic, both females. Both 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. A 1st Responder(staff) 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): NR** **Corrective Action: Not Required** **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.

115.265	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Coordinated Plan for Sexual Assault • Program Director

Reasoning and Analysis by Provisions

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.

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

The facility has a written process 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).

The auditor reviewed written guidance from Vice President/Agency PREA Coordinator uploaded in the Pre-Audit Questionnaire indicated – Reporting Duties; The PREA Coordinator, Program Director/Supervisory designee must contact the Center for Family Justice to arrange for sexual assault advocate to go to the hospital where the resident is being transported. All allegations of sexual harassment must be reported for investigation to the PREA Coordinator. The Senior management of Career Resources Inc must be Institute the incident report process; call the local authorities to begin a criminal investigation. The PREA Coordinator will keep a record of the details of the notification, including: All people notified, date and time of notifications, date and time and time notice of allegation was received, and any details of the allegation.

Program Director – Q: 14

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.

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

Corrective Action: Not Required

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.

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Agency Head Designee **Reasoning and Analysis by Provisions** **115.266 (a)** Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any Residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. **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 no. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "career Resources, Inc shall not enter or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is

warranted".

The auditor reviewed written guidance from Vice President/Agency PREA Coordinator uploaded in the Pre-Audit Questionnaire indicated – Career Resources Inc. residential programs shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged staff sexual abusers from contract with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

The agency has confirmed that it is not involved in any governmental entity that is responsible for collective bargaining on its behalf. This clarification ensures that the agency independently manages its agreements and is not subject to the limitations or stipulations that might arise from external collective bargaining processes.

Agency Head Designee– Q: 6

Agency Head Designee (VP of Reentry Affairs) 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): NR

Corrective Action: Not Required

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.

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

- 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.

Review of Documents:

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

Overall Findings:

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

	documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Retaliation Monitoring- • Residents who Reported Sexual Abuse • Agency Head Designee • Program Director • Designated Staff Member Charged with Monitoring Retaliation (or Director if none- available) **Reasoning and Analysis by Provisions** **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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “it is Career Resources, Inc. policy that all residents or staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation will be protected from retaliation by other residents or staff”. The agency protects all residents and staff who report sexual abuse or sexual harassment, or who cooperate with investigations into such incidents, from

retaliation by other residents or staff. This policy is a critical component in ensuring that individuals feel safe to report abuse or harassment and to participate fully in investigations without fear of adverse consequences. The agency's commitment to safeguarding residents and staff from retaliation supports a secure environment where allegations can be addressed appropriately and victims can receive necessary support.

The agency maintains a policy protecting residents and staff from retaliation for reporting sexual abuse or sexual harassment or cooperating in related investigations. The policy also identifies the staff members or departments responsible for monitoring retaliation.

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?

Agency Head Designee (VP of Reentry Affairs) 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.

The alleged victims and accused are separated for safety and in the event that allegations are found to be true, and it relates to resident-on-resident offenses, DOC typically makes the decision to move one or both of the parties. If this is a staff on resident accusation, a full investigation is completed and if the staff are found to be guilty, they are terminated and face potential criminal charges to be determined by law enforcement. If the resident's complaint is not confirmed to be true, the resident is dealt with by DOC/Parole. In these events, residents are either moved, remained, or otherwise sanctioned by DOC.

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

Corrective Action: Not Required

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.

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “the PREA Coordinator shall monitor the conduct and treatment of any resident or staff member who reported the abuse to see if there are changes that may suggest possible retaliation. Monitoring shall be conducted for at least 90 days but shall be extended beyond 90 days if there is a continuing need”.

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.

Agency Head Designee – Q: 8 / Program Director – Q: 15 / Designated Staff Member Charged with Monitoring Retaliation (or Director if none-available) – Q: 1, 2, 3

The 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. Staff may reassign rooms, and extra care (hourly rounds) are taken to observe behaviors that may be deemed retaliatory. If the residents absolutely feel unsafe in the facility care, they can request to be moved to another agency.

A 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 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): NR

Corrective Action: Not Required

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.

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 innates 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.

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

	The facility monitors the conduct and treatment of both residents and staff who have reported incidents of sexual abuse, as well as residents who are identified as having suffered such abuse. This ongoing observation is intended to detect any changes in behavior or circumstances that might indicate possible retaliation by either residents or staff. The goal is to ensure a safe environment and promptly address any issues that may arise related to potential retaliatory actions. **Program Director – Q: 16 / Designated Staff Member Charged with Monitoring Retaliation (or Director if none- available) – Q: 4, 5, 6** A 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 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): NR** **Corrective Action: Not Required** **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. **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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "the PREA Coordinator shall conduct periodic status checks and take necessary protective measured to ensure resident and staff safety". Monitoring will occur for at least 90 days post claim and will include periodic status checks. Monitoring will terminate if the allegation is found to be unsubstantiated. Monitoring will include:

- Recent discipline reports
- Housing changes
- Periodic status checks
- Program changes, negative case notes or progress reports.
- Staff reassignments
- Negative performance reviews

Designate Staff Member Charged with Monitoring Retaliation (or Director if none-available) – Q: 4

A 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): NR

Corrective Action: Not Required

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.

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 individuals who may be subject to retaliation as a result of their cooperation in investigations. When an individual expresses a fear of retaliation, the agency promptly assesses the situation and implements safeguards to ensure the individual's safety and well-being. These measures may include monitoring for changes such as room assignments, disciplinary actions, program modifications, or staff reassignments that could signal retaliatory conduct. The agency also collaborates with relevant departments, such as the PREA coordinator, human resources, and agency leadership, to actively monitor and address potential retaliation. Monitoring continues for at least 90 days

or as long as necessary, and clients are observed until discharge. The agency's protocols reflect a commitment to maintaining a safe environment and upholding the integrity of investigative processes.

Agency Head Designee – Q: 8 / Program Director – Q: 15, 16

Agency Head Designee (VP of Reentry Affairs) 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. . Staff may reassign rooms, and extra care (hourly rounds) are taken to observe behaviors that may be deemed retaliatory. If the residents absolutely feel unsafe in the facility care, they can request to be moved to another agency.

The agency works closely with the funder, PREA coordinator, HR, and agency leadership team to ensure that individuals who cooperate with PREA investigations are protected from potential retaliation.

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

Corrective Action: Not Required

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.

115.267 (f)

An agency’s obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

Review of Documents:

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

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

Corrective Action: Not Required

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.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Specialized Training for Investigating Allegations of Sexual Abuse • Investigative Staff • Residents who Reported Sexual Abuse • Program Director • PREA Coordinator **Reasoning and Analysis by Provisions** **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: The agency/ facility has a policy related to criminal and administrative agency investigations facility did not respond. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “the PREA Coordinator or designee shall investigate promptly, thoroughly, and objectively all allegations of sexual abuse or sexual harassment including those from a third party”. The policy further states that “any allegation determined to be criminal in nature shall be immediately reported to law enforcement for investigation. If law enforcement determines there is no criminal activity, the facility will conduct its own administrative investigation into the incident”; and an administrative investigation shall be documented listing all findings including a determination whether staff actions or failures to act contributed to the incident”. The agency conducts its own investigations into allegations of administrative sexual abuse and sexual harassment, it is required to carry out these investigations

promptly, thoroughly, and objectively. This applies to all allegations, including those that are reported by third parties or made anonymously.

Investigative Staff – Q: 5, 6

The 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 Investigator confirmed that the steps in initiating an investigation are: The PREA coordinator or designee investigate promptly, thoroughly, and objectively all allegations of sexual abuse or sexual harassment including those from a third party. The agency policy further states that any allegation determined to be criminal in nature shall be immediately reported to law enforcement for investigation. If law enforcement determines there is no criminal activity, the facility will conduct its own administrative investigation into the incident; and administrative investigation shall be documented listing all findings including a determination whether staff actions or failures to act contributed to the incident.

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

Corrective Action: Not Required

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.

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 agency utilizes investigators who have completed specialized training to ensure sexual abuse investigations are conducted appropriately and in accordance with established standards. These investigators are equipped with the knowledge and skills necessary to gather and preserve both direct and circumstantial evidence, interview alleged victims, suspected perpetrators, and witnesses, and review prior complaints and reports involving the suspected perpetrator. The agency’s commitment to training is confirmed through documentation, such as the Pre-Audit Questionnaire, which indicates that investigators have received the required specialized instruction. Furthermore, interviews with investigative staff corroborate that training includes interview techniques for sexual abuse victims, evidence collection protocols, and proper procedures for securing the scene and

documentation. This comprehensive training supports the agency's compliance with PREA standards and ensures that investigations are conducted with diligence and professionalism.

Investigative Staff – Q: 1, 2, 3

The auditor reviewed written guidance from Vice President/Agency PREA Coordinator uploaded in the Pre-Audit Questionnaire indicated – it is the policy of Career Resources, Inc. that any criminal acts of sexual abuse or sexual harassment are referred to local law enforcement and the Connecticut Department of Corrections (Parole). Career Resources, Inc. PREA Coordinator will attend the "Investigation of Sexual Abuse Interviews" as it is made available by the local law enforcement agency. It is the understanding that these enforcement agencies training include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings.

The auditor review documentation of two investigators. The Documentation were certificate of completion for the NIC online course title "PREA: Investigating Sexual Abuse in a Confinement Setting presented by the National Institute of Corrections.

A review of the National Institute of Corrections (NIC) online training "PREA: Investigating Sexual Abuse in a Confinement Setting" includes the following topics: Initial Response, Investigation, Determination of the findings, A Coordinated Response, Sexual Assault Response Team, A Systemic Approach, How Sexual Abuse Investigations Are Different, How Investigations in Confinement Settings Are Different, Criteria for Administrative Action, Criteria for Criminal Prosecution, Report Writing Requirements of an Administrative Report, Requirements for an Administrative Report, Requirements for a Criminal Report, The Importance of Accurate Reporting, Miranda and Garrity Requirement, Miranda Warning Considerations, Garrity Warning Considerations, The Importance of Miranda and Garrity Warnings, Medical and Mental Health Practitioner's Role in Investigations, PREA Standards for Forensic Medical Examinations.

The auditor verified Connecticut State Troops/State Police training through previous PREA audits of the State Troops/State Police training.

The auditor confirmed that investigators take the Specialized Training for Investigators from the PREA Resource Center Specialized Training: Investigating Sexual Abuse in Confinement Setting (9 modules). The auditor reviewed nine modules and covered the following topics:

- Module 1: PREA Update and Overview of PREA
- Module 2: Legal Issues and Agency Liability: What Investigators Should Know
- Module 3: Investigations and Agency Culture
- Module 4: Trauma and Victim Response: Considerations for The Investigative Process
- Module 5: Role of Medical and Mental Health Practitioners in Investigations
- Module 6: First Response and Evidence Collection: The Foundation for Successful

Investigations
- Module 7: Interviewing Techniques: Skills that Address the Dynamics of Sexual Abuse
- Module 8: Report Writing
- Module 9: Prosecutorial Collaboration

A review of the Specialized Training for Investigators confirmed that all Troopers are investigators have received specialized training to investigate allegations of sexual abuse in a confinement setting. It should be noted that all troopers are law enforcement personnel.

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

Corrective Action: Not Required

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.

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.

Investigative Staff – Q: 6, 7, 9

The 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.

The 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.

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

Corrective Action: Not Required

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. **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:** Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “a criminal investigation shall be conducted by law enforcement officials. Facility staff shall cooperate with and assist with any request made by law enforcement. The PREA Coordinator shall endeavor to remain informed about the progress of the investigation. When the quality of evidence indicates that criminal prosecution may be warranted, the agency is required to conduct compelled interviews only after consulting with prosecutors. This consultation is necessary to determine if compelled interviews could potentially hinder any subsequent criminal prosecution. The agency’s approach ensures that investigative actions do not compromise the integrity or viability of criminal proceedings by seeking prosecutorial guidance before proceeding with compelled interviews. **Investigative Staff – Q: 10** The 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): NR** **Corrective Action: Not Required** **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. **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 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.

Investigative Staff – Q: 11, 12 / Residents who Reported a Sexual Abuse – Q: 13

The Investigator confirmed that they judge the credibility of an alleged victim, suspect, or witness only by collecting the statements and reporting to the investigating agency whether it is DOC, 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): NR

Corrective Action: Not Required

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.

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:

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

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 1. 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 1. 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. **Investigative Staff – Q: 16, 17** The 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 that Career Resources Inc. PREA policies and procedures states an administrative investigation shall be documented listing all findings including a determination whether staff actions or failures to act contributed to the incident. 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): NR** **Corrective Action: Not Required** **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. **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:** Criminal investigations are documented in a written report. This report provides a comprehensive account of the case, including detailed descriptions of all physical evidence collected, testimonial evidence from interviews or statements, and any relevant documentary evidence. Where feasible, copies of all documentary evidence are attached to the report to ensure thoroughness and transparency in the investigative process.

Investigative Staff – Q: 18

The Investigator was asked are criminal investigations documented What is contained in that report? Staff indicated yes. Criminal investigations are documented in written reports that contain a description of physical, testimonial, and documentary evidence and attach copies of all documentary evidence where feasible.

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.

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.

When an allegation is substantiated and the conduct in question appears to be criminal in nature, the facility refers to the case for prosecution. This process ensures that any criminal behavior identified through investigations is appropriately addressed through legal channels.

Investigative Staff – Q: 13

The 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): NR

Corrective Action: Not Required

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. **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 maintains all written documentation related to administrative or criminal investigations of alleged sexual abuse or sexual harassment. These records are kept for the duration of the alleged abuser’s incarceration or employment with the agency, and for an additional five years thereafter. This procedure ensures that all relevant reports are available for review and accountability throughout and beyond the period of the alleged abuser’s association with the agency. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** **Review the site review outlined in provision (f).** **Corrective Action: Not Required** **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. **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 agency maintains an ongoing investigation into alleged incidents of sexual abuse or sexual harassment, regardless of the employment status or facility control of the accused or the victim. Specifically, the departure of either the alleged abuser or victim from the employment or control of the facility or agency does not constitute valid grounds for terminating an investigation. The agency is committed to ensuring that all investigations are carried out to completion, upholding accountability, and transparency throughout the process.

Investigative Staff – Q: 14

The 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): NR

Corrective Action: Not Required

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.

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.

115.271 (l)

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

Review of Documents:

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

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

Program Director – Q: 9 / PREA Coordinator – Q: 20 / Investigative Staff – Q: 15

The 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. The 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 along. Staff continue with communication and requests of updated until the authorities determine an outcome. The 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. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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.

115.272	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations:

- Pre-Audit Questionnaire (PAQ)
- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section
- Specialized Training Certification for Investigating Sexual Abuse Allegations
- Investigative Staff

Reasoning and Analysis by Provisions

115.272 (a)

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.

Review of Documents:

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.

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

The facility applies a standard of proof known as the preponderance of evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. This means that the agency does not require a higher threshold of evidence to confirm such allegations, ensuring consistency with established compliance requirements.

Interview Statements: Investigative Staff – Q: 19

The Investigator confirmed that the standard of evidence to substantiate allegations of sexual abuse or sexual harassment is the preponderance of evidence.

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

Corrective Action: Not Required

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.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Program Director • Investigative Staff • Residents who Reported Sexual Abuse **Reasoning and Analysis by Provisions** **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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "it is the policy of Career Resources Inc. residential programs that residents shall be informed of the outcome of an investigation whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. Furthermore, any action taken against a staff member or any knowledge about convictions or criminal charges against a resident abuser shall be reported to the resident victim. All victim notifications will be documented in an incident report". 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.

Program Director – Q: 10 / Investigative Staff – Q: 20 / Residents who Reported a Sexual Abuse – Q: 14

The Investigator was asked do your agency procedures require that a resident who makes 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 that 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): NR

Corrective Action: Not Required

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.

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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “any action taken against a staff member or any knowledge about convictions or criminal charges against a resident abuser shall be reported to the resident victim. All victim notifications will be documented in an incident report”. 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. **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): NR** **Corrective Action: Not Required** **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. **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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "any action taken against a staff member or any knowledge about convictions or criminal charges against a resident abuser shall be reported to the resident victim. All victim notifications will be documented in an incident report".

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): NR

Corrective Action: Not Required

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.

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.

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): NR

Corrective Action: Not Required

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.

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.

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

In accordance with agency policy, all notifications provided to residents, as required by this standard, are documented. This ensures there is a clear and accurate record of each notification or attempted notification made to residents, supporting transparency and compliance with established procedures.

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

Corrective Action: Not Required

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.

	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:** Pre-Audit Questionnaire: Auditor is not required to audit this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.276	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Employee Handbook • Pre-Audit Questionnaire (PAQ) **Reasoning and Analysis by Provisions** **115.276 (a)** Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. **Review of Documents:** 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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that: • Any staff member found in violation of sexual assault will be terminated immediately. • Any staff member found in violation of sexual harassment shall be subject to

disciplinary sanctions up to and including termination.
- Any staff member found to be guilty of sexual assault will be reported to law enforcement regardless of if the staff member resigns.

The agency enforces a policy stating that employees are subject to disciplinary sanctions, up to and including termination, if they violate the agency's sexual abuse or sexual harassment policies. This policy demonstrates the agency's commitment to maintaining a safe and respectful environment by holding staff accountable for their conduct. The potential consequences for violations serve both as a deterrent and as a means to ensure compliance with established standards.

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

Corrective Action: Not Required

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.

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.

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

- Any staff member found in violation of sexual assault will be terminated immediately.
- Any staff member found in violation of sexual harassment shall be subject to disciplinary sanctions up to and including termination.
- Any staff member found to be guilty of sexual assault will be reported to law enforcement regardless of if the staff member resigns.

The agency maintains a disciplinary policy regarding staff conduct in cases of sexual abuse. In accordance with this policy, termination is considered the presumptive

	disciplinary sanction for any staff member who has engaged in sexual abuse. This means that, barring exceptional circumstances, employees found to have committed sexual abuse will be subject to immediate dismissal. This approach underscores the agency's commitment to zero tolerance for sexual abuse and reinforces its dedication to maintaining a safe and respectful environment for all staff and residents. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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. **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): NR** **Corrective Action: Not Required** **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. **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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “any staff member found to be guilty of sexual assault will be reported to law enforcement regardless of if the staff member resigns”. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Program Director **Reasoning and Analysis by Provisions** **115.277 (a)** 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. **Review of Documents:** 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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “any contractor or volunteer who engages in sexual assault, sexual abuse, or sexual harassment shall be prohibited from contact with residents and local law enforcement will be contacted unless the activity is determined to be non-criminal. Career Resources, Inc shall discontinue the services of Contractors, Volunteers or Interns who have engaged in sexual abuse and/or harassment. The agency policy mandates that if any contractor or volunteer is found to have engaged in sexual abuse, they must be reported to the appropriate law enforcement agencies. Additionally, these incidents are required to be reported to relevant licensing bodies. This procedure ensures accountability and upholds the facility's commitment to maintaining a safe environment for residents by addressing violations promptly and appropriately. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal conversation with the Program Manager confirmed that if a contractor or volunteer engage in sexual misconduct it will be reported to law enforcement agencies and to relevant licensing bodies. **Corrective Action: Not Required** **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. **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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

	states that “appropriate remedial measures will be taken on violations of sexual abuse or sexual harassment by contractors or volunteer or non-criminal incidents”. 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. **Program Director – Q: 17** The 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. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** 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. **Corrective Action: Not Required** **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.

115.278	**Disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in Making Compliance Determinations:

- Resident Handbook
- Pre-Audit Questionnaire (PAQ)
- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section
- Program Director
- Medical and Mental Health Staff

Reasoning and Analysis by Provisions

115.278 (a)

Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “residents will be subject to disciplinary sanctions or remanded back to the CTDOC following an administrative finding that the resident engaged in sexual assault, sexual abuse, or sexual harassment of another resident. Any resident criminally charged will be returned to the CTDOC (remanded)”.

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): NR

Corrective Action: Not Required

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.

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:

Policy: "The disciplinary process allows sanctions to commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories within the facility".

The 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.

Program Director – Q: 18

The 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: Not Required

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.

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.

Program Director – Q: 18

The 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: Not Required

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.

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 innate 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 no.

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: Not Required

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.

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.

115.278 (f)

To disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish 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): NR** **Corrective Action: Not Required** **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. **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. This enforced to maintain safety and security within the facility and to uphold the agency's standards regarding resident conduct. While disciplinary action may be taken when such activity occurs, the agency distinguishes between consensual and coerced sexual activity. Importantly, the agency does not consider non-coercive sexual activity between residents to be sexual abuse, provided it determines that the activity was not coerced. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Medical and Mental Health Staff • Residents who Reported Sexual Abuse • Security Staff and Non-Security Staff First Responders **Reasoning and Analysis by Provisions** **115.282 (a)** Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. **Review of Documents:** 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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services at no cost to the resident regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident” 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 by local hospital. **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: Not Required** **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. **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. **Security Staff and Non-Security Staff First Responders – Q: 1** A 1st Responder (staff) 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): NR

Corrective Action: Not Required

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.

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “Career Resources, Inc. does not employ medical or mental health staff. Any victim of sexual assault or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/SANE qualified staff”.

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.

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 follows 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: Not Required

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.

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "Career Resources, Inc. does not employ medical or mental health staff. Any victim of sexual assault or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/SANE qualified staff".

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. This ensures that all individuals who experience sexual abuse have access to necessary care and support, independent of their participation in investigative processes or willingness to identify the perpetrator. **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: Not Required** **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	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Medical and Mental Health Staff • Residents who Reported a Sexual Abuse **Reasoning and Analysis by Provisions** **115.283 (a)** 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.

Review of Documents:

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “continued medical and mental health treatment for victims and abusers will be provided by CTDOC or local medical facilities as deemed appropriate at no cost to the resident(s)”. CTDOC policy states it will conduct a mental health evaluation within 60 days on all known residents-on-resident abusers.

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.

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

Informal conversation with the Program Director confirmed that mental health services are provided by the local hospital or rape crisis center.

Corrective Action: Not Required

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.

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.

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): NR

Corrective Action: Not Required

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.

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 facility is committed to ensuring that victims receive medical and mental health services that are consistent with the level of care provided in the surrounding community. This approach guarantees that residents who have experienced victimization are afforded access to appropriate healthcare resources, including both physical and psychological support, in line with local standards of practice.

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): NR

Corrective Action: Not Required

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.

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? Facility reported yes.

	The agency requires that resident victims of sexually abusive vaginal penetration while incarcerated be offered pregnancy tests. **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): NR** **Corrective Action: Not Required** **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. **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? Facility reported yes. 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. **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): NR**

Corrective Action: Not Required

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.

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “Career Resources, Inc. does not employ medical or mental health staff. Any victim of sexual assault or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/SANE qualified staff”.

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.

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): NR

Corrective Action: Not Required

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.

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:

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): NR

Corrective Action: Not Required

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.

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.

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): NR

Corrective Action: Not Required

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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Incident Review Report Form • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • Agency PREA Coordinator • Program Director • PREA Incident Review Team Reports **Reasoning and Analysis by Provisions** **115.286 (a)** 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. **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, excluding only “unfounded” incidents is 0. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that: The PREA Coordinator in consultation with the Incident Review Team, which includes the Vice President of Re-Entry and Residential Services (PREA Coordinator), Program Director, Assistant Director and other pertinent individuals. will conduct an incident review within 30 days of the conclusion of all sexual abuse investigations including allegations that are found to be unsubstantiated. At the conclusion of every criminal or administrative investigation into alleged

sexual abuse, the facility conducts a comprehensive incident review, except in cases where the allegation is determined to be unfounded. This review is designed to ensure an examination of each incident, regardless of whether the allegation is substantiated or unsubstantiated. The process demonstrates the facility's commitment to accountability and continuous improvement in preventing and responding to sexual abuse within the institution.

The auditor reviews and examples of a PREA Incident Review Reports to confirm the agency conducts a review at the conclusion of every sexual abuse investigation.

The auditor reviewed the PREA Incident Review Checklist that the agency/facility uses if the were to conduct a review. The form included the following information:

- Offender Name and Date
- Checklist with a list of findings and list of why's
- Improvements
- Comments
- PREA Coordinator Review and date
- Name and Title of all Staff involved in the Review

Agency PREA Coordinator: Q: 24

The PREA coordinator confirmed that the agency does conducts sexual abuse incident reviews and prepares a report of its findings form 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. There were no allegations of sexual abuse for the past 12 months.

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

Corrective Action: Not Required

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.

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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “the PREA Coordinator in consultation with the Incident Review Team, which includes the Vice President of Re-Entry and Residential Services (PREA Coordinator), Program Director, Assistant Director and other pertinent individuals. will conduct an incident review within 30 days of the conclusion of all sexual abuse investigations including allegations that are found to be unsubstantiated”. The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. This procedure is designed to ensure that every allegation of sexual abuse, whether substantiated or unsubstantiated, is examined in a timely manner. The review process follows completion of the relevant investigation and is structured to identify any areas for improvement. All findings and recommendations resulting from these reviews are documented and forwarded to the management team for further consideration, reinforcing the facility’s commitment to continual improvement and compliance with established standards. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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. **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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that ““the PREA Coordinator in consultation with the Incident Review Team, which includes the Vice President of Re-Entry and Residential Services (PREA Coordinator), Program Director, Assistant Director and other pertinent individuals. will conduct an incident review within 30 days of the conclusion of all sexual abuse investigations including allegations that are found to be unsubstantiated”.

The 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.

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

Corrective Action: Not Required

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.

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.

- 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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that:
The Incident Review Team shall consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by a group of dynamics at the facility.

The auditor reviewed the PREA Incident Review Checklist that the agency/facility

uses if the were to conduct a review. The form included the following information:

- Offender Name and Date
- Checklist with a list of findings and list of why's
- Improvements
- Comments
- PREA Coordinator Review and date
- Name and Title of all Staff involved in the Review

Program Director – Q: 20, 21 / PREA Coordinator - Q: 25, 26 / Incident Review Team – Q: 1, 2, 3, 4

The PREA Coordinator was asked is the Review Team Reports are 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 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.

A 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): NR

Corrective Action: Not Required

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.

	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. 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. **Corrective Action: Not Required** **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.

115.287	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in Making Compliance Determinations:

- Pre-Audit Questionnaire (PAQ)
- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section
- PREA Annual Report

Reasoning and Analysis by Provisions

115.287 (a)

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.

Review of Documents:

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that.
Career Resources, Inc. shall collect accurate, uniform data for every allegation of sexual abuse that has taken place in each of its programs/facilities. Data shall be aggregated according to facility as well as the agency. A standardized tool shall be used, which answers all the questions from the most recent Survey of Sexual Violence conducted by the Department of Justice. The following shall be collected on each alleged report:

- On each alleged report, creating a total number of reports and their outcome
- What type of alleged harassment / abuse occurred - client on client, client on staff, staff on client, staff on staff, staff on staff
- What Type of Client - originating referral source
- Type of abuse or harassment – nonconsensual sexual acts, abusive sexual contact, sexual harassment, sexual misconduct…
- Was the alleged claim of sexual harassment /abuse substantiated, unfounded, or the investigation is still ongoing
- Contributing factors – race, gang affiliation, sexual identity, sexual orientation, physical plan issues, staff supervision, violation of Codes of Ethics

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.

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

Corrective Action: Not Required

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.

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “Data shall be aggregated and presented in an annual report. The facility shall prepare an annual report of its findings and corrective actions. The report shall include a comparison of the current year’s data with those of previous years and shall provide an assessment of the facility’s progress in addressing sexual abuse”.

A review of the agency 2026 PREA Annual Report confirmed that the agency has aggregated incident-based sexual abuse data.

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

Corrective Action: Not Required

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.

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. The Department has not requested this information.

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

Corrective Action: Not Required

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.

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: Not Required

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.

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 N/A. The agency does not obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents, because the agency does not contract 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: Not Required** **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. **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 N/A. The agency will provide the Department of Justice with data from the previous calendar year upon request. This process ensures that all relevant information collected by the agency is available for review and oversight by the Department of Justice, fostering transparency and compliance with regulatory standards. The agency is committed to timely submission of requested data and follows established procedures to maintain accuracy and reliability in its reporting. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section • PREA Annual Report • Agency Head Designee • PREA Coordinator **Reasoning and Analysis by Provisions** **115.288 (a)** 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: • Identifying problem areas. • Taking corrective action on an ongoing basis; and • Preparing an annual report of its findings and corrective actions for each facility, as well as the agency. **Review of Documents:** 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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that. Career Resources, Inc. shall collect accurate, uniform data for every allegation of sexual abuse that has taken place in each of its programs/facilities. Data shall be

aggregated according to facility as well as the agency. A standardized tool shall be used, which answers all the questions from the most recent Survey of Sexual Violence conducted by the Department of Justice. The following shall be collected on each alleged report:

• On each alleged report, creating a total number of reports and their outcome
• What type of alleged harassment / abuse occurred - client on client, client on staff, staff on client, staff on staff
• What Type of Client - originating referral source
• Type of abuse or harassment – nonconsensual sexual acts, abusive sexual contact, sexual harassment, sexual misconduct…
• Was the alleged claim of sexual harassment /abuse substantiated, unfounded, or the investigation is still ongoing
• Contributing factors – race, gang affiliation, sexual identity, sexual orientation, physical plan issues, staff supervision, violation of Codes of Ethics

The agency reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. This process involves a comprehensive evaluation of incident-based data to identify problem areas, make ongoing corrective actions, and enhance practices related to sexual abuse prevention and response. By analyzing trends within the data, the agency is able to determine where improvements can be made, such as increasing staff training, revising policies, or enhancing electronic monitoring. Additionally, the agency prepares an annual report summarizing its findings and corrective actions for each facility and the agency as a whole. This structured approach ensures that the agency maintains effective strategies for preventing, detecting, and responding to incidents of sexual abuse.

Agency Head Designee – Q: 9 / PREA Coordinator – Q: 21, 22

Agency Head Designee (VP of Reentry Affairs) 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. CRI strives to supply staff with ongoing training up to and including PREA training every year. CRI has also taken the direction of the agency funder, CT DOC.

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 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): NR** **Corrective Action: Not Required** **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. **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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "data shall be aggregated and presented in an annual report. The facility shall prepare an annual report of its findings and corrective actions. The report shall include a comparison of the current year's data with those of previous years and shall provide an assessment of the facility's progress in addressing sexual abuse: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. A review of the 2026 PREA Annual Report confirmed that the agency is preparing and reporting comparison PREA data for year 2024, 2025 and 2026. The data compares the findings, substantiated, unsubstantiated, unfounded waw submitted to the auditor. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required**

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.

115.288 (c)

The agency's report shall be approved by the agency heard 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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "the annual report shall be approved by the President of Re-Entry and Residential Services and shall be made readily available to the public through its website or other means upon request".

Agency Head Designee– Q: 10

Agency Head Designee (VP of Reentry Affairs) was asked, "do you approve annual reports written pursuant to 115.288? Staff indicated yes that the reports are managed by the Sr. VP of Reentry Affairs.

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

Corrective Action: Not Required

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.

115.288 (d)

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.

Review of Documents:

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. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “prior to making the data public, all personal identifiers shall be redacted. This data, minus redactions, shall also be provided to the CT DOC for inclusion in their annual report”. 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. A review of the agency 2026 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. **PREA Coordinator – Q: 23** The 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. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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.

115.289	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ)

- Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures – Section
- PREA Annual Report
- PREA Coordinator

Reasoning and Analysis by Provisions

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “Career Resources, Inc. will collect data and maintain records of all incidents related to sexual abuse and sexual harassment whether alleged or actual. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice”.

The agency ensures that incident based, and aggregated data are securely retained.

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): NR

Corrective Action: Not Required

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.

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.

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: Not Required

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.

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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “Prior to making the data public, all personal identifiers shall be redacted. This data, minus redactions, shall also be provided to the CT DOC for inclusion in their annual report” The policy further states that “records will be maintained for at least 10 years after the date of initial collection”.

Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

A review of the agency 2026 Annual PREA report confirmed that the agency removes all personal identifiers.

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

Corrective Action: Not Required

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. **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:** Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “records will be maintained for at least 10 years after the date of initial collection”. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • Website **Reasoning and Analysis by Provisions** **115.401 (a)**

	During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or a private organization on behalf of the agency, is audited at least once. **Review of Documents:** 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. 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. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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. **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): NR** **Corrective Action: Not Required** **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. **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): NR

Corrective Action: Not Required

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.

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): NR

Corrective Action: Not Required

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. **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): NR** **Corrective Action: Not Required** **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. **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. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required**

	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.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: **Reasoning and Analysis by Provisions** **115.403 (f)** The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one or is otherwise made readily available to the public. **Review of Documents:** 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. The auditor reviewed the agency website and confirmed the final PREA reports are published on the agency website. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **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.

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

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	**Supervision and monitoring**	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	**Supervision and monitoring**	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
115.213 (c)	**Supervision and monitoring**	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

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

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.216 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents	yes

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

	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?	
115.217 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have	yes

	contact with residents?	
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes

	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	**Hiring and promotion decisions**	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	**Upgrades to facilities and technology**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	**Upgrades to facilities and technology**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the 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.)	na
115.221 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for	yes

	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.)	
115.221 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these	yes

	services a qualified staff member from a community-based organization, or a qualified agency staff member?	
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.221 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222	**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
115.222 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na
115.231 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents’ right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	**Employee training**	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	**Volunteer and contractor training**	

	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	**Resident education**	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	**Resident education**	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233	**Resident education**	

(c)		
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	**Resident education**	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent 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)).	yes
115.234 (b)	**Specialized training: Investigations**	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

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

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by 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.)	na
115.241 (a)	**Screening for risk of victimization and abusiveness**	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

115.241 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	**Screening for risk of victimization and abusiveness**	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess residents for risk of sexual victimization: The resident’s own perception of vulnerability?	
115.241 (e)	**Screening for risk of victimization and abusiveness**	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	**Screening for risk of victimization and abusiveness**	
	Within a set time period not more than 30 days from the resident’s arrival at the facility, does the facility reassess the resident’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	**Screening for risk of victimization and abusiveness**	
	Does the facility reassess a resident’s risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness?	yes
115.241 (h)	**Screening for risk of victimization and abusiveness**	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	**Screening for risk of victimization and abusiveness**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents?	yes
115.242 (a)	**Use of screening information**	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242	**Use of screening information**	

(d)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.251 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	**Resident reporting**	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from	yes

	third parties?	
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252	**Exhaustion of administrative remedies**	

(d)		
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf 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.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident’s decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is	yes

	exempt from this standard.)	
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to 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.)	yes
115.253 (a)	**Resident access to outside confidential support services**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	**Resident access to outside confidential support services**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	**Resident access to outside confidential support services**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	**Third party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	**Staff and agency reporting duties**	

	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	**Staff and agency reporting duties**	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	**Staff and agency reporting duties**	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators?	yes
115.262 (a)	**Agency protection duties**	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	**Reporting to other confinement facilities**	

	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	**Staff first responder duties**	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, 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
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any	yes

	actions that could destroy physical evidence, and then notify security staff?	
115.265 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	**Preservation of ability to protect residents from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	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?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	**Reporting to residents**	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency 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.)	na
115.273 (c)	**Reporting to residents**	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276	**Disciplinary sanctions for staff**	

(b)		
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	**Disciplinary sanctions for residents**	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	**Disciplinary sanctions for residents**	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	**Disciplinary sanctions for residents**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	**Disciplinary sanctions for residents**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	**Disciplinary sanctions for residents**	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	**Disciplinary sanctions for residents**	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.278 (g)	**Disciplinary sanctions for residents**	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	**Access to emergency medical and mental health services**	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	**Access to emergency medical and mental health services**	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile	yes

	facility?	
115.283 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive 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.)	yes
115.283 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.283 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	should be deployed or augmented to supplement supervision by staff?	
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.287 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.288 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety	yes

	and security of a facility?	
115.289 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes