

PREA Facility Audit Report: Final

Name of Facility: Eddy Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/05/2022

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Adam T. Barnett, Sr. | Date of Signature: 08/05/2022 |

| AUDITOR INFORMATION | |
|-------------------------------------|---------------------|
| Auditor name: | Barnett, Adam |
| Email: | adam30906@gmail.com |
| Start Date of On-Site Audit: | 06/20/2022 |
| End Date of On-Site Audit: | 06/21/2022 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Eddy Center |
| Facility physical address: | 1 Labella Circle, Middletown, Connecticut - 06457 |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|---------------------------------|
| Name: | Elissa Viglione |
| Email Address: | elviglione@theconnectioninc.org |
| Telephone Number: | 860-519-8049 |

| Facility Director | |
|--------------------------|-------------------------------|
| Name: | Ashley Picazio |
| Email Address: | apicazio@theconnectioninc.org |
| Telephone Number: | 860-575-4119 |

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

| Facility Characteristics | |
|--|--------------------------|
| Designed facility capacity: | 38 |
| Current population of facility: | 28 |
| Average daily population for the past 12 months: | 26 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Males |
| Age range of population: | 22-75 |
| Facility security levels/resident custody levels: | low/transitional housing |
| Number of staff currently employed at the facility who may have contact with residents: | 8 |
| 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: | The Connection, Inc. |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 100 Roscommon Drive, Suite 203, Middletown, Connecticut - 06547 |
| Mailing Address: | |
| Telephone number: | |

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

Agency-Wide PREA Coordinator Information

| | | | |
|--------------|-----------------|-----------------------|---------------------------------|
| Name: | Elissa Viglione | Email Address: | elviglione@theconnectioninc.org |
|--------------|-----------------|-----------------------|---------------------------------|

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

| | |
|---|------------|
| 1. Start date of the onsite portion of the audit: | 2022-06-20 |
| 2. End date of the onsite portion of the audit: | 2022-06-21 |

Outreach

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

AUDITED FACILITY INFORMATION

| | |
|--|--|
| 14. Designated facility capacity: | 38 |
| 15. Average daily population for the past 12 months: | 28 |
| 16. Number of inmate/resident/detainee housing units: | 1 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 22 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 0 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |

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| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 0 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 0 |
| 44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit: | 0 |
| 45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit: | 4 |
| 46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit: | 0 |
| 47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit: | 0 |
| 48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations): | Of the 4 residents reported sexual abuse or sexual harassment only one (sexual harassment) were at the facility doing the audit. |
| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | |
| 49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit: | 10 |
| 50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 0 |
| 51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 1 |
| 52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | No text provided. |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |

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| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 9 |
| 54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None |
| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | Request resident roster and staff decisions. |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | No text provided. |
| Targeted Inmate/Resident/Detainee Interviews | |
| 58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 1 |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> | |
| 60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | 0 |
| a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Review documentation and staff discussions.</p> |
| <p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Review documentation and staff discussions.</p> |
| <p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Review documentation and staff discussions.</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Review documentation and staff discussions.</p> |
| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Review documentation and staff discussions.</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Review documentation and staff discussions.</p> |
| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Review documentation and staff discussions.</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>1</p> |
| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Review documentation and staff discussions.</p> |
| <p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Review documentation and staff discussions.</p> |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>No text provided.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |

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| 71. Enter the total number of RANDOM STAFF who were interviewed: | 5 |
| 72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply) | <input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None |
| 73. Were you able to conduct the minimum number of RANDOM STAFF interviews? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply) | <input type="checkbox"/> Too many staff declined to participate in interviews. <input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other |
| 74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | No text provided. |
| 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. | |
| 75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): | 5 |
| 76. Were you able to interview the Agency Head? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| a. Explain why it was not possible to interview the Agency Head: | Interviewed Designee. |

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| <p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>78. Were you able to interview the PREA Coordinator?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>79. Were you able to interview the PREA Compliance Manager?</p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p> |

| | |
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| <p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p> | <p><input type="checkbox"/> Agency contract administrator</p> <p><input type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input type="checkbox"/> Medical staff</p> <p><input type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p> |
| <p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| <p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>No text provided.</p> |

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.

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

Yes

No

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

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

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

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

No text provided.

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.

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

Yes

No

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

No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|-------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual abuse | 1 | 0 | 1 | 0 |
| Staff-on-inmate sexual abuse | 2 | 0 | 1 | 1 |
| Total | 3 | 0 | 2 | 1 |

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

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|------------------------------------|------------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual harassment | 1 | 0 | 1 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 1 | 0 | 1 | 0 |

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 0 | 1 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 1 | 1 | 0 |
| Total | 0 | 2 | 1 | 0 |

Sexual Harassment Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | 0 | 3 | 1 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 3 | 1 | 0 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

| | |
|--|---|
| 98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled: | 4 |
| 99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) |

Inmate-on-inmate sexual abuse investigation files

| | |
|---|---|
| 100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
|---|---|

| | |
|--|---|
| <p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p> |
| <p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p> |
| <p>Staff-on-inmate sexual abuse investigation files</p> | |
| <p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>1</p> |
| <p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p> |
| <p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p> |
| <p>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>3</p> |
| <p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) </p> |
| <p>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>3</p> |

| | |
|---|--|
| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
|---|--|

| | |
|---|--|
| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
|---|--|

Staff-on-inmate sexual harassment investigation files

| | |
|--|----------|
| <p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>0</p> |
|--|----------|

| | |
|--|---|
| <p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
|--|---|

| | |
|--|---|
| <p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
|--|---|

| | |
|---|--------------------------|
| <p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>No text provided.</p> |
|---|--------------------------|

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

| | |
|--|---|
| <p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
|--|---|

Non-certified Support Staff

| | |
|--|---|
| <p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
|--|---|

AUDITING ARRANGEMENTS AND COMPENSATION

| | |
|---|---|
| 121. Who paid you to conduct this audit? | <p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p> |
| 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

Policies, Materials, Observations, and Interviews:

- PREA Prison Rape Elimination Act Policy and Procedure
- The Connection Quality Improvement Chart
- Agency Mission Statement
- Facility Organization Chart
- PREA – Prison Rape Elimination Act Policy and Procedures (6/3/2021)
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

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.

The agency/facility published the above agency policies. The policies mandate a zero tolerance toward all forms of sexual abuse and sexual harassment. The policies outlined the approach to prevent, detect, and response to sexual abuse and sexual harassment.

TCI Policy section 4.0, PREA- Prison Rape Elimination Act Policy and Procedure states, The Connection, Inc., in cooperation with the State of Connecticut Department of Corrections (DOC) and Court Support Services Division (CSSD) will support a zero-tolerance policy towards sexual abuse and sexual harassment.

TCI Policy section 5.0, PREA- Prison Rape Elimination Act Policy and Procedures list the PREA definitions. The agency policy clearly defines general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassments.

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 of its facilities.

TCI Policy section 6.0, PREA-Prison Rape Elimination Act Policy and Procedures indicated that The Connection's CEO and CPO are responsible for ensuring that there is a designated PREA Coordination. The PREA coordinator is responsible for implementing this policy.

TCI Policy section 7.0, PREA-Prison Rape Elimination Act Policy and Procedures stated that the PREA coordinator is responsible for the development, implementation, and oversight of agency efforts to comply with PREA standards.

TCI Policy section 7.0, PREA – Prison Rape Elimination Act Policy and Procedures requires a program manager in each facility. They are responsible, according to policy, for ensuring that preventative measures include 1) Discussing PREA with clients during intake and orientation; 2) Administering a sexual risk victimization survey during intake and again within thirty days; 3) Displaying PREA related material at program sites to encourage the vocalization of PREA incidents; 4) Routine monitoring of clients while in the program; and 5) Ensuring all visitors and contractors have received PREA language and agree that they understand their role in upholding PREA standards of reporting and behavior.

Central Office Staff: Agency head/designee question, has the agency identified an agency PREA coordinator with enough time to manage all PREA related responsibilities? The agency/facility has a PREA coordinator that manages all the PREA related responsibilities for the agency in coordination with other.

Central Office Staff: Agency coordinator/facility PREA compliance manager question, do you feel that you have enough time to manage all of your PREA related responsibilities? Yes, she does feel that she has enough time to manage all of my responsibilities at the PREA coordinator.

Central Office Staff: Agency PREA coordinator, discuss how you coordinate your agency's efforts to comply with the PREA standards. All staff complete the PREA Training at orientation in-person and online. During the current pandemic, staff are only completing the training online. The coordinator completes a refresher training with all current staff annually. The agency has a PREA on-call phone number that staff or clients can call to report an allegation. The majority of the time, the coordinator is on call, however when not, her supervisor the Director of Quality Assurance (certified investigator) will handle the on-call and if she is unavailable then Savino (certified investigator) will take on-call. The coordinator created a cheat

sheet for reporting, so the on-call staff is aware of who needs to be called depending on the program and what steps are required to take in response to an allegation.

The agency has Policy and Procedures completed detailing the agency's PREA protocols to ensure compliance with the standards and providing our residents with the safest environment during their stay in the program.

Staff complete an evaluation with the client at intake to determine if they are a known predator or known victim and house based on the results of the assessment. Staff also provide the client with a brochure explaining what PREA is, what sexual harassment and sexual abuse look like, and how to report. Staff also provide information regarding The Alliance to End Sexual Violence, so clients have the hotline number if it is needed. The program also hangs The Alliance to End Sexual Violence posters throughout the program and Department of Corrections hotline number to provide clients with another avenue to report.

The PREA coordinator has close contact with all Program Managers, Program Directors, and Service Area Director to ensure that we are preventing sexual harassment or sexual abuse and responding to it in a timely fashion if it does occur. Staff know to call the PREA coordinator with any allegations but also potential allegations to ensure the proper communication and response is being made.

Central Office Staff: Agency PREA Coordinator question, if you identify an issue with complying with a PREA standard, what actions or processes do you undertake to work toward compliance with that standard? The PREA coordinator will address the concern with Program Leadership and discuss steps to rectify the issue. If it is a concern with agency funder, then she will have a discussion with her supervisor, the Service Area Director to determine how to best communicate with the funder to rectify the situation. Depending on the issue, the coordinator may also complete another refresher training to ensure staff understand the program's requirements for the PREA standards. Additionally, depending on the issue, the PREA coordinator will follow up after a certain period of time to make sure that whatever protocols we enacted or continued are current and accurate.

Discussion: The agency/facility has PREA policies which ensure the sexual safety of facility residents and staff. The policy includes zero-tolerance philosophy from the agency central office through the front-line staff in its facilities.

The agency/facility PREA coordinator has direct access to the head of the agency and regular communicate with the senior leadership team.

| | |
|---------|---|
| 115.212 | Contracting with other entities for the confinement of residents |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • PREA Prison Rape Elimination Act Policy and Procedure • State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Interviews <p>115.212 (a)</p> <p>A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards.</p> <p>Central Office Staff: Agency PREA coordinator, do your agency/facility contract with other private agencies or other entities, including other government agencies to house your residents? No. The agency/facility does not contract with other entity for the confinement of its residents.</p> <p>Discussion: The facility has ensured that the contract agreement required language for adoption of and compliance with the PREA standards has been reviewed, discussed, and agreed upon with the contracted entity prior to entering into or renewing the contract.</p> <p>The agency/facility has had PREA audits. The audit results were reviewed to ensure that all contracted facilities are being audited according to the schedule standards require and are in full compliance with the standards. However, do to COVI-19 the audits maybe behind or audited the upcoming year.</p> <p>Monitoring the facility’s compliance for PREA includes the years that the facility is not required to un-goes a certified PREA audit. The contract monitor includes monthly reports, annual reports, and monitoring all PREA allegations.</p> <p>115.212 (b)</p> <p>Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>See section (a).</p> <p>115.212 (c)</p> <p>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 into 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.</p> <p>Discussion: The facility has not had any emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed because the facility does not contract with other entities to house their residents.</p> |

115.213 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies, Materials, Observations, and Interviews:

- PREA Prison Rape Elimination Act Policy and Procedure
- Client Movement and Accountability Procedure
- Employee Roster
- PREA Data Report (REP 449) /Facility Population (Census Report)
- Facility Layout (Diagram)
- Annual Community Program Staffing Schedule
 - o First Shift
 - o Second Shift
- Facility Tour/Observations
- State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc.
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Parole and Community Services 2018 Residential Audit 8/23/18
- Staff Directory
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

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.

State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract 21DOC01112AA section states, "The contractor shall provide 24/7 on-site supervision of residents. The staffing matrix submitted with the contractor's proposal to the Department's REP #DOC-Res/Non-Res/PS-2021-SM, which is on file the Department, provides the staffing, patterns, and schedule to be maintained for the duration of this state fiscal year unless otherwise authorized by the Department.

The contractor shall assign the following staff to the program. Said staff shall be responsible for implementing and providing the required services.

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

The facility has cameras to supplement supervision of residents. They are located in and out of the facility to help eliminate blind spots and to assist in monitoring during security.

Central Office Staff: Agency PREA coordinator question, when assessing adequate staffing levels and the need for video monitoring, please explain if and how the facility staffing plan considers standard requirements. The staffing plan consider all the components of the facility's physical plant to include blind spots. The composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and any other relevant factors.

Facility Staff: The Program Manager question, does your facility has a staffing plan? Yes. The staffing plan is based on the funding agency approval. However, the agency/facility do meet the minimum staff requirements.

Discussion: The staffing plan minimum requirements are determined by the funder, Department of Corrections. The number of residents in the program will determine the minimum number of staff that should remain on the floor at all times. The minimum staff requirements can never be deviated from so the staff will always ensure that the minimum staffing is present on the floor. The facility has video monitoring in blind spots throughout the facility and continue to add cameras as money

becomes available. Staff complete hourly headcounts/rounds as an additional means of supervision.

115.213 (b)

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

The facility staffing plan is based on the contract with CT DOC. In circumstances where the staffing plan is not complied with, the facility document and notified DOC of deviations.

Central Office Staff: Agency PREA coordinator question, who reviews and follow up on deviations from the staffing plan? 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.

115.213 (C)

Whenever necessary, but no less frequently that once each year, for each facility shall assess, determine, and document whether adjustments are needed to:

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

Central Office Staff: Agency PREA coordinator question, if the staffing plan for the facility is reviewed at least once every year, are you consulted regarding any necessary adjustments? The staffing plan is reviewed annually. Yes, per protocol, the PREA coordinator/compliance manager would be notified in advance if there were any adjustments made to the plan.

Discussion: The staffing plan is objective with the number and placement of staff and some video technology that is necessary to ensure the sexual safety of the resident population given the facility layout and characteristics, classifications of residents, and security needs and programming. The staffing plan considers sick leave, vacation, FMLA, callouts, training days, military leave, etc...

The agency/facility make its best efforts to comply on a regular basis with the staffing plan and the facility document deviations from the staffing plan. Annually the agency/facility make adjustments as needed to resource the facility has available to commit to ensure adherence to the staffing plan. The agency PREA coordinator/Facility Compliance Manager is a part on the annual review.

The agency/facility intermediate-level and upper-level supervisors conduct unannounced rounds on all shifts to prevent, detect and respond to allegations of sexual abuse and sexual harassment. Staff is prohibited from alerting other staff members of PREA unannounced rounds.

115.215 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies, Materials, Observations, and Interviews:

- PREA Prison Rape Elimination Act Policy and Procedure
- Client Pat Down Search
- Searches of Community Justice Client Property and Program Visitors
- Employee Data Sheet
- Staff Interview Numbers
- Staff Roster
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

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.

TCI – Policy Searches of Community Justice Clients and Client Property Policy and Procedure section 4.0, states Searches of Persons: If a client refuses to cooperate with a requested search, their supervising officer/entity will be notified. Pat downs, body cavity, and strip searches are prohibited regardless of the gender of the staff or client, even in exigent circumstance.

The facility does not conduct strip searches or body cavity searches at all. Staff are also prohibited from conducting any form of search that involves “touching” by either gender staff. Residents are afforded the utmost privacy in restroom/shower areas where the restroom has stalls and doors and the showers have stalls and curtains and the doors to the restroom/shower areas may be closed as well. Staff are respectful of residents living areas and their privacy.

There have been no strip search or body cavity searches and these are prohibited, nor have there been any searches involving “touch”. Residents have privacy while changing clothing because of doors on their rooms. The Connection Policy, Searches of Program Participants, 4.0, requires in all of The Connection Inc.’s community justice facilities, visitors, clients and staff are subject to hands-off searches that will be conducted in a manner that avoids force, embarrassment or indignity to the person being searched. It also requires that pat downs, body cavity and strip searches are prohibited regardless of the gender of the staff or inmate, even in exigent circumstances. Paragraph 6.0, Responsibilities, asserts in policy, that all staff, including client service aides, case managers, program manager (or his/her designee) and program director, may conduct hands-off searches of clients, visitors and staff and/or their property.

Discussion: The facility does not conduct strip searches or body cavity searches at all. Staff are also prohibited from conducting any form of search that involves “touching” by either gender staff. Residents are afforded the utmost privacy in restroom/shower areas where the restroom has stalls and doors and the showers have stalls/curtains and the doors to the restroom/shower areas may be closed as well. Staff are respectful of residents living areas and their privacy.

There have been no strip search or body cavity searches and these are prohibited, nor have there been any searches involving “touch”. Residents have privacy while changing clothing because of doors on their rooms. Policy requires residents and staff are subject to hands-off searches that will be conducted in a manner that avoids force, embarrassment or indignity to the person being searched. It also requires that pat downs, body cavity and strip searches are prohibited regardless of the gender of the staff or resident, even in exigent circumstances.

115.215 (b)

As of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 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 in order to comply with this provision.

The facility does not permit cross-gender pat-down searches.

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.

The facility does not conduct cross-gender strip searches and cross-gender visual body cavity searches.

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.

TCI Policy Searches of Community Justice Clients and Client Property Policy and Procedures section 4.0 states, all staff announce their presence prior to entering a client room. Staff of the opposite gender only enter a bathroom for exigent circumstances and announce their presence prior to entering a bathroom. Clients have the right to shower, perform bodily functions, and change clothing without staff viewing the client.

Discussion: All staff announces their presence prior to entering a resident room. Staff of the opposite gender only enter a bathroom for exigent circumstances and announce their presence prior to entering a bathroom. Resident have the right to shower, perform bodily functions, and change clothing without staff viewing the resident.

Observation: The auditor observes staff of the opposite gender announce their presence when entering resident rooms and bathrooms.

Facility Staff: Total of five (5) random staff were interviewed, staff were asked, are residents able to dress, shower, and toilet without being viewed by staff of the opposite gender? All five (5) random staff indicated that residents are allowed to dress, shower, and toilet without being viewed by the opposite gender.

Facility Staff: Total of five (5) random staff were interviewed, staff were asked, do you or other staff announce your presence when entering a housing unit that houses residents of the opposite gender (from yourself)? All five (5) random staff indicated that female staff announce their presence when entering the residents' rooms and entering the floor.

Resident Interviews: Ten (10) residents were randomly interviewed and one (1) targeted. Three (3) White, four (4) Black and four (4) Hispanic. The interviewed residents' arrival year at the facility was – 2021 (1) and 2022 (10). They were asked: Are you and other residents ever naked in full view of female staff (not including medical staff such as doctors, nurses)? Eleven (11) of the interviewed residents related they were never naked in full view of female staff while showering, dressing, or while using the restroom.

Resident Interviews: Ten (10) residents were randomly interviewed and one (1) targeted. Three (3) White, four (4) Black and four (4) Hispanic. The interviewed residents' arrival year at the facility was – 2021 (1) and 2022 (10). They were asked: Do female staff announce their presence when entering your housing area? Eleven (11) said female staff announce their presence, by knocking on the door.

115.215 (e)

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

Facility Staff: Total of five (5) random staff were interviewed, staff were asked, are you aware of the policy prohibiting staff from searching or physically examining a transgender or intersex resident for the purpose of determining that resident's genital status? Four (4) staff indicated that they were aware of the policy prohibiting staff from searching or physically examining a transgender or intersex resident for the purpose of determining that resident's genital status. One (1) staff were not sure of the details of the agency policy.

115.215 (f)

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

TCI Policy Searches of Community Justice Clients and Client Property Policy and Procedure section 6.0 states, all staff members at any Community Justice residential programs will be trained to perform hands off searches as described in policy. This policy was updated recently.

In the updated policy the program manager is responsible for:

- Ensuring that necessary searches are conducted and that the program is compliant with funder requirements.
- Ensuring that their programs search procedures are current and provided to staff.
- Ensuring all program staff are trained at the start of employment and at least annually thereafter on how to perform:
 - o “hands-off” searches of persons,
 - o Searches of client possessions,
 - o Room searches, and
 - o Searches of mail.

The clinical supervisor is responsible for scheduling and ensuring that clinical binder searches are completed by clinical staff.

Discussion: The agency/facility prohibit cross-gender pat-down searches of female resident, absent exigent circumstances. If and exigent circumstance occur the facility will document the process. The facility does not restricted access to programming and other opportunities to comply with this provision.

The facility also has a policy prohibiting cross-gender strip searches and cross-gender visual body cavity searches. Again, if and exigent circumstance occur the facility will document the process.

The facility policy, procedures and practices allow residents to shower, perform bodily functions, and change clothes without being viewed by non-medical staff of the opposite gender. Staff of the opposite gender announce their presence when entering a resident housing unit, room, bathroom, or shower; thus, allowing the resident to cover up.

During the audit period, the facility did not have transgenders or intersex residents.

115.216 Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies, Materials, Observations, and Interviews:

- Residents with a Physical Disability (0)
- Residents who are Blind, Deaf, or Hard of Hearing (0)
- Residents who are LEP (0)
- Client Guide to PREA (English)
- Client Guide to PREA (Spanish)
- Connection: American with Disabilities Policy and Procedure
- Connection: Contract Interpreters and Translators
- DOC PREA Update Posters
- Parole and Community Services 2018 Residential Audit
- Policy: Prison Rape Elimination Act (PREA) Synopsis
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention.
- State of Connecticut Department of Correction Division of Parole and Community Services
- American with Disabilities Policy and Procedure
- Contract: Contract, Grant, Lease, and Loan Agreement Review Form
- PREA Poster: Break the Silence (Spanish and English)
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

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.

State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract #21DOC01112AA Section 2 Americans with Disabilities Act (ADA). "The contractor shall be and remain in compliance with the Americans with Disabilities Act of 1990 as amended from time to time to the extent applicable, during the term of this contract. The agency may cancel or terminate this contract if the contractor fails to comply with the ADA. The contractor represents that it is familiar with the terms of this Act and that it is in compliance with the law. The contractor warrants that it shall hold the state harmless from any liability which may be imposed upon the state as a result of any failure of the contractor to be in compliance with this ADA."

The Connection, American with Disabilities Policy and Procedure, asserts and affirms the agency will comply with the Americans with Disability Act (ADA). 7.0, Responsibilities and Procedures requires that staff, to ensure effective communication with clients/residents who are deaf or hard of hearing, The Connection Inc. (TCI) will provide access to interpreters who can interpret both effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary. The agency is also required, as stated in paragraph 3., to ensure written materials are provided in formats or through methods that ensure effective communication with clients/residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

To ensure effective communication with clients or residents who are deaf or hard of hearing, the agency will provide access to interpreters who can interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary.

The agency also will provide written materials in formats or through methods that ensure effective communication with clients/residents, who have intellectual disabilities, limited reading skills or who are blind or have low vision.

The State of Connecticut Purchase of Service Contract Original Contract #18DOC0121AA page Section 15. Staffing Requirements provision (e) page 13 Multilingual and Multicultural Competency states, TCI recruits and retains culturally and linguistically competent and diverse staff that is reflective of the population we serve.

The agency also will provide written materials in formats or through methods that ensure effective communication with residents/residents, who have intellectual disabilities, limited reading skills or who are blind or have low vision.

Central Office Staff: Agency head/designee question, has the agency established procedures to provide residents with disabilities and residents who are English proficient 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? The agency/facility has established procedures to ensure residents who are LEP or have disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's/facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The agency has all our documents in Spanish, signs in the program are in Spanish, Spanish speaking Case Managers in some of the programs, and would use a translating service if needed. If residents are unable to read, we have staff read and review all PREA information with them in person.

The program has not relied on resident interpreters, resident readers, or other types of resident assistants.

Resident Interview: One (1) resident was interviewed who reported to be physical disabled as targeted (Use Caine to walk, pin in foot). He was asked: does the facility provide information about sexual abuse and sexual harassment that you are able to understand? Resident indicated yes.

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.

The agency has taken another step to ensure residents/residents have access to professional interpretive services via a contract with "Interpreters and Translators, Inc. The agency has an Interpretive Services Agreement. The document states the agency has engaged the Interpreters and Translators, Inc., to provide interpreting services to the company. The company can provide an array of translation and interpretive services including American Sign Language. Services may be provided in person, via phone or video remote.

Central Office Staff: Agency PREA coordinator question, how does the facility provide PREA for residents with disabilities and residents who are limited English proficient? The agency/facility takes appropriate steps to ensure residents who are LEP or have disabilities, including residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, or speech disabilities; have an equal opportunity to participate in or benefit from all aspects of the agency/facility's efforts to prevent, detect, and respond to sexual and sexual harassment.

115.216 (c)

The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under 115.264, or the investigation of the resident's allegations.

Facility Staff: Total of five (5) random staff were interviewed, staff were asked, does the agency ever allow the use of resident interpreters, resident readers, or other types of resident assistant to assist disabled residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment? All staff indicated that they would not let residents serve as interpreters.

Discussion: The agency/facility has access to professional translations services. Prior to entry into the facility/program, residents are screened out with regard to certain disabilities because of the nature of the program, which is work release, however when a disabled resident is admitted the facility "meets them at the point of their needs".

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| 115.217 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Hiring Contracted Services Policy and Procedure • Employee Background Checks • Employee Data Sheet • Staff Interview Numbers • Staff Roster • Background Check Policy and Procedure • Hiring Contracted Services Policy and Procedures • PREA: Prison Rape Elimination Act Policy and Procedure • The Connection: Employee Handbook pages 23 and 24 • Connection: Hiring Contractual Services Policy and Procedures • Connection: Employee Handbook • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • Parole and Community Services 2018 Residential Audit • Staff Directory • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Interviews <p>115.217 (a)</p> <p>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:</p> <ul style="list-style-type: none"> • 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 • Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph a-2 of this section. <p>State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract 21DOC01112AA section 15 Criminal History, page 16 states, “The contractor shall provide written notification to the CTDOC Director of Parole and Community Services prior to hiring staff who are currently under any type of criminal justice supervision (that is, state or federal probation or parole, or under the care, custody, and/or supervision of the Connecticut Judicial Branch, CTDOC or the Board of Pardons and Paroles). CTDOC reserves the right to prohibit the contractor from allowing such individual to work in a CTDOC funded program with CTDOC offenders”.</p> <p>The Connection Policy, Criminal Records Check for Staff Policy and Procedure, affirms the Connection Inc. strives to provide the safest possible environment for clients, visitors, staff and physical resources. Policy requires a criminal background check on all employees, volunteers, and contracted professionals. It also requires that TCI will 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 and will not enlist the services of any contractor who may have contact with residents who:</p> <ol style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup or community confinement facility. 2. Who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or coercion, if the victim did not consent or was unable to consent or refuse? 3. Has been civilly or administratively adjudicated to have engaged in the activity described in 1 and/or 2. Policy provides for performing background checks appropriate to the position being filled. <p>That includes a requirement for background checks at least every five years for current employees and contractors who have contact with clients. Paragraph 4 of the policy also requires that unless prohibited by law, the agency will provide information on substantiated allegations of sexual abuse and sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied to work.</p> <p>TCI Policy Hiring Contracted Services Policy and Procedure section 6.0 states, Human Resources (HR) Department will</p> |

perform background and criminal background checks as per policy. The Vice President of Human Resources enforces this policy.

Central Office Staff: Administrative HR staff question, does the facility perform criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with resident, who are considered for promotions? Do you do this for any contractor who may have contact with residents as well? Staff indicated yes that the agency conducts a background check on all new hires and contractors working with their program participants. The background check includes a review at the state, national and federal level, DCF file review and motor.

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.

TCI Policy Background Check Policy and Procedure section 4.0 states, as part of its screening process for prospective new employees, contracted professionals, volunteers, interns, students, The Connection conducts extensive background checks, in full compliance with all relevant employment laws and regulations. The Connection investigates such credentials as education, training, relevant experience, competence in required role recommendations of peers and former employers, state registration, and licensing and/or certification in the appropriate discipline (s).

Central Office Staff: Administrative HR staff question, does the facility consider 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? The HR staff indicated yes that they consider any prior incidents of sexual abuse or sexual harassment.

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.

TCI Policy Background Check Policy and Procedure section 4.0 states, to determine the appropriateness of prospective employees and fitness of current employees who will be working with children and/or other vulnerable populations, The Connection's screening procedures shall include appropriate, legally permissible, and mandated reviews of the following:

- Federal and state criminal history records;
- Civil child abuse and neglect registries; and
- Confidential consumer reports.

These records will be reviewed for prospective employees prior to hire, and for current employees every five years or as deemed appropriate.

Applicants, on the Applicant Authorization and Consent for Release of Information, acknowledge the following background checks may be made:

- Consumer Report;
- Social Security Verification;
- Criminal and Civil History;
- Department of Motor Vehicle Records;
- Education Verification and any other checks or public records that might bear on the individual's employment.

The Connection Human Resources hiring process is as follows:

- Directors let HR know they have a vacancy
- HR Posts to vacancy for two weeks
- Applications may be obtained online, completed and faxed to HR.
- Managers decide who they want to interview
- Applicants are interviewed, complete the Applicant Authorization and Consent Release of Information
- Applicants may be verbally offered a position contingent upon a satisfactory background check

Central Office Staff: Administrative HR staff question, what system does the agency/facility presently have in place to conduct criminal record background checks of current employees and contractors who may have contact with residents? HR staff indicated that a background check is conducted on every new hire and contractor who is brought in to provide services to our participants. The agency/facility engaged with Employee Reference Source (ERS) to conduct the background checks.

Annually a state criminal, motor vehicle and sex offender background check are completed on all employees.

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.

See section (c).

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.

See section (c).

The facility also acknowledges that background checks will be conducted every five (5) years.

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.

The Connection Background Check Policy and Procedure, requires as a part of its screening process for prospective new staff members, employees, contracted professionals, volunteers and interns, the Connection extensive background checks, in full compliance with all relevant employment laws and regulations. The Connection will also verify credentials, as education training, relevant experience, competence in required role, recommendations of peers and former employers, and state registration, licensing, and/or certification in the appropriate discipline(s).

Central Office Staff: Administrative HR staff question, does the agency/facility ask all applicants and employees who may have contact with residents about previous misconduct described in section (a) in written applications for hiring or promotions, and in any interviews or written self—evaluations conducted as part of reviews of current employees? The HR staff indicated yes. This information can be founded in the employment application.

Central Office Staff: Administrative HR staff question, does the agency/facility impose upon employees a continuing affirmative duty to disclose any such previous misconduct? HR staff indicated yes, employees are required to notify their supervisors of any federal, state or local arrest of conviction no later than five days after such arrest or conviction.

115.217 (g)

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

The agency/facility PREA coordinator indicated that any material omissions regarding false information from staff will be grounds for termination.

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.

Staff indicated that information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request will be on a case-by-case bases.

Central Office Staff: Administrative HR staff question, when a former employee applies for work at another institution, upon request from that institution, does the agency/facility provide information on substantiated allegations of sexual harassment involving the former employee, unless prohibited by law? The HR staff indicated that without written authorization from the former employee, policy only allows sharing dates of employment and position.

Discussion: The agency/facility verify their process of receiving and responding to the background check results. Agency/facility provided a spreadsheet that covers NCIC, MV, etc. and clear status.

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| 115.218 | Upgrades to facilities and technology |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • PREA Prison Rape Elimination Act Policy and Procedure • Facility Tour/Observations • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • Statement for Facility Director regarding facility Upgrades and Technologies • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Interviews <p>115.218 (a)</p> <p>When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse.</p> <p>Central Office Staff: Agency head/designee question, when designing, acquiring, or planning substantial modifications to facilities, how does the agency consider the effects of such changes on its ability to protect residents from sexual abuse? The agency/facility ensures PREA standards are considered when designing or acquiring or upgrading facilities and technologies. When making 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. Any blind spots are given a plan of physical monitoring to include documentation of when those areas are toured and inspected.</p> <p>115.218 (b)</p> <p>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.</p> <p>Central Office Staff: Agency head/designee question, how does the agency use monitoring technology to enhance the protection of residents from incidents of sexual abuse? The agency has video monitoring in all facility spaces occupied by clients. When opportunities for upgrades arise, the facility consistently take advantage of these times by making upgrades and adding cameras to spaces that may not be monitored by a camera.</p> <p>Discussion: The PREA coordinator or designee is responsible for ensuring PREA is considered whenever the agency/facility designs, acquires or requests specific upgrades to facility and technologies. The recipient of such requests will depend on the nature of the request.</p> <p>There have been no upgrades or modifications to the physical plant nor have there been any upgrades to the monitoring technology.</p> |

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| 115.221 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Facility Investigations for the Past 12 Months Packages: <ul style="list-style-type: none"> o PREA Administrative Review Report (1 Investigation) o Section B: Sexual Abuse Incident Review o Medical Referrals (0) o Mental Health Referrals (0) • PREA First Responders to A PREA Incident • PREA Letter to State Police • The Alliance MOU (Connecticut Alliance to End Sexual Violence) • Connecticut Alliance To End Sexual Violence • National Sexual Violence Resource Center (NSVRC) • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • CDOC Directive Number 1.10 Investigations • MOU: PREA Investigations conducted by the State Police Guidelines • Connecticut Alliance To End Sexual Violence – Support, Advocate, Prevention (24-Hour, Toll-Free Hotline and Addresses) • PREA Poster: Break the Silence (Spanish and English) • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Interviews <p>115.221 (a)</p> <p>To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>TCI Policy PREA Review Policy and Procedure section 4.0 states, The PREA coordinator will conduct an administrative review of any and all allegations of sexual abuse and sexual harassment, regardless of the origin of the allegation, at all designated PREA programs. This information will be forwarded to pertinent parties, including but not limited to, State of Connecticut Department of Correction (DOC), Court Support Services Division (CSSD), Probation, and/or Parole for review and potential sanctions for alleged perpetrators.</p> <p>Policy also states, The Connection, Inc. will not conduct PREA criminal investigations. All PREA allegations will be referred to the Connecticut State Police for criminal investigation.</p> <p>The Connection Policy, PREA First Responders to a PREA Incident, addresses first responding to an incident of sexual abuse/assault and affirms when a physical assault has occurred on the premises clients will be transferred to the Backus Hospital for forensic examination. Policy requires first responders to immediately separate the alleged victim from the alleged abuser; determine the safety of the client and if need be contact emergency services, call 911, preserve and protect the crime scene until appropriate steps can be taken to collect evidence, if the abuse occurred within a time frame that allows for the collection of physical evidence, staff will request that the alleged victim and abuser not take any actions that could destroy the evidence and this includes washing, brushing teeth, changing clothes, defecating, urinating, smoking, drinking and/or eating and immediately begin the notification to appropriate parties.</p> <p>Facility Staff: Total of five (5) random staff were interviewed, staff were asked, do you know and understand the agency’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse? Separate the victim from the abuser, protect the crime scene, protect the DNA by not letting victim or abuser brush their teeth, drink water, shower, washing, urinating, changing clothes or eating.</p> <p>115.221 (b)</p> <p>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.</p> <p>The protocol is required to be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted</p> |

from or otherwise based on the most recent editions of the US Department of Justice's Office on Violence for Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents", or similarly comprehensive and authoritative protocols developed after 2011.

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 evidentiary 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 provided SAFEs or SANEs.

The State of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual Assault. In accordance with Connecticut General Statutes Section 19a-112a Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations 2013 updated copies of the Guidelines are available online.

The staff acknowledges the agency will offer all victims of sexual abuse access to forensic medical examination, without financial cost, where evidentiary or medically appropriate. Exams are required to be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible and if not, by a qualified medical practitioner. The agency will document its efforts to provide SAFES or SANES.

The State of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual Assault. In accordance with Connecticut General Statutes Section 19a-112a Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations 2013 updated copies of the Guidelines are available online.

It is the goal of the Connecticut General Assembly and the Commission that sexual assault examinations be standardized, to the extent possible, throughout the state, and that health care personnel who encounter or treat sexual assault victims have knowledge of proper and sensitive response, medical treatment, evidence collection and follow-up services. The Technical Guidelines establish a standardized model for health care response to victims of sexual assault and the collection of sexual assault evidence.

Discussion: It is the goal of the Connecticut General Assembly and the Commission that sexual assault examinations be standardized, to the extent possible, throughout the state, and that health care personnel who encounter or treat sexual assault victims have knowledge of proper and sensitive response, medical treatment, evidence collection and follow-up services. The Technical Guidelines establish a standardized model for health care response to victims of sexual assault and the collection of sexual assault evidence.

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. For the purpose of 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 as long as 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.

Victims are offered a victim advocate to accompany them during the forensic exam if requested.

Memorandum of Agreement between The Connection, Inc. and The Connecticut Alliance to End Sexual Violence, The Alliance agree to the following:

- Identify and assign a point of contact at each organization to establish coordinator between agencies and access to Sexual Assault Crisis Services (SACS) for TCI clients. Response to client's request to work with SACS will be made and executed within a reasonable amount of time.
- Display sexual assault crisis hotline posters in English and Spanish at TCI and The Alliance. TCI will share information with clients about SACS program and the availability of sexual assault crisis counselors and community-based services.
- At TCI client's request, allow for a sexual assault crisis counselor to accompany and support the victim throughout the forensic medical exam process and investigatory interviews, and provide emotional support, crisis intervention, information, and referrals, as requested by the victim throughout the client's placement in the TCI facility.
- At the Alliance and TCI there will be a dedicated and confidential space for SACs to meet with clients.
- To develop site specific protocol and procedure for maintaining PREA standards.
- To collaborate for the continuity of care and discharge planning for clients who are victims of sexual assault and/or abuse.
- To identify and assign designated staff at in an effort to establish a cohesive and seamless delivery of services to clients in TCI facilities.

Central Office Staff: Agency PREA coordinator question, in what ways does the agency or facility attempt to make available a victim advocate from a rape crisis center? The agency provided The Alliance information to clients at intake, in the client handbook, and have the hotline number posted throughout the program. When an allegation occurs, the facility notifies the client of the services available and if they need assistance calling, facility will assist. If the client is taken to a hospital, then the hospital has the same requirements to provide The Alliance victim advocates. These services are offered to residents at no charge.

Resident Interview: One (1) resident was interviewed who reported sexual abuse (sexual harassment) as targeted. He was asked: When you reported a sexual abuse (sexual harassment), did the facility allow you to contact anyone.

Resident stated that he chooses not to contact anyone.

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.

Central Office Staff: Agency PREA coordinator question, if a rape crisis center provides victim advocate services, how do you ensure that it meets the qualifications described in standard 115.221? The agency has a Memorandum of Understanding with The Alliance outlining the requirements of The Connection and The Alliance. If agency have an issue with The Alliance, the agency has a conversation with them directly regarding the qualifications and if they cannot come to a resolution then the agency notifies the funding agency.

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.

Facility Staff: Total of five (5) random staff were interviewed, staff were asked, do you know who is responsible for conducting sexual abuse investigations? All staff indicated the PREA Coordinator.

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 prisons or jails.

See Section (a) response.

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.

The agency/facility has a Memorandum of Agreement with the Connecticut Alliance to End Sexual Violence.

Central Office Staff: Agency PREA coordinator question, if requested by the victim, does a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and provided emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews? All victims are accompanied by one of the following, the victim advocate, qualified staff member, or qualified community-based agency/facility to support the victim through the forensic medical examination process and investigatory reviews and provide emotional support, crisis intervention, information, and referrals throughout the process.

115.222 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies, Materials, Observations, and Interviews:

- Case #1 thru 4
- Sexual Abuse and Harassment Overview
- Facility Investigations for the Past 12 Months Packages: 4
- State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract #18DOC0121AA
- PREA First Responder to A PREA Incident
- PREA Review Policy and Procedure
- TCI PREA Website Screenshot
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Connecticut Alliance To End Sexual Violence – Support, Advocate, Prevention (24-Hour, Toll-Free Hotline and Addresses)
- Connecticut Alliance to End Sexual Violence (formerly CONNSACS)
- PREA Poster: Break the Silence (Spanish and English)
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

115.222 (a)

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

The Connection Policy, PREA Review, Policy and Procedure, 1.0, states that the purpose of this policy is to establish a protocol for a timely, thorough, and objective review of alleged PREA incidents. 4.0 of that policy require that The Connection, in cooperation with the State of Connecticut Department of Corrections (DOC) and Court Support Service Division (CSSD), will follow a specific protocol when allegations of Prison Rape Elimination Act (PREA) incidents within The Connection Incorporated facilities. Those protocols are to ensure that all necessary parties are made aware of the allegation, in an attempt to minimize risk, emphasize client safety and secure all potential evidence.

Policy requires the PREA Coordinator to conduct an administrative review of any and all allegations of sexual abuse and sexual harassment, regardless of the origin of the allegation, at all designated PREA programs. This information is forwarded to pertinent parties, including but not limited to State of Connecticut Department of Correction (DOC), Court Support Services Division (CSSD), Probation, and/or Parole for review and potential sanctions for alleged perpetrators.

The policy requires The Connection, Inc., will not conduct PREA Criminal Investigations. All PREA allegations will be referred to the Connecticut State Policy for criminal investigation. Facility policy ensures that an administrative/criminal investigation is completed as required. Allegations that are criminal in nature are reported to the Connecticut State Police.

State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract #18DOC0121AA page Section 13 states, TCI has a PREA coordinator that is point of contact for staff a liaison with our funders to ensure that PREA allegations are handled in a timely and compliant manner. In cases in which a sexual assault just occurred, staff is trained to call the emergency department and secure the scene to preserve evidence as much as possible until the State Police arrive. Additionally, staff contacts their supervisors, including the Program Manager, Program Director, and Director of Community Justice, and the PREA coordinator when a PREA allegation is brought to staff’s attention. The PREA coordinator will contact the funders within 24 hours to notify the of the allegation. After an allegation has been made, clients are informed of the agency’s zero tolerance policy on retaliation and offered services through the Connecticut Alliance to End Sexual Violence. The staff will complete an Incident Review that is submitted to their supervisors and the PREA coordinator. The PREA coordinator will document the process through an Administrative Review which is then provided to the funders and staff.

The funder will then conduct an investigation to determine whether the alleged perpetrator needs to be removed from the program. When the investigation is complete the client, if still within program, will be made aware of whether it was substantiated or unsubstantiated, whether there was a charge made, and whether the individual has a similar charge.

Central Office Staff: Agency head/designee question, does the agency 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.

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 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.

Central Office Staff: Agency head/designee question, describe how an administrative or criminal investigation is completed for allegations of sexual abuse or harassment? The agency/facility does not conduct criminal investigations. Criminal investigations are conducted by the state or local police department. Criminal investigations are headed off to the controlling police departments of the area where the incident occurs. Administrative investigations are done as an internal collaborative effort. These investigations include our Human Resource department, the agency leadership and the PREA coordinator

However, the agency works closely with the state and local police throughout the investigation process for allegations of sexual abuse.

Central Office Staff: PREA coordinator question, does the agency require sexual abuse be referred for investigation to an agency with the legal authority to conduct criminal investigations? Yes, what agency?

Local or CT State Police Department, unless the allegation does not involve potentially criminal behavior; then it is referred to agency internal PREA investigator and the Department of Correction (Parole Residents) or Court Support Services Division (Probation Residents).

Investigative Staff: Question, does agency policy require that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes, the facility refers to the CT State Police.

115.222 (c)

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

The facility indicated that the local police department conducted criminal investigations and follow the guidelines of the State of CT.

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.

See Section (a and c) response.

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.

The facility reported that the Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment.

Discussion: Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months = 4
- The total number of sexual abuse investigations = 3
- The total number of sexual harassment investigations = 1
- The number of criminal sexual abuse referred for prosecution = 0

Below is the documentation information reviewed for the PREA investigation packages – 4

- PREA Administrative Review Report – 4
- Administrative Review Team Member – 4
- Review Timeline – 4
- Findings – 4
- Recommendations/Summary of Resolution – 4
- Section B – Sexual Abuse Incident Review Team – 4

- Review Team Findings – 4
- Recommendation for Improvement – 4
- Incident Review Team Members – 4

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies, Materials, Observations, and Interviews:

- PREA Client Sexual Relationships Policy
- PREA Policy and Procedures
- PREA Staff Training Revised – Power Point
- PREA Training and Education Policy and Procedure
- Policy Statement: Employee, Volunteer and Contractor Training
- Staff Directory
- Employee Data Sheet
- Staff Interview Numbers
- Staff Roster
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

115.231 (a)

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

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

The Connection Policy, PREA: Training and Education, states that The Connection, Inc. will support a zero-tolerance policy towards sexual abuse and sexual harassment. The PREA coordinator is required, by policy, to ensure that staff, contractors, volunteers, visitors and clients receive PREA training and education. The level and type of training provided to them is based on the services they provide and the level of contact they have with clients.

Policy requires that the PREA coordinator is responsible for enforcing the policy by ensuring that staff, contractors, volunteers, visitors and clients receive PREA training and education.

Program Managers, in compliance with policy, are responsible for ensuring that program staff, contractors, volunteers, and visitors receive PREA training and education necessary to the level of interaction with clients.

TCI Policy PREA: Training and Education Policy and Procedure section 7.0 pages 2-3, requires the PREA coordinator to be responsible for ensuring that all staff, contractors, volunteers, visitors and clients receive PREA training and education.

The PREA coordinator is required to:

1. Ensure all staff complete the online PREA training upon hire into a PREA program.
2. Training all staff who work in PREA programs on the following matters at least once a year:
 - The agency's 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.
 - The right of residents 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 in confinement.
 - The dynamics of sexual abuse and sexual harassment victims.
 - The common reactions of sexual abuse and sexual harassment victims.
 - How to detect and respond to signs of threatened and actual sexual abuse.

- How to avoid inappropriate relationships with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-non-conforming residents; and
 - How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
3. Ensure that all staff understand the PREA training they have received.
 4. Ensure training is tailored to the gender of the residents at the PREA program.
 5. Ensure that contractors, volunteers, and clients are receiving PREA training and education from program staff.
 6. Ensure that all program staff understand their role according to the PREA training and maintain all signature confirmation of understanding.

This policy requires program managers and program staff to be responsible for ensuring that training and education occurs at the designated PREA program for contractors, volunteers, visitors and clients. These measures include, but are not limited to:

1. Upon hire staff complete the online training titled PREA: Staff Roles and Responsibilities under the Prison Rape Elimination Act and complete the required test.
2. Attend yearly PREA trainings and confirm personal understanding of the training through signature verification.
3. Ensure contractor, volunteer and visitor education and training upon initial entry into the PREA program by:
 - Notifying individuals of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment.
 - Inform individuals how to report such incidents; and
 - Document and maintain signature confirmation that the individual understands the training and education he or she received.

Facility Staff: Total of five (5) random staff were interviewed, staff were asked, have you received PREA training? All five staff indicated that they received PREA training. When ask regarding topics that were included in the training, staff indicated agency's zero tolerance policy, responsibilities, residents' right to be free from sexual abuse and sexual harassment, inappropriate relationship with residents, etc...

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.

See section (a) response.

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.

See Section (a) response.

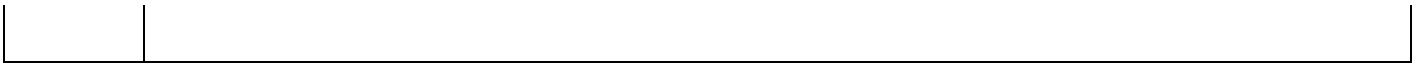
115.231 (d)

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

The PREA coordinator provided multiple pages of training rosters with staff signatures documenting that they received and understood the PREA training they received.

Discussion: The agency/facility train all employees who may have contact with residents on PREA training topics. Employees receive this training prior to having contact with residents. The agency/facility provide the PREA training as a part of pre-service/orientation. Training is also reinforced and enhanced by on-the-job-training, shift briefings, staff meetings and management meetings where experienced and knowledgeable staff members work with new hires to educate them further about PREA practices. The PREA training is documented through rosters (staff signatures or electronic verification), meeting minutes, shift briefing notes.

Refresher training occurs every year that the certified PREA audit is not conducted. This is provided to staff meetings, shift briefing, and management meetings.



115.232 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies, Materials, Observations, and Interviews:

- Facility Volunteers who have contact with Residents (0)
- PREA Training and Education Policy and Procedures
- Visitors Guide to PREA (Spanish and English)
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

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.

The Connection Policy, PREA: Training and Education, states that The Connection, Inc. will support a zero-tolerance policy towards sexual abuse and sexual harassment. The PREA coordinator is required, by policy, to ensure that staff, contractors, volunteers, visitors and clients receive PREA training and education. The level and type of training provided to them is based on the services they provide and the level of contact they have with clients.

Policy requires that the PREA coordinator is responsible for enforcing the policy by ensuring that staff, contractors, volunteers, visitors and clients receive PREA training and education.

Program Managers, in compliance with policy, are responsible for ensuring that program staff, contractors, volunteers, and visitors receive PREA training and education necessary to the level of interaction with clients.

TCI Policy PREA: Training and Education Policy and Procedure section 7.0 pages 2-3, requires the PREA coordinator to be responsible for ensuring that all staff, contractors, volunteers, visitors and clients receive PREA training and education.

The PREA coordinator is required to:

1. Ensure all staff complete the online PREA training upon hire into a PREA program.
2. Training all staff who work in PREA programs on the following matters at least once a year:
 - The agency's 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.
 - The right of residents 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 in confinement.
 - The dynamics of sexual abuse and sexual harassment victims.
 - The common reactions of sexual abuse and sexual harassment victims.
 - How to detect and respond to signs of threatened and actual sexual abuse.
 - How to avoid inappropriate relationships with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-non-conforming residents; and
 - How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
4. Ensure that all staff understand the PREA training they have received.
5. Ensure training is tailored to the gender of the residents at the PREA program.
6. Ensure that contractors, volunteers, and clients are receiving PREA training and education from program staff.
7. Ensure that all program staff understand their role according to the PREA training and maintain all signature confirmation of understanding.

This policy requires program managers and program staff to be responsible for ensuring that training and education occurs at the designated PREA program for contractors, volunteers, visitors and clients. These measures include, but are not limited to:

8. Upon hire staff complete the online training titled PREA: Staff Roles and Responsibilities under the Prison Rape Elimination Act and complete the required test.

9. Attend yearly PREA trainings and confirm personal understanding of the training through signature verification.

10. Ensure contractor, volunteer and visitor education and training upon initial entry into the PREA program by:

- Notifying individuals of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment.
- Inform individuals how to report such incidents; and
- Document and maintain signature confirmation that the individual understands the training and education he or she received.

The Visitors Guide to PREA explains what PREA is; asserts that clients have the right to a safe environment, free from sexual abuse and harassment; defines sexual abuse and sexual harassment; tells the visitor what to do if a client has disclosed sexual abuse or harassment to the visitor; how to and to whom to report (with contact information provided for the PREA Coordinator and the State Department of Correction Investigation Unit.)

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.

See Section (a) response.

115.232 (c)

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

See Section (a) response.

Discussion: The agency/facility ensure that volunteers and contractors who have contact with residents are trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, response policies and procedures at the agency/facility in which they are working.

The agency/facility also ensures that everyone in the facility, including volunteers and contractors, understand the agency's zero-tolerance policy toward sexual abuse and sexual harassment, that the agency prohibits them from engaging in sexual relations with residents and that sexual abuse and sexual harassment is always reported.

During the audit period, the facility did not have any volunteers or contractors.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies, Materials, Observations, and Interviews:

- Number of Residents Interviewed
- Resident Data Sheet
- Resident PREA Acknowledgements
- Resident Roster
- PREA Policy and Procedure
- American with Disabilities Policy and Procedure
- Client Guide to PREA (Spanish)
- Client Guide to PREA (English)
- PREA Training and Education Policy and Procedure
- PREA: Community Client Files/Records
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Post PREA Audit Notices in English and Spanish
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

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.

The Connection Policy, PREA: Training and Education, requires the PREA coordinator is responsible for enforcing the policy related to training and to ensure that staff, contractors, volunteers, visitors and clients receive PREA training and education. It also requires that Program Staff are responsible for ensuring that clients, contractors, volunteers, and visitors receive PREA Training and education.

The agency PREA coordinator is required to ensure client education by:

- At the time of intake provide clients information about the zero-tolerance policy, 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.
- Document and maintain signature confirmation that each client understands the training and education received.

Residents receive the pamphlet "The Client Guide to PREA" affirms that residents have the right to a safe environment, free from sexual abuse and harassment; what PREA is; What sexual abuse and sexual harassment is; what to do if the resident has been sexually abused or harassed; and contact information for the Agency's PREA Coordinator, the State of Connecticut Department of Correction PREA Investigation Unit and the Connecticut Alliance to End Sexual Violence (formerly CONNSACS).

Page 3 of the policy requires program managers and program staff are responsible for ensuring that clients receive PREA training and education. They are required to ensure clients receive education by providing information at intake related to the zero-tolerance policy, 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 and to maintain signature confirmation that each client understands the training and education.

The PREA: Prison Rape Elimination Act Policy and Procedure, requires in paragraph 7.0, that the Program Manager is responsible for discussing PREA with clients during intake and orientation; administering the sexual risk victimization survey during intake and again within 30 days.

Central Office Staff: Agency PREA coordinator question, what type of PREA education is provided to the residents? The residents receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and

sexual harassment, and to be free from retaliation for reporting; multiple ways for residents to privately report sexual abuse or sexual harassment and reporting sexual abuse and sexual harassment and remain anonymous.

Intake Staff: Question, do you provide residents with information about the zero-tolerance policy and how to report incidents or suspicions of sexual or sexual harassment? Staff indicated yes.

Resident Interviews: Ten (10) residents were randomly interviewed and one (1) targeted. Three (3) White, four (4) Black and four (4) Hispanic. The interviewed residents' arrival year at the facility was – 2021 (1) and 2022 (10). They were asked:

When you first came here, did you get information about the facility's rules against sexual abuse and harassment? Eleven (11) residents related they were given some information related to PREA on admission.

When asked how that information was given, residents indicated they were given a PREA brochure or pamphlet and handbook. Some said they were given a sheet with information on it. Others said they were given the information orally. Virtually every resident said they had received PREA information in every facility they have been in and they already knew about PREA and how to report allegations if they needed to. They also said the information is on the walls in this facility.

Resident Interviews: Ten (10) residents were randomly interviewed and one (1) targeted. Three (3) White, four (4) Black and four (4) Hispanic. The interviewed residents' arrival year at the facility was – 2021 (1) and 2022 (10). They were asked: When you came here, were you told about:

- Your right to not be sexually abused or sexually harassed? Eleven (11) interviewed residents stated they had been made aware of their rights.
- How to report sexual abuse or sexual harassment? Eleven (11) interviewed resident stated they had been made aware of how to report.
- Your right not to be punished for reporting sexual abuse or sexual harassment? Eleven (11) interviewed residents stated they aware of their rights not to be punished for reporting.
- About how long after coming here did you get the information above? When asked this question, there were a wide variety of answers. Eleven (11) resident said they receive the information the same day they were admitted.

Discussion: The facility provides basic, critical information to every resident upon intake. This information includes some verbal and written regarding the facility's no-tolerance policy toward sexual abuse and sexual harassment and information about the ways to report sexual abuse and sexual harassment. Residents can report externally and internally including phone numbers and addresses they would need to report.

The facility provides residents education, both critical information at intake and more comprehensive education within 30 days upon resident arrival or transfer from a different facility. If a resident is release and return to the facility, gets the information again.

Information collected by the auditor's "Residents' Information Spreadsheet".

- Resident Initial PREA Screening
- Screening within 72 hours
- Resident Initial PREA Education Session
- Facility Orientation
- PREA Acknowledgement Statement
- Reassessments with 30 days
- Residents selected for Interview
- Resident Refusal to Interview -

115.233 (b)

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

Discussion: The facility indicated that refresher information is given whenever residents are transferred to the facility and through PREA posters, sessions with case managers.

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.

Intake Staff: Question, how do you ensure that current residents, as well as those transferred from other facilities, have been educated on the agency's zero-tolerance policy on sexual abuse or sexual harassment? During the intake the paperwork is carefully reviewed by the Case manager and client. Ensuring that the client understands the material.

Discussion: The facility provides PREA information to the residents regarding sexual safety and PREA be accessible regardless of ability and language. Residents who are limited English proficient, are deaf, visually impaired, disabled, including residents with mental illness, or have limited reading skills can get both the information provided at intake and the more complete education in a manner they can understand.

During the first day of the on-site auditor the facility report following target residents.

115.233 (d)

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

Discussion: Residents sign an acknowledgment affirming they understand the agency has a zero-tolerance policy toward all forms of sexual abuse and sexual harassment and policies and procedures in place to protect residents from victimization. Residents are encouraged to report it in person, writing or by telephone.

Information collected by the auditors on 36 Residents "Residents' Data Sheet".

- Resident Initial PREA Screening
- Screening within 72 hours
- Resident Initial PREA Education Session
- Facility Orientation
- PREA Acknowledgement Statement
- Reassessments with 30 days
- Residents selected for Interview
- Resident Refusal to Interview

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 poster, resident handbooks, or other written formats.

Discussion: The facility has critical information continuously available to residents through posters, PREA handouts and meetings/sessions with case managers or counselors.

115.234 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies, Materials, Observations, and Interviews:

- Employee Data Sheet
- Sexual Abuse and Harassment Overview
- PREA: Investigating Sexual Abuse in Confinement Setting Certificates (2) NIC
- Facility Investigations for the Past 12 Months Packages: 4
- PREA: Audit Process and Instrument
- PREA: Coordinator’s Role and Responsibilities
- PREA: Your Role Responding to Sexual Abuse
- State of Connecticut Department of Correction Division of Parole and Community Services
- National Institute of Corrections (NIC) Online (e-Learning Course)
- PREA: Prison Rape Elimination Act Policy and Procedure
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

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.

Central Office: PREA investigator question, did you receive training specific to conducting sexual abuse investigations in confinement setting? Yes, the agency PREA investigator completed the PREA: Investigating Sexual Abuse in a Confinement Setting presented by the National Institute of Corrections (NIC).

The facility does not conduct criminal investigations.

Discussion: The investigators who handle sexual abuse and sexual harassment incidents has training in sexual abuse investigations. Investigators are responsible for gathering and preserving evidence in the case; interview all parties to include victims, perpetrators, witnesses, etc.; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

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.

Central Office: PREA investigator question, what topics were included in your training?

Miranda rights, Garrity warnings, understanding ways to interview sexual abuse victims, collection of evidence, and the criteria required to substantiate an allegation.

The National Institute of Corrections (NIC) online training “PREA: Investigating Sexual Abuse in a Confinement Setting” includes the following topics:

1. Initial Response
2. Investigation
3. Determination of the Findings
4. A Coordinated Response
5. Sexual Assault Response Team
6. A Systemic Approach
7. How Sexual Abuse Investigations Are Different
8. How Investigations in Confinement Settings Are Different
9. Criteria for Administrative Action
10. Criteria for Criminal Prosecution
11. Report Writing Requirements of an Administrative Report
12. Requirements for an Administrative Report
13. Requirements for a Criminal Report
14. The Importance of Accurate Reporting

15. Miranda and Garrity Requirement
16. Miranda Warning Considerations
17. Garrity Warning Considerations
18. The Importance of Miranda and Garrity Warnings
19. Medical and Mental Health Practitioner's Role in Investigations
20. PREA Standards for Forensic Medical Examinations

115.234 (c)

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

The facility maintains documentation of investigations.

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.

The facility indicate that the Department of Justice do not investigate sexual abuse at this facility. The local police Department investigate criminal cases.

Discussion: Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months = 4
- The total number of sexual abuse investigations = 3
- The total number of sexual harassment investigations = 1
- The number of criminal sexual abuse referred for prosecution = 0

Below is the documentation information reviewed for the PREA investigation packages – 4

- PREA Administrative Review Report – 4
- Administrative Review Team Member – 4
- Review Timeline – 4
- Findings – 4
- Recommendations/Summary of Resolution – 4
- Section B – Sexual Abuse Incident Review Team – 4
- Review Team Findings – 4
- Recommendation for Improvement – 4
- Incident Review Team Members – 4

| | |
|---------|---|
| 115.235 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Employee Data Sheet • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Interviews <p>115.235 (a)</p> <p>The agency shall ensure that all full and part time medical and mental health care practitioners who work regularly in its facilities have been trained in:</p> <ul style="list-style-type: none"> • 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. <p>115.235 (b)</p> <p>If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.</p> <p>The facility does not conduct forensic examinations. Forensic examinations if needed will be conducted at the local hospital.</p> <p>115.235 (C)</p> <p>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.</p> <p>The program does not have any medical or mental health staff.</p> <p>115.235 (d)</p> <p>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.</p> <p>Discussion: The program does not have any medical or mental health staff. If a resident needed the services of medical, they will be transfer to the local hospital.</p> |

115.241 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies, Materials, Observations, and Interviews:

- Number of Residents Interviewed
- PREA Client Self-Assessment Questionnaire
- PREA Screening
- Resident Data Sheet
- Resident Roster
- Staff Follow Up Questions
- PREA Assessments – Excel (64)
- PREA: Community Client Files/Records
- PREA: Prison Rape Elimination Act Policy and Procedure
- PREA Introduction Script
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

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.

The Agency's PREA Policy, PREA: Prison Rape Elimination Act, Policy and Procedure, in section 7.0, Program Manager, requires that the Program Manager is responsible for ensuring that preventive measures are followed at designated PREA programs and that includes administering a sexual risk victimization survey during intake and again within thirty (30) days. The assessment will be used to determine appropriate housing units for clients. Staff are required to keep a log of the room assignments of known victims and predators. The Program Manager will ensure that known victims and predators are not roomed together.

Policy requires that the client's risk level will 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. Policy prohibits disciplining clients for refusing to answer (or not for disclosing complete information) the questions during the assessment.

The agency, as required in policy, does not make housing and program assignments based on any criteria other than making individualized determinations about how to ensure the safety of each resident. Housing and program assignments for transgender or intersex residents are based on a case-by-case basis.

Facility Staff: Staff who perform PREA screening for risk of victimization response to, 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? Yes, residents are screened upon admission into the facility for risk of sexual abuse victimization or sexual abusiveness toward other residents.

Discussion: The agency, as required in policy, does not make housing and program assignments based on any criteria other than making individualized determinations about how to ensure the safety of each resident housing and program assignments. Transgender or intersex residents housing, program assignments and their safety are determined on a case-by-case basis.

The facility has a policy governing the practice and procedures for screening residents. The screening process occur in a setting that ensures privacy as possible given the potentially of sensitive information that are discussed. The screening location has adequate space, privacy and time to conduct a quality screening of the resident for the desired information. Staff receive LGBTI training on effective and professional communication during the staff PREA training

Information collected by the auditors on the "Residents' Data Sheet".

- Resident Initial PREA Screening
- Screening within 72 hours
- Resident Initial PREA Education Session
- Facility Orientation
- PREA Acknowledgement Statement
- Reassessments with 30 days

- Residents selected for Interview
- Resident Refusal to Interview

115.241 (b)

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

Facility Staff: Staff who perform PREA screening for risk of victimization response to, do you screen residents for risk of sexual victimization or risk of sexually abusing other resident within 72 hours of their intake? Yes. However, residents must be screened within 72 hours of admission within the program but are generally screened within the first 24 hours.

Discussion: The screening occurs within 72 hours of arrival at the facility which includes transfer residents from other facilities.

Information collected by the auditor's "Residents' Data Sheet".

115.241 (c)

Such assessments shall be conducted using an objective screening instrument.

The assessment process used by The Connection, Inc. PREA programs, consists of administering the PREA Client Self-Assessment Questionnaire and the Risk for Sexual Victimization or Abusiveness Tool. These are administered in private and staff have been provided a PREA Introduction Script to guide the instruction process and to explain the purpose of the assessment.

Discussion: The facility uses PREA screening information to inform the agency or facility decisions regarding a particular resident's housing unit, and programming needs. The assessment is conducted using an objective screening instrument. The residents are reassessed when warranted by incident of sexual abuse, and upon receipt of and new or relevant information.

115.241 (d)

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

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

The Risk for Victimization or Abusiveness Tool addresses Potential Victim Factors and Potential Predatory Factors. The Potential Victim Factors address the following that is based on a review of the client's file:

- Youthful age (under 25 or elderly age (over 65));
- Physical size;
- First incarceration;
- Physical, Mental or Intellectual Disability; and
- Criminal history is exclusively non-violent crimes.

These factors are addressed based on an interview and review of the client self-assessment:

- Former victim of rape or sexual assault;
- Gay, Lesbian, Bi-sexual, Intersex or Transgender;
- History of sexually abusing others;
- History of institutional sexual activity;
- History of suicidal ideation; and
- Victimizing vulnerable individuals.

The score guide provides that if an individual answers yes to question #6 they are scored as a Known Victim. Also, if the resident scores a score of 7 or more they are rated as a potential victim and if they score 6 or less, they are scored as low victimization risk.

The Potential Predatory Factors include these based on a review of the client's file:

- Criminal history includes sexual abuse and/or assault;

- Criminal history includes violent crimes;
- History of institutional disciplinary segregation/tickets;
- Criminal history includes domestic violence; and
- Gang Affiliation.

These factors are based on an interview and review of the client self-assessment:

- History of institutional sexual assaultive behavior;
- History of institutional extortion;
- History of Institutional sexual activity;
- History of being sexually assaulted (as the victim); and
- History includes victimizing vulnerable individuals.

If the respondent endorses question #1, the client is scored as a known predator. If he scores 6 or more total points, he is scored as a potential predator and if he scores 5 or less, he is scored as a low predatory risk.

Facility Staff: Staff who perform PREA screening for risk of victimization response to, what does the initial risk screening consider? It considers the resident's disabilities, resident age, physical build/characteristics of residents, previous incarceration history, criminal history, including nonviolent offenses and sex offenses; sexual orientation, previous sexual victimization of resident, and resident perception of vulnerability. The PREA screening instrument includes all the requirements of the PREA standards and agency policy.

Facility Staff: Staff who perform PREA screening for risk of victimization response to, what is the process for conducting the initial screening? The resident is informed what PREA is and the agency's policy regarding it. Then the resident is asked a series of questions that are PREA related from the screening form.

Discussion: The facility screening considers all criteria listed in the standard and more. The facility instrument considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse if know to the facility or agency.

Information collected by the auditor's "Residents' Data Sheet".

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.

Resident Interviews: Ten (10) residents were randomly interviewed and one (1) targeted. Three (3) White, four (4) Black and four (4) Hispanic. The interviewed residents' arrival year at the facility was – 2021 (1) and 2022 (10). They were asked:

When you first came here, do you remember whether you were asked any questions like whether you had been in jail or prison before, whether you have ever been sexually abused, whether you identify with being gay, lesbian, or bisexual, and whether you think you might be in danger of sexual abuse here? Eleven (11) of the Eleven (11) residents interviewed stated they recalled being asked the PREA related questions.

Residents that said they were asked the PREA related questions asked the same day of admission.

115.241 (f)

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

Staff also considers these things during the process:

- Body language;
- Perceptions of being gay, bi-sexual, gay or transgender;
- Age;
- Any mental health or other background information; and
- Any past victimization.

Discussion: Residents are rescreened within 30 days of their arrival at the facility. Resident also reassessed when warranted by the circumstances where additional information may be presented. This information maybe new referral, incident reports, safety of the residents, or any relevant information.

Information collected by the auditor's "Residents' Data Sheet".

- Resident Initial PREA Screening

- Screening within 72 hours
- Resident Initial PREA Education Session
- Facility Orientation
- PREA Acknowledgement Statement
- Reassessments with 30 days
- Residents selected for Interview
- Resident Refusal to Interview

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.

Facility Staff: Staff who perform PREA screening for risk of victimization response to, do you 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 risk of sexual victimization or abusiveness? Yes, the process is completed within 30 days. The residents' risk level is reassessed as needed due to a referral, request, incident, of sexual abuse, or receipt of additional information that bears on the residents' risk of sexual victimization or abusiveness.

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.

Facility Staff: Staff who perform PREA screening for risk of victimization response to, are residents disciplined in any way for refusing to respond to (or for not disclosing complete information related to) the following requirements in the standards. No.

Discussion: Residents are not required to answer questions that they are not ready to disclosed or share information on. The residents are not disciplined for not answering any of the sensitive questions.

115.241 (i)

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

Central Office Staff: Agency PREA coordinator question, has the agency/facility outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation? Yes. The agency/facility has confidentiality protocols which outlines who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. Protocols ensure sensitive information is not exploited to the resident's detriment by staff or other residents.

The agency has an agency Client Rights and Confidentiality Policy and Procedure and Records and Documentation Procedure for each program. The client files are securely locked and only staff have a key to the cabinet.

Facility Staff: Staff who perform PREA screening for risk of victimization response to, has the agency outlined who can have access to a resident's risk assessment within the facility to protect sensitive information from exploitation? Yes. The agency/facility has outlined who can have access to the residents' risk assessment within the facility in order to protect sensitive information from exploitation.

Discussion: The sensitive information from the screening information is protected. The information is control and is disseminated to key staff and any additional staff on a case-by-case basis or as needed.

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| 115.242 | Use of screening information |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • PREA Client Self-Assessment Questionnaire • PREA Screenings • Resident Roster • Staff Follow Up Questions • Residents Who Identify as Transgender and Intersex (0) • Residents Who Identify as Lesbian, Gay, or Bisexual (0) • Residents Who Reported Prior Sexual Victimization During Risk Screening (0) • PREA: Prison Rape Elimination Act Policy and Procedure • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Interviews <p>115.242 (a)</p> <p>The agency shall use information from the risk screening required by standard 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>The Connection Policy, PREA: Prison Rape Elimination Act Policy and Procedure section 7.0, Responsibilities, Program Manager, states that preventive measures include administering the sexual risk victimization survey during intake and again within thirty days and that this assessment will be used to determine appropriate housing units for clients. Too, staff are required to keep a log of the room assignments of known victims and predators.</p> <p>The Program Manager is charged with the responsibility of ensuring that know victims and know predators are not roomed together. Staff also, are required to make individualized determinations about how to ensure the safety of each resident. Program assignments and housing assignments for transgender or intersex residents in the facility are made on a case-by-case basis.</p> <p>Facility Staff: Staff who perform PREA screening for risk of victimization response to, how does the agency/facility use information from risk screening during intake to keep residents safe from being sexually victimized or from being sexually abuse? The agency uses the information collected during intake to house residents in a safe manner. This way a known predator will not be housed with a known victim. This included education and programming.</p> <p>Discussion: The facility is using PREA information to make determinations for all residents regarding housing, bed, work, education, and program assignments. The information is use to maintain separation between residents at risk of being sexually victimized and residents likely to commit sexual abuse.</p> <p>The facility physical layout also considers in the determinations of housing assignments.</p> <p>115.242 (b)</p> <p>The agency shall make individualized determinations about how to ensure the safety of each resident.</p> <p>The Connection Policy, PREA: Prison Rape Elimination Act Policy and Procedure section 7.0, Responsibilities, Program Manager, states the agency/facility makes individualized determinations about how to ensure that safety of each resident. The agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.</p> <p>Discussion: The facility uses the PREA screening information from standard 115.41 to make individualized determinations for all residents regarding housing, bed work, education, and program assignments. These determinations are to maintain separation between residents' persons at risk of being sexually victimized and residents likely to commit sexual abuse.</p> <p>115.242 (c)</p> <p>In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the residents health and safety, and whether the placement would present management or security problems.</p> <p>Central Office Staff: Agency PREA coordinator question, how does the agency or facility determine housing and program assignments for transgender or intersex residents? The facility ensures all residents are screened to assess their risk of</p> |

being sexually abused or being sexually abusive toward other residents using an objective assessment/screening instrument.

The program completes a PREA Risk Assessment which looks at both protective and risk factors and the outcome determines housing. A known predator will not be housed with a known victim. Prior to a resident identified above arriving at the program, program leadership and the funding agency have a discussion to confirm that this is the best fit and safest location for the resident. When the resident arrives, program staff have a conversation with the resident to find out how the program can accommodate the resident so that the resident is and feels safe. If the accommodation is not possible then program leadership will discuss with DOC a possible solution or transfer to another program for the resident. The program ensures the resident can shower alone and if the resident requests it, use the bathroom facilities by themselves. In programs that have single bed bedrooms, the resident will be assigned to these rooms and if there are no single bed bedrooms, then consideration is made on who the resident's roommate will/ be based on the screening tool.

Discussion: Abusive residents will not be housed with a known victim or a vulnerable resident. Prior to a resident identified above arriving at the program, program leadership and the funding agency have a discussion to confirm that this is the best fit and safest location for the resident. When the resident arrives, program can accommodate the resident so that the resident is and feels safe. If the accommodation is possible then the program will comply and if the accommodation is not possible then program leadership will discuss with DOC a possible solution or transfer to another program for the resident. The program ensures that the resident can shower alone and if the resident requests it, use the bathroom facilities by themselves.

Staff were asked, where do the facility place vulnerable or abusive resident in and open housing units? Staff indicated that residents at risk of being sexually abused and those who are likely to abuse other resident are bunked at opposite sides of the dormitory. The vulnerable resident is bunked near the door that enters the housing unit or closest to staff location.

115.242 (d)

Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

Central Office Staff: Agency PREA coordinator question, how often are placement and programming assignments for each transgender or intersex resident reassessed to review any threats to safety experienced by the resident? Yes.

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

The facility did not have any known transgenders or intersex residents during the audit period.

115.242 (e)

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

Central Office Staff: Agency PREA coordinator question, are a transgender or intersex resident's own view with respect to his or her own safety given serious consideration in placement and programming assignments? Yes. Residents who identify as transgender or intersex views discussed when making all decisions about their personal safety.

Facility Staff: Staff who perform PREA screening for risk of victimization response to, are a transgender or intersex resident's own view of his or her own safety given serious consideration in placement and programming assignments? Yes. Transgender or intersex residents' own views of his or her safety are given serious consideration in placement and programming assignments.

Discussion: As a part of the housing and programming determinations involving a transgender or intersex resident, staff indicated that they will give serious consideration to the residents' own views regarding his or her safety.

115.242 (f)

Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Central Office Staff: Agency PREA coordinator question, are transgender and intersex residents given the opportunity to shower separately from other residents? If yes, how are they given the opportunity? Yes, the resident will use the shower that can be monitored by staff to ensure that no other person is going in the location if the resident is showering. The resident is informed to notify staff prior to showering so staff can monitor.

Facility Staff: Staff who perform PREA screening for risk of victimization response to, are transgender and intersex residents given the opportunity to shower separately from other residents? Yes.

Discussion: The facility has procedures that address transgenders and intersex residents that give them the opportunity to disrobe, shower, and dress apart from other residents. Transgenders and intersex residents can request to shower after the

shower are closed to all resident.

The facility did not have transgenders and intersex residents during the audit period.

115.242 (g)

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

Central Office Staff: Agency PREA coordinator question, how does the agency/facility ensure against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wing solely on the basis of their sexual orientation, genital status, or gender identity? The facility does not place lesbian, gay bisexual, transgender, or intersex residents in dedicated housing. The facility is not subject to a consent decree, legal settlement, or legal judgement requiring that it establish a dedicated housing. The facility programs are not big enough to designate separate units or wings, but our program staff are trauma informed and work with the client to ensure the comfort and safety of the client.

Discussion: The auditor requested any consent decree, legal settlement, or legal judgement requiring the facility to establish a dedicated facility, unit, or wing for LGBTI residents, and any documentation of housing if there were a consent decree, legal settlement, or legal judgement. The facility reported none.

The auditor also researches the internet regarding any consent decree, legal settlement, or legal judgement requiring the facility to establish a dedicated facility, unit, or wing for LGBTI resident. No information was founded by the auditor.

The agency does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of identification or status.

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| 115.251 | Resident reporting |
| | <p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 735 300">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="244 327 1477 788" style="list-style-type: none"> • Number of Residents Interviewed • Resident Data Sheet • Resident Roster • Client Handbook • Client Guide to PREA (Spanish and English) • Facility Tour/Observations • Connecticut Alliance To End Sexual Violence – Support, Advocate, Prevention (24-Hour, Toll-Free Hotline and Addresses) • Connecticut Alliance to End Sexual Violence (formerly CONNSACS) • PREA Poster: Break the Silence (Spanish and English) • PREA: Avenues of Reporting PREA Allegations Policy and Procedure • Zero Tolerance Policy for Sexual Harassment & Sexual Abuse Acknowledgement (All Residents) • MOU: The Connection, Inc. and The Connecticut Alliance to End Sexual Violence • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Interviews <p data-bbox="244 819 360 846">115.251 (a)</p> <p data-bbox="244 878 1433 972">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.</p> <p data-bbox="244 1003 1469 1196">The Connection Policy, PREA: Avenues of Reporting PREA Allegations Policy and Procedure section 7.0, requires that the PREA coordinator ensure that the following steps are being taken in designated PREA programs which allow for multiple avenues for clients and staff to report potential PREA allegations internally and externally. At intake and orientation, clients must be given PREA literature that includes the mailing address and phone number of The Connection, Inc.'s PREA coordinator. During that process, clients are encouraged to report any sexual misconduct to program staff. Too, the Connection, Inc.'s website provides contact for the PREA coordinator and third-party avenues for reporting.</p> <p data-bbox="244 1236 1426 1294">Externally, residents may contact the Connecticut Alliance to End Sexual Violence and that information is provided and displayed in high traffic areas of the program as is additional PREA material.</p> <p data-bbox="244 1335 1477 1393">TCI staff members are required by policy to enable reasonable communication between clients and third-party organizations in as confidential manner as possible.</p> <p data-bbox="244 1433 1453 1527">Clients are informed, in compliance with policy, that staff members are mandatory reporters as well as reporting rules that apply to disclosure of sexual abuse, made to third party organizations, including limits to confidentiality under relevant federal, state or local law.</p> <p data-bbox="244 1568 1469 1662">TCI staff are required to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. If a verbal report is made to staff, they must complete an incident report and classify the incident as a Violation of Boundaries/Ethics (Level I) or Sexual Assault Alleged (Level I).</p> <p data-bbox="244 1702 1426 1729">Residents are given a copy of the brochure entitled, "The Client Guide to PREA". The brochure covers topics including:</p> <ul data-bbox="244 1760 603 1921" style="list-style-type: none"> • What is PREA? • What is Sexual Abuse; • What is Sexual Harassment; • Information you need to know; and • Information on reporting. <p data-bbox="244 1953 1469 2078">Residents are told they may report abuse to all program staff, interns, volunteers or the PREA coordinator, either in person, over the phone, or in a letter. Contact information for the PREA coordinator is provided. Other ways to report are provide as well and these included the State of Connecticut Department of Correction PREA Investigations Unit and the Connecticut Alliance to End Sexual Violence.</p> <p data-bbox="244 2110 1406 2136">Information sheets with contact numbers are provided and posted as well. Posters are located throughout the facility</p> |

providing information on reporting sexual abuse or sexual harassment.

The Break the Silence Poster informs residents the following ways to report:

- To any staff member;
- Verbally or in writing;
- Calling the PREA hotline;
- Writing an inmate request;
- Writing an anonymous note; and
- Calling the state police hotline.

Information sheets with contact numbers are provided and posted as well. Posters are located throughout the facility providing information on reporting sexual abuse or sexual harassment.

Central Office Staff: Agency PREA coordinator question, how does the agency or facility 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? The agency/facility has a toll-free hotline, the hotline number posted in all programs and The Alliance phone number to report. The agency also provides these phone numbers at intake and the Resident Handbook. Further, the agency provides this information on the agency's website. All the additional ways for residents to report abuse or harassment is located in section (a) of this standard.

Central Office Staff: Agency PREA coordinator question, do these procedures enable receipt and immediate transmission of resident's reports of sexual abuse and sexual harassment to agency officials that allow the resident to remain anonymous upon request? The agency website identifies agency PREA coordinator and contact information. DOC receives allegations and has notified us when a resident reported an allegation that occurred in the facility program. The agency has received allegations from friends and family. The agency only requests the basic information regarding an allegation and respect if someone would like to remain anonymous. Residents can make an anonymous written report of the incident and place it in the grievance/incident box.

Facility Staff: Total of five (5) random staff were interviewed, staff were asked, how can residents privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment? 100% said thru the PREA hotline, writing a grievance or note, telling staff or reporting outside the facility and thru third party.

Resident Interviews: Nine (9) residents were randomly interviewed and two (2) targeted. Three (3) White, four (4) Black and four (4) Hispanic. The interviewed residents' arrival year at the facility was – 2021 (1) and 2022 (10). They were asked: Have you ever reported to the authorities, either in person or in writing, that you were sexually abused or sexually harassed while in this facility?

Ten (10) stated they have never reported that they were sexual abused or sexually harassed while in this facility and that that was because it had never happened. A number of residents, during the interviews reported that they have not heard of any allegations of either sexual abuse or sexual harassment at this facility. However, one (1) resident did report sexual harassment at this facility.

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

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

During the facility tour the auditor observed intake process/location, where the PREA screening occurred, the location of the drop boxes and whether they were lock. The resident mail process was discussed, how resident mail are sent and received.

The facility has toll-free hotline numbers available to residents. During the tour the auditor tested critical functions such as the phones.

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.

Externally, residents may contact the Connecticut Alliance to End Sexual Violence and that information is provided and displayed in high traffic areas of the program as is additional PREA material.

115.251 (c)

Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Facility Staff: Total of five (5) random staff were interviewed, staff were asked, when a resident alleges sexual abuse, can he or she do so verbally, in writing, anonymously, and from third parties? 100% said yes.

Resident Interviews: Ten (10) residents were randomly interviewed and one (1) targeted. Three (3) White, four (4) Black and four (4) Hispanic. The interviewed residents' arrival year at the facility was – 2021 (1) and 2022 (10). They were asked: Do you know if you are allowed to make a report without having to give your name? Ten (10) interviewed residents said they knew they could make an anonymous report. One (1) resident said they did not know whether they could or not. The interviewer explained how they could make an anonymous report.

Ten (10) residents were randomly interviewed and one (1) targeted. Three (3) White, four (4) Black and four (4) Hispanic. The interviewed residents' arrival year at the facility was – 2021 (1) and 2022 (10). They were asked: if a friend or relative could make a report for them so they could remain anonymous. Eleven (11) of the Eleven interviewed residents could make reports of sexual abuse in person to staff and in writing.

Ten (10) residents were randomly interviewed and one (1) targeted. Three (3) White, four (4) Black and four (4) Hispanic. The interviewed residents' arrival year at the facility was – 2021 (1) and 2022 (10). They were asked: Have you ever reported to the authorities, either in person or in writing, that you were sexually abused or sexually harassed while in this facility? Ten (10) stated they have never reported that they were sexual abused or sexually harassed while in this facility and that that was because it had never happened. A number of residents, during the interviews reported that they have not heard of any allegations of either sexual abuse or sexual harassment at this facility. However, one (1) resident did report sexual harassment at this facility.

Discussion: Residents sign an PREA acknowledgment form confirming they have been provided information related to reporting. The Zero Tolerance Policy for Sexual Harassment and Sexual Abuse Acknowledgment, affirms their understands that they have the right to report allegations of sexual abuse and harassment. The statement encourages residents to report. They are advised they may report in person, in writing, or by telephone. They are told that a third party may report allegations of sexual abuse or sexual harassment to the staff, program director, program managers, or the designated PREA coordinator and the PREA hotline number.

Resident or third parties may also report to the Department of Correction PREA Investigation Unit or the Connecticut Alliance to End Sexual Violence. The form acknowledges that all allegations of sexual abuse and sexual harassment will be taken seriously and investigated by the proper authorities and that there will be no negative consequences for reporting.

Most of the residents of the program have cell phones and can communicate with anyone at any time. The resident has access to the community either looking for work, on pass, or during work. Residents have access to their families using their cell phones, during visitation or through writing. They would also have access to their attorneys if they have one.

Information collected by the auditor's "Residents' Information Spreadsheet".

- Resident Initial PREA Screening
- Screening within 72 hours
- Resident Initial PREA Education Session
- Facility Orientation
- PREA Acknowledgement Statement
- Reassessments with 30 days
- Residents selected for Interview
- Resident Refusal to Interview

115.251 (d)

The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

Facility Staff: Total of five (5) random staff were interviewed, staff were asked, how can staff privately report sexual abuse and sexual harassment of residents? 100% said they report to their supervisor or if the supervisor were involved, they report the agency PREA coordinator.

Discussion: Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months = 4
- The total number of sexual abuse investigations = 3
- The total number of sexual harassment investigations = 1
- The number of criminal sexual abuse referred for prosecution = 0

Below is the documentation information reviewed for the PREA investigation packages – 4

- PREA Administrative Review Report – 4
- Administrative Review Team Member – 4
- Review Timeline – 4
- Findings – 4
- Recommendations/Summary of Resolution – 4
- Section B – Sexual Abuse Incident Review Team – 4
- Review Team Findings – 4
- Recommendation for Improvement – 4
- Incident Review Team Members – 4

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| 115.252 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Sexual Abuse and Harassment Overview • Client Grievance Policy and Procedures (English and Spanish) • Grievance Summary Process Poster English and Spanish • Facility Tour/Observations • DOC Policy: Inmate Administrative Remedies – Directive Number 9.6 (English) • DOC Policy: Inmate Administrative Remedies – Directive Number 9.6 (Spanish) • Client Compliant/Grievance Policy and Procedure • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Interviews <p>115.252 (a)</p> <p>An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</p> <p>TGI, CTDOC, and CSSD have a formal grievance process, however, According to The Connection Policy, PREA: Avenues of Reporting PREA Allegations Policy and Procedure, sexual assaults and/or sexual harassment are not grieve-able offenses. All alleged incidents of sexual abuse and sexual harassment must be reported to staff for investigations.</p> <p>Central Office Staff: Agency PREA coordinator question, what happens to and resident grievance regarding sexual abuse and sexual harassment? When a resident submits a grievance alleging sexual abuse and/or sexual harassment, the grievance coordinator immediately submits the grievance to the PREA investigator or the office responsible for investigating PREA allegations.</p> <p>Facility Staff: The facility Program Manager indicated that all PREA issues that comes through the formal grievance process are send directly to the investigator for processing.</p> <p>115.252 (b)</p> <ul style="list-style-type: none"> • 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 and 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 ground that applicable status of limitations has expired. <p>See section (a)</p> <p>115.252 (c)</p> <p>The agency shall ensure that:</p> <ul style="list-style-type: none"> • A resident who alleges sexual abuse may submit a grievance with without submitting it to a staff member who is the subject of the compliant, and • Such grievance is not referred to a staff member who is the subject of the compliant. <p>The agency/facility do not required residents who alleges sexual abuse may submit a grievance with without submitting it to staff member who is the subject of the compliant and grievances are not referred to a staff member who is the subject of the compliant. The facility has drop boxes.</p> <p>See section (a)</p> <p>115.252 (d)</p> <ul style="list-style-type: none"> • 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 period shall not include time consumed by residents in preparing any administrative appeal. • The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is |

insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

- 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.

See Section (a) response.

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 on 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 decision.

See section (a)

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 in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

See section (a)

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 residents filed the grievance in bad faith.

Staff indicated that the agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the residents filed the grievance in bad faith. The facility had not used this process within the past 12 months.

Discussion: When a resident submits a grievance alleging sexual abuse and/or sexual harassment, the grievance coordinator immediately submits the grievance to the PREA investigator or the office responsible for investigating PREA allegations.

Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months = 4
- The total number of sexual abuse investigations = 3
- The total number of sexual harassment investigations = 1
- The number of criminal sexual abuse referred for prosecution = 0

Below is the documentation information reviewed for the PREA investigation packages – 4

- PREA Administrative Review Report – 4
- Administrative Review Team Member – 4
- Review Timeline – 4
- Findings – 4
- Recommendations/Summary of Resolution – 4
- Section B – Sexual Abuse Incident Review Team – 4
- Review Team Findings – 4
- Recommendation for Improvement – 4
- Incident Review Team Members – 4

115.253

Resident access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies, Materials, Observations, and Interviews:

- Client Guide to PREA (Spanish and English)
- CT Alliance to End Sexual Violence Contract
- DOC Update Poster
- PREA Avenues of Reporting Policy
- The Alliance MOU
- Facility Tour/Observations
- Connecticut Alliance to End Sexual Violence (formerly CONNSACS)
- PREA Poster: Break the Silence (Spanish and English)
- PREA: Avenues of Reporting PREA Allegations Policy and Procedure
- Zero Tolerance Policy for Sexual Harassment & Sexual Abuse Acknowledgement (All Residents)
- PREA: First Responders to PREA Incident
- Resident Handbook: The Connection
- MOU: The Connection, Inc. and The Connecticut Alliance to End Sexual Violence
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

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.

Central Office Staff: Agency PREA coordinator question, does the agency/facility 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. The agency/facility has an active MOU with the Connecticut Alliance to End Sexual Violence. These services are offered to resident free of charge.

Resident Interviews: Ten (10) residents were randomly interviewed and one (1) targeted. Three (3) White, four (4) Black and four (4) Hispanic. The interviewed residents' arrival year at the facility was – 2021 (1) and 2022 (10). They were asked: Does the facility give you mailing addresses and telephone numbers for these outside services? Interviewed residents reported that there are numbers and mailing addresses posted in the facility. Most of the residents said they don't know the details of the services but feels they could confidentiality communicate with the services if needed.

A review of documentation indicated that outside information regarding services was available to residents at intake, PREA brochures, and posters.

Discussion: The facility has determined which rape crisis center that are available to provide emotional support services to residents. The facility has an agreement/MOU with the Connecticut Alliance to End Sexual Violence.

If a resident is place in some type of restricted housings, they will have access to emotional support services.

The facility does not house residents solely for civil immigration purposes. However, if they did, the facility would notify any persons detained solely for civil immigration purposes about how they can access immigrant services agencies and provide mailing addresses and regular and toll-free telephone numbers

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.

In addition to the contact information, the sheet states, "Each Member Sexual Assault Crisis Program" provides hotline services 24 hour/day, 7 days a week; 24-hour crisis counseling; information and referral; advocacy for children and non-abusing parent; short term counseling for victims and their family and/or friends and support groups.

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.

Memorandum of Agreement between The Connection, Inc. and The Connecticut Alliance to End Sexual Violence, The Alliance agree to the following:

- Identify and assign a point of contact at each organization to establish coordinator between agencies and access to Sexual Assault Crisis Services (SACS) for TCI clients. Response to client's request to work with SACS will be made and executed within a reasonable amount of time.
- Display sexual assault crisis hotline posters in English and Spanish at TCI and The Alliance. TCI will share information with clients about SACS program and the availability of sexual assault crisis counselors and community-based services.
- At TCI client's request, allow for a sexual assault crisis counselor to accompany and support the victim throughout the forensic medical exam process and investigatory interviews, and provide emotional support, crisis intervention, information, and referrals, as requested by the victim throughout the client's placement in the TCI facility.
- At the Alliance and TCI there will be a dedicated and confidential space for SACs to meet with clients.
- To develop site specific protocol and procedure for maintaining PREA standards.
- To collaborate for the continuity of care and discharge planning for clients who are victims of sexual assault and/or abuse.
- To identify and assign designated staff at in an effort to establish a cohesive and seamless delivery of services to clients in TCI facilities.

The auditor reached out to the following organizations:

- Just Detention International (JDI) – is a health and human rights organization that seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the only organization in the U.S. – and the world – dedicated exclusively to ending sexual abuse behind bars. They hold government officials accountable for prisoner rape; challenge the attitudes and misperception that enable sexual abuse to flourish; and make sure that survivors get the help they need.

Contact: Just Detention International (JDI) / Wilshire Blvd., Suite 340 Los Angeles, CA 90010 / Email sent: 3/25/22 at 6:05 am. Received response on 4/1/22 at 12:47 pm. The operations officer indicated a review of their database indicates that the organization have not received any information regarding this facility. The operations officer also recommended to contact the local rape crisis centers for information.

- National Sexual Violence Resource Center (NSVRC) – is the leading nonprofit in providing information and tools to prevent and respond to sexual violence. NSVRC translates research and trends into best practices that help individuals, communities and service providers achieve real and lasting change. NSVRC also work with the media to promote informed reporting.

Contact: National Sexual Violence Resources Center (NSVRC) /2101 N. Front Street Governor's Plaza North, building #2 Harrisburg, PA 17110 / Email sent: 3/25/22 at 6:10 am. Received response on 3/25/22 at 1:33 pm. The staff indicated that the organization do not track who requests information from them. The organization do not provide direct services and are simply an information and referral service.

Resident Interviews: Ten (10) residents were randomly interviewed and one (1) targeted. Three (3) White, four (4) Black and four (4) Hispanic. The interviewed residents' arrival year at the facility was – 2021 (1) and 2022 (10). They were asked: Do you know if there are services available outside of this facility for dealing with sexual abuse, if you needed it? Ten (10) residents and one (1) targeted said no, when probe, residents said they never had a need to use the outside services. Continue to probe regarding PREA information, residents said they were given PREA information and/or they saw PREA information on the walls or the PREA hotline numbers, but they never used it.

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| 115.254 | Third party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Policies, Materials, Observations, and Interviews:

- Third Party Reporting
 - o Verbal reports to staff
 - o Writing an anonymous note
 - o Informing CTDOC
 - o Calling the Connecticut State Police
 - o PREA Coordinator
 - o Website
- The Visitation Guide to PREA (English and Spanish)
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

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.

Agency policy, PREA: First Responders to a PREA Incident, Facility House, 4.0, provides for all third-party allegations of sexual abuse and sexual harassment, including third-party and anonymous reports will be reported to the PREA Coordinator and all PREA allegations will be referred to the State of Connecticut DOC PREA Investigation Unit and/or the Connecticut State Police for investigation.

The agency website provides information for third parties to report allegations of sexual abuse and sexual harassment. The site says to report a PREA allegations through a third party, call the State of Connecticut DOC, PREA Investigations Unit via the hotline (number provided) or to the Connecticut Alliance to End Sexual Violence (numbers are provided for English and Spanish).

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

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

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

Interviews with staff confirmed they have been trained to take all allegations and reports seriously and to report them immediately, including those reported by third parties. The verbal reports are to be followed up with a written report before the end of the shift.

Discussion: Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months = 4
- The total number of sexual abuse investigations = 3
- The total number of sexual harassment investigations = 1
- The number of criminal sexual abuse referred for prosecution = 0

Below is the documentation information reviewed for the PREA investigation packages – 4

- PREA Administrative Review Report – 4
- Administrative Review Team Member – 4
- Review Timeline – 4
- Findings – 4
- Recommendations/Summary of Resolution – 4
- Section B – Sexual Abuse Incident Review Team – 4
- Review Team Findings – 4
- Recommendation for Improvement – 4
- Incident Review Team Members – 4

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| 115.261 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • PREA: First Responders to a PREA Incident • PREA: Prison Rape Elimination Act Policy and Procedure • PREA: Protection and Retaliation Policy and Procedure • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Interviews <p>115.261 (a)</p> <p>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 or not 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.</p> <p>The Connection PREA Policy, First Responders to a PREA Incident section 4 requires all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, will be reported to the PREA Coordinator. It requires that all PREA allegations are referred to the State of Connecticut Department of Correction’s PREA Investigation Unit and/or the Connecticut State Police for investigation.</p> <p>Policy requires staff first responders to immediately contact the Program Manager, Program Director, and PREA Coordinator and externally to the Emergency medical providers, the agency CEO, and staff are required to comply with the mandatory reporting laws. Staff are to reveal information on a need-to-know basis only.</p> <p>Policy PREA: Protection and Retaliation Policy provides protection from retaliation for reporting allegations of sexual abuse or sexual harassment.</p> <p>The Connection, Inc. and the facility have a zero-tolerance for all forms of sexual abuse, sexual misconduct, sexual harassment and retaliation for reporting. Facility staff are required to report all allegations of sexual abuse, sexual misconduct, and sexual harassment or retaliation regardless of how they came to have knowledge of the alleged incident. They are also required to report even a suspicion. Interviews with staff indicated they understand they must report all allegations, reports, knowledge and suspicions of sexual abuse, sexual misconduct, sexual harassment and retaliation.</p> <p>Facility Staff: The Program Manager question, are all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) reported directly to designated facility investigators? Yes. All reports of sexual abuse and sexual harassment that are received from third-party, and anonymous sources must be received, responded to and investigated according to policies. They are all immediately reported to whomever the PREA on call staff member is.</p> <p>Facility Staff: Total of five (5) random staff were interviewed, staff were asked, does the agency require all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation? 100% said they are required to report everything.</p> <p>115.261 (b)</p> <p>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.</p> <p>TCI Policy PREA: First Responders to a PREA Incident section 7 states, staff will only reveal PREA information to the Program Manager and PREA coordinator. Any other information will only be disseminated to individuals necessary to make treatment, investigation, and other security or management decisions.</p> <p>Policy required all staff to maintain confidentiality of any PREA related issues.</p> <p>115.261 (c)</p> |

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.

Policy requires all staff to report sexual abuse.

115.261 (d)

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

Central Office Staff: Agency PREA coordinator question, how do you respond when an allegation of sexual abuse or sexual harassment is made by someone under the age 18 or someone considered a vulnerable adult under state or local law? The agency only house individuals that are at least 18 years of age, but if the agency were to receive a report of child abuse or neglect, the facility are mandated reports and complete a report to DCF. Further, if the alleged victim is considered a vulnerable adult, then as mandated reporters, the agency notify the appropriate agency of the allegation.

The facility does not housed residents under the age of 17 and under.

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.

Agency policy, PREA: First Responders to a PREA Incident, Facility House, 4.0, provides for all third-party allegations of sexual abuse and sexual harassment, including third-party and anonymous reports will be reported to the PREA Coordinator and all PREA allegations will be referred to the State of Connecticut DOC PREA Investigation Unit and/or the Connecticut State Police for investigation.

The agency website provides information for third parties to report allegations of sexual abuse and sexual harassment. The site says to report a PREA allegations through a third party, call the State of Connecticut DOC, PREA Investigations Unit via the hotline (number provided) or to the Connecticut Alliance to End Sexual Violence (numbers are provided for English and Spanish).

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

Discussion: The agency/facility is aware of reporting and receiving timely information about sexual abuse, sexual harassment, retaliation, and staff neglect, or violations of responsibilities that may have contributed to an incident or retaliation.

The agency/facility has a reporting policy. The policy requires staff members, including medical and mental health staff to immediately report any knowledge, suspicion, or information of any incident in any facility, even in a facility that is not a part of the agency.

The facility complies with the state or local mandatory reporting laws and report sexual abuse allegations concerning any victim considered to be vulnerable adults.

Interviews with staff confirmed they have been trained to take all allegations and reports seriously and to report them immediately, including those reported by third parties. The verbal reports are to be followed up with a written report before the end of the shift.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies, Materials, Observations, and Interviews:

- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Policy Statement: Agency Protection Duties
- PREA: First Responders to a PREA Incident Policy and Procedure
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

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 resident.

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

TCI Policy PREA: Protection and Retaliation Policy and Procedure section 6 states, TCI, as an agency, reserves the right to employ the following measures, in case of retaliations:

- Housing Changes/Transfers for resident victims and/or abusers,
- Removal of alleged staff or resident abusers from contact with victims,
- Emotional support services for residents or staff who fear retaliation for reporting sexual abuse, sexual harassment, or for cooperating with alleged PREA investigations.

Central Office Staff: Agency head/designee question, when you learn that a resident is subject to a substantial risk of imminent sexual abuse what protective action does the agency take? The agency/facility employs all available measures to protect a resident that is subject to a substantial risk of imminent sexual abuse. The agency ensures the resident is housed in an area that is safe and easily monitored. Staff is also made aware of the situation and these residents have frequent physical checks made on them. These checks are sometimes as frequent as every 15 minutes. The agency may also speak with the funder to see if there are more appropriate housing options for these residents.

Facility Staff: The Program Manager question, when you learn that a resident is subject to a substantial risk of imminent sexual abuse, what protective action does the facility take? When the facility learns by any means of notice listed in policy or reported by resident or staff that a resident is subject to a substantial risk of imminent sexual abuse, staff will take immediate action to protect the resident which may include:

- Line staff will monitor the allege residents until supervisor respond with additional instructions.
- Staff will keep the allege resident from the allege abusers.

The facility ensures the client is roomed either alone or with someone that based on the PREA assessment is of low risk to be an abuser. If there is anyone in the program that is of high risk to offend against a client like this the facility ensure they are room on opposite wings, and staff is always keep a close eye on interactions. The facility would also contact the supervising officer and possibly the state police depending on the threat.

Facility Staff: Total of five (5) random staff were interviewed, staff were asked, if you learn a resident is at risk of imminent sexual abuse, what actions do you take to protect the resident? Staff stated they would protect the residents by remove them from the alleged abuser, contact supervisor for additional instructions.

Discussion: There have been no incidents of retaliation during the past twelve months.

Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months = 4
- The total number of sexual abuse investigations = 3
- The total number of sexual harassment investigations = 1
- The number of criminal sexual abuse referred for prosecution = 0

Below is the documentation information reviewed for the PREA investigation packages – 4

- PREA Administrative Review Report – 4
- Administrative Review Team Member – 4
- Review Timeline – 4
- Findings – 4
- Recommendations/Summary of Resolution – 4
- Section B – Sexual Abuse Incident Review Team – 4
- Review Team Findings – 4
- Recommendation for Improvement – 4
- Incident Review Team Members – 4

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies, Materials, Observations, and Interviews:

- PREA: Investigating Sexual Abuse in Confinement Setting Certificates (2) NIC
- Facility Investigations for the Past 12 Months Packages: 4
- Policy Statement: Reporting to other Confinement facilities
- PREA: First Responders to a PREA Incident Policy and Procedure
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

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.

Agency Policy PREA: First Responders to a PREA Incident section 4.0, requires all PREA allegations will be referred to the State of Connecticut Department of Correction's PERA Investigation Unit and/or the Connecticut State Police for investigation.

This policy requires if the alleged incident occurred while the client resided in another facility not run by The Connection, the PREA Coordinator will immediately notify that facility and document that notification of the alleged incident has been communicated. The communication will occur no longer than 72 hours after the PREA Coordinator was made aware of the alleged incident.

The facility head or agency office that receives such notification is responsible for ensuring the allegation is investigated in accordance with PREA Standards.

Central Office Staff: Agency head/designee question, if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred, is there a designated point of contact? Yes, the agency/facility responds immediately to all allegations of sexual abuse or sexual harassment whether it occurs at our facility are the resident reported to another facility after leaving our facility. All appropriate staff would be notified. All allegations go through our PREA coordinator who then make appropriate collateral contacts to those needing to be informed of the situation.

Central Office Staff: Agency head/designee question, what happens when your agency receives such allegations? All appropriate staff would be notified. If an allegation came from another agency/facility, staff would notify the PREA coordinator/compliance manager designated person from that agency.

Facility Staff: The Program Manager question, are there examples of another facility or agency reporting such allegations? There have not been any incidents where another facility or agency or residents reported sexual abuse.

115.263 (b)

Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

Policy requires if the alleged incident occurred while the resident resided in another facility, the PREA Coordinator will immediately notify that facility and document that notification of the alleged incident has been communicated. The communication will occur no longer than 72 hours after the PREA Coordinator was made aware of the alleged incident.

115.263 (c)

The agency shall document that it has provided such notification.

Discussion: Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months = 4
- The total number of sexual abuse investigations = 3
- The total number of sexual harassment investigations = 1
- The number of criminal sexual abuse referred for prosecution = 0

Below is the documentation information reviewed for the PREA investigation packages – 4

- PREA Administrative Review Report – 4
- Administrative Review Team Member – 4
- Review Timeline – 4
- Findings – 4
- Recommendations/Summary of Resolution – 4
- Section B – Sexual Abuse Incident Review Team – 4
- Review Team Findings – 4
- Recommendation for Improvement – 4
- Incident Review Team Members – 4

Notification:

- Reporting from another Facility – 0
- Reporting to another Facility - 0

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.

Central Office Staff: Agency head/designee question, what happens when your agency receives such notification of allegations? All allegations go through the PREA coordinator or the PREA team who then make appropriate collateral contacts to those needing to be informed of the situation.

Discussion: The agency/facility will refer reports of sexual abuse that occurred in another facility back to that facility and receive report from other agency/facilities about sexual abuse reported to have occurred in this facility and they ensure that the allegation is investigated.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies, Materials, Observations, and Interviews:

- Sexual Abuse and Harassment Overview
- PREA: Investigating Sexual Abuse in Confinement Setting Certificates (2) NIC
- Facility Investigations for the Past 12 Months Packages: 4
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- PREA: First Responders to a PREA Incident Policy and Procedure
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

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 period 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 occurred within a time period 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.

The Connection Policy, PREA: First Responders to a PREA Incident section 7.0, Responsibilities, requires that the first responding TCI staff members are responsible for the following:

1. Immediately separate the victim and the alleged abuser.
2. Determine the safety of the client and, if need be, contact emergency medical services (call 911).
3. Preserve and protect any crime scene until appropriate steps can be taken to collect evidence.
4. 4) IF the abuse occurred within a time period that allows for the collection of physical evidence, staff will request that the alleged victim(s) and/or abuser(s) not take any actions that could destroy physical evidence.

This includes but is not limited to:

- a) Washing
- b) Brushing teeth
- c) Changing clothes
- d) Urinating
- e) Defecating
- f) Smoking
- g) Drinking, and
- h) Eating

5. First responders then will immediately contact the following internally:

- a) Program Manager
- b) Program Director
- c) Director of Community Justice
- d) PREA Coordinator (Agency Investigator)
- e) Director of Quality Improvement

6. First responders then will contact these externally:

- a) Emergency medical providers/law enforcement (if a potentially criminal act occurred, call 911)

b) Supervising Parole Officer

7. Complete an incident report, detailing the even and chain of communication.

8. Notify the CEO of TCI

9. If the alleged victim is within a protected population (elderly or persons with intellectual disabilities) contact the applicable hotline number within 72 hours of the allegation.

When a physical assault has occurred on premises all clients will be transferred to Backus Hospital for forensic examinations.

Policy requires that staff only reveal PREA information to the aforementioned individuals. Any other information will only be disseminated to individuals necessary to make treatment, investigation, and other security or management decisions.

Specific actions are identified for the PREA Coordinator as well and described in Policy.

Facility Staff: Total of five (5) random staff were interviewed, staff were asked, if you are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, what is your responsibility in the situation? Separate the victim from the abuser, protect the crime scene, protect the DNA by not letting victim or abuse brush their teeth, drink water, shower, washing, urinating, changing clothes or eating.

Resident Interview: One (1) resident was interviewed who reported sexual abuse (sexual harassment) as targeted. He was asked: how soon after you were sexually abused (sexual harassed) did a staff person come to help you? And did you tell someone at the facility about the abuse or did they find out the abuse in another way? Resident indicated that staff came to see him within hours of reporting. He also indicated that he reported to staff.

Resident Interview: One (1) resident was interviewed who reported sexual abuse (sexual harassment) as targeted. He was asked: do you feel that the staff who first got to the scene after you had been sexually abused responded quickly. Resident said yes.

Resident Interview: One (1) resident was interviewed who reported sexual abuse (sexual harassment) as targeted. He was asked: what did the staff do when they first got to you? Resident said ask about the abuser and call supervisor.

Discussion: Because the resident reported sexual harassment, touching over the clothing staff separated the victim and abuser and call for assistance from his supervisor and the local state police was called.

Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months = 4
- The total number of sexual abuse investigations = 3
- The total number of sexual harassment investigations = 1
- The number of criminal sexual abuse referred for prosecution = 0

Below is the documentation information reviewed for the PREA investigation packages – 4

- PREA Administrative Review Report – 4
- Administrative Review Team Member – 4
- Review Timeline – 4
- Findings – 4
- Recommendations/Summary of Resolution – 4
- Section B – Sexual Abuse Incident Review Team – 4
- Review Team Findings – 4
- Recommendation for Improvement – 4
- Incident Review Team Members – 4
- Medical Referrals – 0
- Mental Health Referrals - 0

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.

The first responder for non-security will follow that same process and the security staff.

Discussion: The agency/facility thru training distinguish the roles of first responders from investigators. First responders do not conduct any part of the investigation and their role is to protect the victim, separate the victim and alleged abuser, to

protect and preserve the scene and any evidence that may exist at the scene or evidence on the victim and alleged abuser.

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| 115.265 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • PREA: First Responders to a PREA Incident Policy and Procedure • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Interviews <p>115.265 (a)</p> <p>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.</p> <p>The coordinated response plan is described in detail in The Connection PREA Policy, First Responders to a PREA Incident.</p> <p>Actions to take in the coordinated response plan include the activities described in Standard 115. 264, First Responding.</p> <p>The Connection Policy, PREA: First Responders to a PREA Incident section 7.0, Responsibilities, requires that the first responding TCI staff members are responsible for the following:</p> <ol style="list-style-type: none"> 1. Immediately separate the victim and the alleged abuser. 2. Determine the safety of the client and, if need be, contact emergency medical services (call 911). 3. Preserve and protect any crime scene until appropriate steps can be taken to collect evidence. 4. IF the abuse occurred within a time period that allows for the collection of physical evidence, staff will request that the alleged victim(s) and/or abuser(s) not take any actions that could destroy physical evidence. <p>This includes but is not limited to:</p> <ul style="list-style-type: none"> • Washing • Brushing teeth • Changing clothes • Urinating • Defecating • Smoking • Drinking, and • Eating <p>5. First responders then will immediately contact the following internally:</p> <ul style="list-style-type: none"> • Program Manager • Program Director • Director of Community Justice • PREA Coordinator • Director of Quality Improvement <p>6. First responders then will contact these externally:</p> <ul style="list-style-type: none"> • Emergency medical providers/law enforcement (if a potentially criminal act occurred, call 911) • Supervising Parole Officer <p>7. Complete an incident report, detailing the even and chain of communication.</p> <p>8. Notify the CEO of TCI</p> <p>9. If the alleged victim is within a protected population (elderly or persons with intellectual disabilities) contact the applicable hotline number within 72 hours of the allegation.</p> <p>When a physical assault has occurred on premises all clients will be transferred to local hospital for forensic examinations.</p> |

Policy requires that staff only reveal PREA information to the aforementioned individuals. Any other information will only be disseminated to individuals necessary to make treatment, investigation, and other security or management decisions. Specific actions are identified for the PREA Coordinator as well and described in Policy.

The agency uses the TCI policy PREA: First Responders to a PREA Incident section 6 above as the coordinated response. The facility does not have medical or mental health staff therefore their responsibilities in plan are not included. The criminal investigations are not included.

Discussion: The facility does not have medical or mental health staff therefore their responsibilities in plan are not included. The criminal investigations are not included.

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| 115.266 | <p>Preservation of ability to protect residents from contact with abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Collective Bargaining Agreements - 0 • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Interviews <p>115.266 (a)</p> <p>Neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into 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.</p> <p>The Connection is not involved in any form of collective bargaining and has the ability to remove any staff alleged to have violated an agency sexual abuse or sexual harassment policy.</p> <p>Central Office Staff: Agency head/designee question, has your agency, or any governmental entity responsible for collective bargaining on agency behalf, entered or renewed any collective bargaining agreements or other agreements since August 20, 2012? No. This is not applicable. The facility does not enter into any collective bargaining agreements.</p> <p>115.266 (b)</p> <p>Nothing in this standard shall restrict the entering into or renewal of agreement that govern:</p> <ul style="list-style-type: none"> • The conduct of the disciplinary process, as long as 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. <p>Discussion: The agency/facility is not involved in any form of collective bargaining and has the ability to remove any staff alleged to have violated an agency sexual abuse or sexual harassment policy.</p> |
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| 115.267 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Sexual Abuse and Harassment Overview • PREA: Investigating Sexual Abuse in Confinement Setting Certificates (2) NIC • Facility Investigations for the Past 12 Months Packages: 4 • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • PREA: Protection and Retaliation Policy and Procedure • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Interviews <p>115.267 (a)</p> <p>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.</p> <p>The Connection Policy addressing retaliation is PREA: Protection and Retaliation Policy and Procedure, 1.0 and 4.0. Section 1.0 Purpose, indicates the purpose of the policy is to ensure the protection of all residents and staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation. The policy is required to document which staff members are responsible for monitoring potential retaliation stemming from a PREA allegation. 4.0, Policy, asserts that The Connection, Inc, in cooperation with the State of Connecticut Department of Corrections (DOC) and Court Support Service Division (CSSD), will follow a specific guideline to ensure that all staff and clients are safe from any potential retaliation stemming from a PREA allegation. Also, it affirms the agency's obligation to monitor terminates if the agency determines that allegation is unfounded.</p> <p>In section 6.0, Responsibilities, policy asserts that the PREA Coordinator is responsible for enforcing this policy. 7.0, Procedures require the PREA Coordinator to ensure that the alleged victim, witness and/or staff member will feel safe during and after the conclusion of the PREA Investigation by the following:</p> <ol style="list-style-type: none"> 1. During interviews, determining if victim(s) and witness(es) feel safe in the program. 2. Discussing retaliation with key members of the investigation. 3. In the case of retaliation, ensuring the potential victims of retaliation have the ability to notify the investigators. <p>Central Office Staff: Agency head/designee question, how do you protect residents and staff from retaliation for sexual abuse or sexual harassment allegations? The agency has zero tolerance for all forms of resident on residents and staff on resident sexual abuse or sexual harassment. The agency/facility has designated a PREA coordinator to manage, develop, implement, and oversee the agency/facility's efforts to prevent, detect and respond to PREA allegations. The agency protects all residents and staff who report sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The PREA coordinator monitor retaliation for the agency.</p> <p>The agency has a system in which we follow up with residents who report allegations of abuse. They agency also monitor any residents closely following reports of sexual abuse. They have managers closely watch staff overseeing these residents to ensure there is no retaliation taking place. The facility informs the residents of our retaliation policy and to notify staff immediately if they feel they are being retaliated against. Staff has the ability to report any retaliation to our Human Resource department, the PREA coordinator or agency leadership at any time</p> <p>Facility Staff: The Program Manager question, what measures do you take when you suspect retaliations? The same as required by the agency.</p> <p>The following protective actions are employed by the agency/facility:</p> <ul style="list-style-type: none"> • Clients involved are kept separated at all times. • If it's against a staff that staff member is sent home until we have completed our investigation. • Staff keeps a close eye on clients and the program manager keeps an eye on clients and staff to ensure there are no increases in chores, tickets, etc. d. • Staff notify the client that we have zero tolerance for retaliation, and they should notify staff immediately if they feel that they are being retaliated against. |

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.

The agency reserves the right to employ the following measures, in case of retaliations, as it sees fit:

- Housing Changes/Transfers for resident victims and/or abusers,
- Removal of alleged staff or resident abuser from contact with victims,
- Emotional support services for residents or staff who fear retaliation for reporting sexual abuse, sexual harassment, or for cooperating with alleged PREA investigations.

115.267 (c)

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The agency PREA coordinator will monitor the conduct and treatment of residents and staff who have reported the sexual abuse and of the victim for no less than 90 days after the report of sexual abuse. Staff are to ensure that no changes, that may indicate potential retaliation, have transpired. This includes, but is not limited to:

1. Disciplinary reports
2. Housing status
3. Program Changes
4. Negative performance reviews or
5. Staff reassignments

Staff members are reminded, that in the event of suspected retaliation, staff are required to notify the PREA coordinator immediately. On site staff will also perform periodic status checks on the alleged victim. The PREA coordinator, in an interview concerning retaliation and retaliation monitoring, indicated the agency has a zero tolerance for retaliation. Allegation they would discuss with the Program Director and staff and speak to the resident(s) and advise the Program Manager to watch staff. They are instructed not to move the alleged victim unless requested. She related the agency uses the following as protection monitors, cameras, one hour counts of residents, resident education and staff training.

115.267 (d)

In the case of residents, such monitoring shall also include periodic status checks.

Policy requires on site staff members to perform periodic status checks on the alleged victim.

Discussion: Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months = 4
- The total number of sexual abuse investigations = 3
- The total number of sexual harassment investigations = 1
- The number of criminal sexual abuse referred for prosecution = 0

Below is the documentation information reviewed for the PREA investigation packages – 4

- PREA Administrative Review Report – 4
- Administrative Review Team Member – 4
- Review Timeline – 4
- Findings – 4
- Recommendations/Summary of Resolution – 4
- Section B – Sexual Abuse Incident Review Team – 4
- Review Team Findings – 4
- Recommendation for Improvement – 4
- Incident Review Team Members – 4

115.267 (e)

If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate

measures to protect that individual against retaliation.

In the event that a resident or staff member cooperates with investigators and expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The agency obligation to monitor shall terminate if the agency determines that the alleged allegation is unfounded. See section (a).

115.267 (f)

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

In the event that a resident or staff member cooperates with investigators and expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The agency obligation to monitor shall terminate if the agency determines that the alleged allegation is unfounded.

Discussion: The agency/facility has a policy that protect residents and staff who report sexual abuse or sexual harassment from retaliation. The agency has designated a staff member that are charged with monitoring retaliation.

Some protection measures that the agency/facility has on hand are, housing changes or transfers for resident victims or abusers; Removal of alleged staff or resident abusers from contact with victims; Provide emotional support services for resident who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations.

The agency/facility PREA coordinator/facility compliance manager serve as the PREA monitor. The monitoring last for least 90 days.

115.271 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies, Materials, Observations, and Interviews:

- Facility Investigations for the Past 12 Months Packages: 4
- Cases 1 thru 4
 - o Referred for Prosecution (0)
- PREA Review Policy and Procedure
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

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.

Allegations that appear to be criminal in nature are reported immediately to the Connecticut State Police who will conduct the criminal investigation.

The Connection PREA Review Policy and Procedure section 1.0, states the purpose of this policy is to establish a protocol for a timely, thorough, and objective review of all alleged PREA incidents. 4.0, Policy, requires The Connection, Inc., in cooperation with the State of Connecticut Department of Corrections and Court Support Division (CSSD), to follow a specific protocol when allegations of PREA incidents are made within TCI facilities. The protocols will ensure that all necessary parties are made aware of the allegation, in an attempt to minimize risk, emphasize client safety, and secure all potential evidence.

Policy requires the PREA coordinator to conduct an administrative review of any and all allegations of sexual abuse and sexual harassment, regardless of the origin of the allegation, at all designated PREA programs. This information is then forwarded to pertinent parties, including the State of Connecticut Department of Correction, Court Support Division, Probation, and/or Parole for review and potential sanctions for alleged perpetrators.

Central Office: PREA investigator question, how do you handle anonymous or third-party reports of sexual abuse or sexual harassment? Are they investigated differently? All allegations of sexual assault or sexual harassment are investigated regardless of method or source of reported. All third-party reports are handed exactly the same as any other report. They are not investigated differently.

Central Office: PREA investigator question, how long does it take to initiate an investigation following an allegation of sexual abuse or sexual harassment? And what would be the first steps in initiating and investigation and how long would they take? The first response to an allegation of sexual abuse/sexual harassment is to ensure the immediate safety of the victim. This include removing the proximity of the victim and the abuser, providing access to a victim’s advocate, first aid and or urgent medical care all while preserving all evidence.

The investigation begins immediately upon receiving an allegation and the funding agency is notified immediately and the CT State Police if needed

The investigator indicated that the first steps are: Determine the safety of the client and, if need be, contact emergency medical services (call 911); Preserve and protect any crime scene until appropriate steps can be taken to collect evidence; If the abuse occurred within a time period that allows for the collection of physical evidence, staff will request that the alleged victim(s) and/or abuser(s) not take any actions that could destroy physical evidence. This includes, but is not limited to: (a) washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, and eating Page 2 of 3 4; Immediately contact: (a) Program Manager, Program Director, Service Area Director, and PREA Coordinator; External immediate contacts: (a) Emergency medical providers and/or law enforcement, if a potentially criminal act occurred (call 911) (b) Call Supervising Parole Officer or Parole On-Call.

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.

The PREA investigator who has completed the National Institute of Corrections, Specialized Training, PREA: Conducting Sexual Abuse Investigations in Confinement Settings.

The National Institute of Corrections (NIC) online training "PREA: Investigating Sexual Abuse in a Confinement Setting" includes the following topics:

1. Initial Response
2. Investigation
3. Determination of the Findings
4. A Coordinated Response
5. Sexual Assault Response Team
6. A Systemic Approach
7. How Sexual Abuse Investigations Are Different
8. How Investigations in Confinement Settings Are Different
9. Criteria for Administrative Action
10. Criteria for Criminal Prosecution
11. Report Writing Requirements of an Administrative Report
12. Requirements for an Administrative Report
13. Requirements for a Criminal Report
14. The Importance of Accurate Reporting
15. Miranda and Garrity Requirement
16. Miranda Warning Considerations
17. Garrity Warning Considerations
18. The Importance of Miranda and Garrity Warnings
19. Medical and Mental Health Practitioner's Role in Investigations
20. PREA Standards for Forensic Medical Examinations

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.

Discussion: The investigators who handle sexual abuse and sexual harassment incidents has training in sexual abuse investigations. Investigators are responsibility of gathering and preserving evidence in the case; interview all parties to include victims, perpetrators, witnesses, etc.; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

115.271 (d)

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

The agency will not conduct PREA criminal investigations. All PREA allegations within funded programs will be referred to the Connecticut State Police for investigation. All PREA allegations in DOC funded programs will be referred to State of Connecticut Department of Correction's PREA Investigation Unit for investigation.

Central Office: PREA investigator question, when you discover evidence that a prosecutable crime may have taken place, do you consult with prosecutors before you conduct compelled interviews?

The Investigator refer to CT State Police or local police for any allegations that involve a criminal case.

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 shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Central Office: PREA investigator question, would you, under any circumstances, require a resident who alleges sexual abuse to submit to a polygraph examination or truth-telling devices as a condition for proceeding with an investigation. No. Would never require a resident to submit to polygraph testing.

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.

Central Office: PREA investigator question, what efforts do you make during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse. The agency/facility will make every effort to determine whether staff actions or failures to act contributed to the abuse. These efforts will 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.

This is always taken into consideration when reviewing a PREA allegation and the Director of Human Resources is always contacted when an allegation involves a staff member.

115.271 (g)

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

Central Office: PREA investigator question, are criminal investigations documented? What is contained in that report? Yes, criminal investigations are documented in a written report that contains a through description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The outside entity that is conducting the criminal investigation made add additional documentations.

115.271 (h)

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Central Office: PREA investigator question, when you discover evidence that a prosecutable crime may have taken place, do you consult with prosecutors before you conduct compelled interviews? When the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

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.

The agency retains all written reports regarding investigations.

- Ensuring that all reports are retained for the entirety of the alleged abuser is incarcerated or employed by the agency plus five years.

115.271 (j)

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

Central Office: PREA investigator question, how do you proceed when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct?

The investigation proceeds the same as any other allegation – it is reported to the criminal investigator to continue regardless of employees' status with the agency/facility.

Central Office: PREA investigator question, how do you proceed with a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into incident? The investigator proceeds the same as any other allegation – the review continues and reported to authorities if needed.

115.271 (k)

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

The agency stated that they will comply with any DOJ investigation.

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.

Central Office: PREA investigator question, when an outside agency investigates an incident of sexual abuse in the facilities, what role do you play? The investigator provides any information requested and assist in any way they can as requested. When outside agency investigates sexual abuse, the facility fully cooperates with the investigating authority. Additionally, the agency/facility would make every effort to stay informed as to the status of the investigation.

Central Office Staff: Agency PREA coordinator question, if an outside agency investigates allegations of sexual abuse, how does the agency remain informed of the progress of a sexual abuse investigation? The PREA coordinated/compliance manger are responsible for maintaining regular contact with the outside agency that is investigating the allegations.

The agency receives a case number at the time of a report from the CT State Police Officer and follow-up with the specific police officer requesting any updates.

Discussion: The agency/facility ensure that all allegations of sexual abuse and sexual harassment are investigated thoroughly and properly. The agency/facility when investigated can deter sexual abuse and sexual harassment by ensuring that investigations are documented and documentary evidence is preserved; investigations are completed regardless of the status of the victim or perpetrator, and all substantiated allegations that rise to the level of a criminal offense are referred for prosecution.

The administrative investigations try to determine whether staff action or failures to act contributed to the abuse. The investigations documented in a written report that describes the physical and testimonial evidence if any, the reasoning behind assessments, and investigative facts and findings.

The criminal investigations are also documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence. The agency/facility retain the investigations for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

When investigations are conducted outside of the agency/facility, the facility cooperate with the outside investigator and remain informed about the progress of the investigations.

The investigators who handle sexual abuse incidents has training in sexual abuse investigations. Investigators are responsibility of gathering and preserving evidence in the case; interview all parties to include victims, perpetrators, witnesses, etc.; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Discussion: Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months = 4
- The total number of sexual abuse investigations = 3
- The total number of sexual harassment investigations = 1
- The number of criminal sexual abuse referred for prosecution = 0

Below is the documentation information reviewed for the PREA investigation packages – 4

- PREA Administrative Review Report – 4
- Administrative Review Team Member – 4
- Review Timeline – 4
- Findings – 4
- Recommendations/Summary of Resolution – 4
- Section B – Sexual Abuse Incident Review Team – 4
- Review Team Findings – 4
- Recommendation for Improvement – 4
- Incident Review Team Members – 4

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| 115.272 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • PREA: Investigating Sexual Abuse in Confinement Setting Certificates (2) NIC • Facility Investigations for the Past 12 Months Packages: 4 • PREA: Review Policy and Procedure • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • PREA Review Policy and Procedure • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Interviews <p>115.272 (a)</p> <p>The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The agency's PREA Review, requires no standard higher than a preponderance of the evidence in determining whether PREA related allegations of sexual abuse and sexual harassment are substantiated.</p> <p>Central Office: PREA investigator question, what standards of evidence do you require to substantiate allegations of sexual abuse or sexual harassment? The agency/facility uses the preponderance of evidence.</p> |

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| 115.273 | Reporting to residents |
| | <p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 735 300">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="244 327 1035 488" style="list-style-type: none"> • PREA: Investigating Sexual Abuse in Confinement Setting Certificates (2) NIC • Facility Investigations for the Past 12 Months Packages: 4 • PREA: Reporting to Victims Policy and Procedure • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Interviews <p data-bbox="244 519 360 546">115.273 (a)</p> <p data-bbox="244 577 1465 667">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.</p> <p data-bbox="244 698 1477 860">The Connection Policy, PREA: Reporting to Victims, Policy and Procedure section 1.0, states the purpose of the policy is to ensure that the alleged victim of a PREA incident is notified of the results of the PREA investigation. And 4.0, Policy, asserts that in accordance with the PREA standards, The Connection, Inc., will ensure that the alleged victim of a PREA incident is notified of the results of the PREA investigation. And 6.0, Responsibilities places the responsibility for enforcing the policy with the PREA Coordinator.</p> <p data-bbox="244 891 948 918">PREA Administrative Review Report (1 Investigation/Unsubstantiated):</p> <ul data-bbox="244 949 687 1142" style="list-style-type: none"> • Section B: Sexual Abuse Incident Review • Findings • Recommendations/Summary of Resolution • Referred for Prosecution – 0 • Retaliation Monitoring – 0 • Residents Notification - 0 <p data-bbox="244 1205 360 1232">115.273 (b)</p> <p data-bbox="244 1263 1481 1326">If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.</p> <p data-bbox="244 1357 1481 1482">The PREA coordinator to request the relevant information from the investigative entity in order to inform the alleged victim of the outcome of the investigation. At the conclusion of a PREA investigation, the PREA coordinator or program staff will notify the alleged victim, verbally or in writing whether the allegation was determined to be substantiated or unsubstantiated whenever:</p> <ul data-bbox="244 1523 1414 1648" style="list-style-type: none"> • The staff member is no longer posted within the unit. • The staff member is no longer employed with the agency. • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="244 1680 360 1706">115.273 (c)</p> <p data-bbox="244 1738 1433 1800">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:</p> <ul data-bbox="244 1832 1426 2024" style="list-style-type: none"> • The staff member is no longer posted within the resident’s unit. • The staff member is no longer employed at the facility. • The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="244 2056 1481 2154">The PREA coordinator to request the relevant information from the investigative entity in order to inform the alleged victim of the outcome of the investigation. At the conclusion of a PREA investigation, the PREA coordinator or program staff will notify the alleged victim, verbally or in writing whether the allegation was determined to be substantiated or unsubstantiated</p> |

whenever:

- The staff member is no longer posted within the unit.
- The staff member is no longer employed with the agency.
- The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Central Office: PREA investigator question, 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 informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation? The agency/facilities procedures require notification to be made to any current resident when the outcome is substantiated, unsubstantiated, or unfounded. The agency does not report back to residents the outcomes of allegations against staff that are unfounded.

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.

In the event of a resident-on-resident PREA allegation, the PREA coordinator or program staff, is required to 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.

Resident Interview: One (1) resident was interviewed who reported sexual abuse (sexual harassment) as targeted. He was asked: do you know if the agency/facility is required to notify you when sexual abuse allegation has been substantiated, unsubstantiated, or unfounded? Resident stated that he was inform verbally that the other resident was transferred.

115.273 (e)

All such notifications or attempted notifications shall be documented.

Notifications to alleged victims is to be documented by the PREA coordinator. They will continue to investigated all cases.

115.273 (f)

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

The agency PREA coordinator indicated that the agency's obligation to report under this standard is terminate if the resident is released from custody.

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| 115.276 | Disciplinary sanctions for staff |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 735 300">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="242 327 1461 589" style="list-style-type: none"> • Facility Investigations for the Past 12 Months Packages: 4 <ul data-bbox="242 360 1043 389" style="list-style-type: none"> o Documentation of Termination, Resignations, other Sanctions Against Staff (0) • PREA: Prison Rape Elimination Act Policy and Procedure • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Interviews <p data-bbox="242 618 360 647">115.276 (a)</p> <p data-bbox="242 676 1445 736">Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="242 766 1485 826">The Connection PREA Policy, requires that all substantiated allegations of sexual abuse and sexual harassment will result in sanctions, including but not limited to, termination and referral for criminal prosecution.</p> <p data-bbox="242 855 1485 952">All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="242 981 360 1010">115.276 (b)</p> <p data-bbox="242 1039 1203 1068">Termination shall be the presumptive disciplinary sanction for ho have engaged in sexual abuse.</p> <p data-bbox="242 1097 400 1126">See section (a).</p> <p data-bbox="242 1155 360 1184">115.276 (c)</p> <p data-bbox="242 1214 1442 1310">Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p data-bbox="242 1339 1430 1435">Central Office Staff: The agency PREA coordinator indicated that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment and be commensurate with the nature and circumstances of the acts committed, disciplinary history and comparable offenses by other staff with similar histories.</p> <p data-bbox="242 1464 360 1494">115.276 (d)</p> <p data-bbox="242 1523 1485 1619">All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="242 1648 1474 1744">The agency PREA coordinator indicated that all terminations for violations of sexual abuse or sexual harassment policies or resignations by staff who would have been terminated if not for their resignation will be reported to law enforcement agencies.</p> <p data-bbox="242 1774 1310 1803">Discussion: During the audit period, the agency/facility did not have any disciplinary sanctions of residents.</p> |

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| 115.277 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Facility Investigations for the Past 12 Months Packages: 4 <ul style="list-style-type: none"> o Documentation of Termination, Resignations, other Sanctions Against Staff (0) • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • Hiring Contracted Services Policy and Procedure • PREA: Prison Rape Elimination Act Policy and Procedure • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Interviews <p>115.277 (a)</p> <p>Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>The Agency's PREA Policy, PREA: Prison Rape Elimination Act, Policy and Procedure, 4.0, Policy, requires that all substantiated allegations will result in sanctions, including but not limited to termination and referral for prosecution. The facility does not have any contractors or volunteers however staff indicated if they did have a contractor or volunteer who had violated an agency sexual abuse or sexual harassment policy the services would be suspended, and they would not be allowed back into the program pending an investigation. If the allegations were substantiated the contractor or volunteer would be referred to prosecution and barred from coming back into the facility.</p> <p>Discussion: The facility staff indicated that all substantiated allegations would result in sanctions, including but not limited to termination and referral for prosecution. The facility does not have any contractors or volunteers however staff indicated if they did have a contractor or volunteer who had violated an agency sexual abuse or sexual harassment policy the services would be suspended, and they would not be allowed back into the program pending an investigation. If the allegations were substantiated the contractor or volunteer would be referred to prosecution and barred from coming back into the facility.</p> <p>115.277 (b)</p> <p>The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>See section (a).</p> <p>Discussion: During this PREA audit period, there were no corrective action of volunteer and contract staff.</p> |

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| 115.278 | Disciplinary sanctions for residents |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 735 300">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="240 327 1461 589" style="list-style-type: none"> • Resident with PREA Disciplinary Sanctions (0) • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • PREA: Avenues of Reporting PREA Allegations Policy and Procedure • PREA: Client Sexual Relationships Policy and Procedure • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Interviews <p data-bbox="240 618 360 647">115.278 (a)</p> <p data-bbox="240 676 1469 768">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.</p> <p data-bbox="240 797 1477 960">The Agency Policy, PREA: Client Sexual Relationships Policy and Procedure, 1.0, Purpose, states the purpose of the policy is to prohibit sexual activity between residents at designated PREA programs. Policy also asserts and affirms the program reserves the right to discipline clients for violating this policy. Consensual, romantic relationship between clients will be treated by staff as a violation of program rules and will not be considered a PREA incident. Sexual activity will not be considered sexual abuse unless the activity is coerced.</p> <p data-bbox="240 990 1493 1187">The PREA coordinator and/or PREA investigator will contact the proper authorities include, but are not limited to, Connecticut DOC, State Police, CSSD, Probation and Parole. Interviews indicated if a resident alleged to have violated a facility/program sexual abuse policy will be disciplined if the allegation against a resident is substantiated. Depending on the severity of the incident, either the resident will be disciplined within the program or referred for prosecution if the allegation is criminal in nature. Interviews indicated the resident will most likely be removed from the program and the decision would be made by the funding source who referred the resident.</p> <p data-bbox="240 1216 1485 1308">Discussion: For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p data-bbox="240 1337 360 1366">115.278 (b)</p> <p data-bbox="240 1395 1434 1458">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 other residents with similar histories.</p> <p data-bbox="240 1487 1347 1550">Central Office Staff: The agency PREA coordinator indicated, sanctions are commensurate with the nature and circumstances of the abuse committed.</p> <p data-bbox="240 1579 360 1608">115.278 (c)</p> <p data-bbox="240 1637 1434 1700">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.</p> <p data-bbox="240 1729 1485 1792">Central Office Staff: The agency PREA coordinator indicated, the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to the behavior.</p> <p data-bbox="240 1821 360 1850">115.278 (d)</p> <p data-bbox="240 1879 1493 1971">If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.</p> <p data-bbox="240 2000 1458 2063">Central Office Staff: The agency PREA coordinator indicated, the facility does not evaluate and treat victims on site. The facility refers to Hospital or Mobile crisis and clients are referred to other agencies for mental health counseling or therapy.</p> <p data-bbox="240 2092 360 2121">115.278 (e)</p> |

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.

Central Office Staff: The agency PREA coordinator indicated, that 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. However, all sexual activity is prohibited.

115.278 (f)

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

Central Office Staff: The agency PREA coordinator indicated, that all PREA reports are taken in good faith. If an investigation does not establish evidence sufficient to substantiate the allegation, the reporting resident will not be viewed as falsely reporting or lying upon a reasonable belief that the incident occurred.

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.

Central Office Staff: The agency PREA coordinator indicated, the agency policy prohibits all sexual activity between residents and will discipline resident for sexual activities.

Discussion: During this audit period, there were no disciplinary sanctions for residents regarding sexual abuse or sexual harassment.

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| 115.282 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Policies, Materials, Observations, and Interviews:

- Facility Investigations for the Past 12 Months Packages: 4
- Documentation of Residents Receiving Access to Emergency Medical Services (PREA Only) -0
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- The Client Guide to PREA (English)
- The Client Guide to PREA (Spanish)
- Connecticut Alliance To End Sexual Violence – Support, Advocate, Prevention (24-Hour, Toll-Free Hotline and Addresses)
- Connecticut Alliance to End Sexual Violence (formerly CONNSACS)
- PREA Poster: Break the Silence (Spanish and English)
- PREA: Avenues of Reporting PREA Allegations Policy and Procedure
- Zero Tolerance Policy for Sexual Harassment & Sexual Abuse Acknowledgement (All Residents)
- PREA: First Responders to PREA Incident
- Resident Handbook: The Connection
- MOU: The Connection, Inc. and The Connecticut Alliance to End Sexual Violence
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

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.

There are no on-site medical staff or mental health staff on-site at the facility. These services are available and accessible in the community. Medical and mental health services as the result of an incident of sexual assault/abuse are at “no cost” to the resident.

Resident Interview: One (1) resident was interviewed who reported sexual abuse (sexual harassment) as targeted. He was asked: did you have the chance to see a medical or mental health doctor/nurse in a timely fashion after you reported the abuse. Resident indicated he did not see medical.

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.

The resident has access to the Connecticut Sexual Assault Crisis Services, enabling the resident to access crisis intervention services, including an advocate to accompany the resident through any forensic exam and investigatory process.

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.

The PREA Coordinator is responsible for ensuring the safety of the resident within the program; contacting the over-seeing Parole/Probation Officer to determine if an immediate investigation is required; and if agreed by the resident, contacting the Connecticut Alliance to End Sexual Violence so that the victim(s) of sexual abuse will receive timely and unimpeded access to emergency medical treatment services.

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.

These services will be provided to the victim at no cost, regardless of cooperation with the investigation. These services, according to policy, will be available on an on-going basis, until the resident is released from the facility. Contact information is provided.

115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies, Materials, Observations, and Interviews:

- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Parole and Community Services 2018 Residential Audit
- Connecticut Alliance To End Sexual Violence – Support, Advocate, Prevention (24-Hour, Toll-Free Hotline and Addresses)
- Connecticut Alliance to End Sexual Violence (formerly CONNSACS)
- PREA: First Responders to a PREA Incident Policy and Procedure
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

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.

On-going medical and mental health services are afforded to any resident who has been the victim of sexual abuse. Although there are no on-site medical or mental health staff, these services are available through community providers. On-going services related to sexual abuse are at ‘no cost’ to the victim and any services not provided at the hospital are provided through community healthcare practitioners.

The facility refers to Hospital or Mobile crisis and clients are referred to other agencies for mental health counseling or therapy.

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.

The facility does not evaluate and treat victims on site. The facility refers to Hospital or Mobile crisis and clients are referred to other agencies for mental health counseling or therapy.

115.283 (c)

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

The facility does not evaluate and treat victims on site. The facility refers to Hospital or Mobile crisis and clients are referred to other agencies for mental health counseling or therapy.

115.283 (d)

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

The facility does not evaluate and treat victims on site. The facility refers to Hospital or Mobile crisis and clients are referred to other agencies for mental health counseling or therapy.

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.

The facility does not evaluate and treat victims on site. The facility refers to Hospital or Mobile crisis and clients are referred to other agencies for mental health counseling or therapy.

115.283 (f)

Resident victims of sexual abuse whole incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

The facility does not evaluate and treat victims on site. The facility refers to Hospital or Mobile crisis and clients are referred

to other agencies for mental health counseling or therapy.

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.

The facility does not evaluate and treat victims on site. The facility refers to Hospital or Mobile crisis and clients are referred to other agencies for mental health counseling or therapy.

115.283 (h)

All facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The facility does not evaluate and treat victims on site. The facility refers to Hospital or Mobile crisis and clients are referred to other agencies for mental health counseling or therapy.

Memorandum of Agreement between The Connection, Inc. and The Connecticut Alliance to End Sexual Violence, The Alliance agree to the following:

- Identify and assign a point of contact at each organization to establish coordinator between agencies and access to Sexual Assault Crisis Services (SACS) for TCI clients. Response to client's request to work with SACS will be made and executed within a reasonable amount of time.
- Display sexual assault crisis hotline posters in English and Spanish at TCI and The Alliance. TCI will share information with clients about SACS program and the availability of sexual assault crisis counselors and community-based services.
- At TCI client's request, allow for a sexual assault crisis counselor to accompany and support the victim throughout the forensic medical exam process and investigatory interviews, and provide emotional support, crisis intervention, information, and referrals, as requested by the victim throughout the client's placement in the TCI facility.
- At the Alliance and TCI there will be a dedicated and confidential space for SACs to meet with clients.
- To develop site specific protocol and procedure for maintaining PREA standards.
- To collaborate for the continuity of care and discharge planning for clients who are victims of sexual assault and/or abuse.
- To identify and assign designated staff at in an effort to establish a cohesive and seamless delivery of services to clients in TCI facilities.

Discussion: The agency/facility ensures that a victim of sexual abuse in the facility is provided, at no cost, unimpeded, unconditional, and timely emergency medical treatment and crisis intervention services following a sexual assault. The medical treatment is determined solely by medical and mental health professionals according to their professional judgement. Victim will be provided timely information and access to emergency contraception and sexually transmitted infections prophylaxis.

Discussion: Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:

- The Total number of investigations for the past 12 months = 4
- The total number of sexual abuse investigations = 3
- The total number of sexual harassment investigations = 1
- The number of criminal sexual abuse referred for prosecution = 0

Below is the documentation information reviewed for the PREA investigation packages – 4

- PREA Administrative Review Report – 4
- Administrative Review Team Member – 4
- Review Timeline – 4
- Findings – 4
- Recommendations/Summary of Resolution – 4
- Section B – Sexual Abuse Incident Review Team – 4
- Review Team Findings – 4
- Recommendation for Improvement – 4
- Incident Review Team Members – 4

The facility does not have medical staff on site.

115.286

Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies, Materials, Observations, and Interviews:

- PREA Review Policy and Procedure
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Agency Annual Report 2020
- Department of Justice SSV Reports 2020 (Summary)
- Review Team Meetings (30 Days) After Completing Investigations
- PREA Incident Reports
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

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.

TCI Policy PREA Review Policy and Procedure section 7 states, The PREA coordinator will conduct an administrative review of the alleged incident within 10 days. The PREA coordinator will complete a PREA Sexual Abuse Incident Review within 30 days of the conclusion of the investigation for all substantiated and unsubstantiated findings.

Policy requires, when needed, the administrative review will offer recommendations for improvements and documented once complete or reasons for not doing so will be documented.

Central Office Staff: Agency PREA coordinator question, if the agency/facility conducts sexual abuse incident reviews, does the facility prepare a report of its findings from the reviews, including any determinations per standard 115.286 (d) 1-5 and any recommendations for improvement? Yes. The review team include upper-level management officials with input from line supervisors, and investigators if available and applicable. "Section B" of the agency Administrative Review form that is completed for any allegation where the finding is unsubstantiated or substantiated.

The agency review and receive signatures of upper agency leadership to ensure they are aware of the follow up after the findings. If a meeting is required to discuss further, then I facilitate scheduling a meeting to discuss changes that need to be made. The agency PREA coordinator send the final report to the funding agency.

115.286 (b)

Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

TCI Policy PREA Review Policy and Procedure section 7 states, The PREA coordinator will conduct an administrative review of the alleged incident within 10 days. The PREA coordinator will complete a PREA Sexual Abuse Incident Review within 30 days of the conclusion of the investigation for all substantiated and unsubstantiated findings.

Central Office: The Agency PREA coordinator confirmed if the at the completion of the PREA investigation with the 30 days.

115.286 (c)

The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Staff indicated that if and when a PREA investigation is completed, the review team include Agency PREA Coordinator, Facility Program Director, Facility Administrative Investigator, Agency HR staff and first responder.

The facility does not have medical and mental health staff.

115.286 (d)

The review team shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.

- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian; gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise cause by other group dynamics at the facility.
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

See section (a).

115.286 (e)

The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

The agency indicated that they would implement the recommendations for improvement or document its reason for not doing so.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies, Materials, Observations, and Interviews:

- PREA Data Policy and Procedure
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Parole and Community Services 2018 Residential Audit
- Facility PREA Outcome Report (Investigations Packages)
- Agency Annual PREA Report 2021
- Department of Justice SSV Reports 2020 (Summary)
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Interviews

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.

The Connection, Inc., PREA Data, 1.0, states the purpose of the policy is to establish procedures for PREA allegation data collection, review and storage. 4.0 requires that The Connection, In., will collect accurate data for every allegation of sexual abuse and sexual harassment at all PREA programs using a standardized form and set of definitions which will be periodically updated as required by the Department of Justice.

The Connection Inc. will regularly review the PREA allegation data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training; identify problem areas; take corrective action on an ongoing basis; and prepare an annual report of the findings and any corrective actions taken within each facility or the agency as a whole.

Policy requires, as well, that the PREA coordinator is responsible for implementing this policy and for ensuring the PREA data is securely retained within the T/Drive. MIS is responsible for ensuring the PREA Data is securely retained within our agency's software management system, CAMIS.

115.287 (b)

The agency shall aggregate the incident-based sexual abuse data at least annually.

The agency provided the auditor with The Connection's Community Justice Services Area PREA Annual Report 2021.

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.

The PREA coordinator is responsible for ensuring that the PREA Data is collected, reviewed, stored, published, and retained in a uniform manner.

These measures include, but are not limited to:

1. Collect PREA allegation data using the agency's software management system and comply with the SSV's set of definitions.
2. Aggregate PREA allegation data annually.
3. Provide the Department of Justice.
4. Create an annual report which includes a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse.
5. Ensure the annual report with aggregated PREA allegation data is published on the agency's website annually.

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.

The reviewed website contained PREA related statistics. Each facility was listed (each PREA program). Data, for each program, included: resident on resident allegation, resident on staff allegations, staff on resident allegations, substantiated cases, unsubstantiated cases, unfounded cases, investigations pending, and policy changes

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.

See Section (a) response.

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.

The agency provided data from previous calendar year to providing the DOJ request the information. This information is also contained in The Connection's Community Justice Service Area PREA Annual Report 2021.

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| 115.288 | Data review for corrective action |
| | <p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 735 300">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="244 327 1461 654" style="list-style-type: none"> • PREA Data Policy and Procedure • TCI PREA Website • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • Agency Annual PREA Report 2020 • Department of Justice SSV Reports 2020 (Summary) • PREA Outcome Report (Investigations) • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Interviews <p data-bbox="244 685 360 712">115.288 (a)</p> <p data-bbox="244 743 1437 806">The agency shall review data collected and aggregated pursuant to standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:</p> <ul data-bbox="244 837 1394 927" style="list-style-type: none"> • 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 as a whole. <p data-bbox="244 958 1469 1088">The Connection, Inc., PREA Data, 1.0, states the purpose of the policy is to establish procedures for PREA allegation data collection, review and storage. 4.0 requires that The Connection, In., will collect accurate data for every allegation of sexual abuse and sexual harassment at all PREA programs using a standardized form and set of definitions which will be periodically updated as required by the Department of Justice.</p> <p data-bbox="244 1120 1490 1249">The Connection Inc. will regularly review the PREA allegation data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training; identify problem areas; take corrective action on an ongoing basis; and prepare an annual report of the findings and any corrective actions taken within each facility or the agency as a whole.</p> <p data-bbox="244 1281 1453 1384">Policy requires, as well, that the PREA coordinator is responsible for implementing this policy and for ensuring the PREA data is securely retained within the T/Drive. MIS is responsible for ensuring the PREA Data is securely retained within our agency's software management system, CAMIS.</p> <p data-bbox="244 1415 1458 1478">7.0 of the policy requires that the PREA coordinator is responsible for ensuring that the PREA Data is collected, reviewed, stored, published, and retained in a uniform manner. These measures include, but are not limited to:</p> <ol data-bbox="244 1509 1493 1747" style="list-style-type: none"> 1. Collect PREA allegation data using the agency's software management system, CAMIS, and comply with the SSV's set of definitions. 2. Aggregate PREA allegation data annually. 3. Provide the Department of Justice. 4. Create an annual report which includes a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse. 5. Ensure the annual report with aggregated PREA allegation data is published on the agency's website annually. <p data-bbox="244 1778 1442 1841">The policy requires the Management Information Staff to ensure the PREA allegation data is securely retained within the agency's software management system, CAMIS, for at least 10 years.</p> <p data-bbox="244 1872 1426 1935">Central Office Staff: Agency head/designee question, how do you use incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training?</p> <p data-bbox="244 1966 1453 2029">Data is reviewed annually, with specific attention to any trends in the occurrence of reported sexual abuse/harassment so that we can work to improve prevention, detection, policies, practices, and training.</p> <p data-bbox="244 2056 360 2083">115.288 (b)</p> <p data-bbox="244 2114 1485 2141">Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall</p> |

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

Central Office: Agency PREA coordinator question, does the agency take corrective action on an ongoing basis based on this data? Yes, after any allegation, the agency PREA coordinator have a conversation with the Program Manager to request any concerns, comments, or questions so the agency always continue to improve. The agency annual report is reviewed by agency leadership and the CEO.

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.

The reviewed website contained PREA related statistics. Each Connection facility was listed (each PREA program). Data, for each program, included: resident on resident allegation, resident on staff allegations, staff on resident allegations, substantiated cases, unsubstantiated cases, unfounded cases, investigations pending, and policy changes.

Central Office Staff: Agency head/designee question, do you approve written annual PREA reports? Yes, the agency prepares an annual report of its findings and any associated corrective action for its facility.

115.288 (d)

The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicated the nature of the material redacted.

A review of the agency PREA 2020 Annual Report did not have any personal identifiers. All personal identifiers were removed from the Annual report.

Central Office Staff: Agency PREA coordinator question, what types of material are typically redacted from the annual report? Does the agency/facility indicate the nature of material redacted? Yes. The agency/facility redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the program. Staff and resident names would be redacted from the report as well to protect the confidentiality of each person.

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| 115.289 | Data storage, publication, and destruction |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 735 300">Policies, Materials, Observations, and Interviews:</p> <ul data-bbox="242 327 1461 589" style="list-style-type: none"> • PREA Data Policy and Procedure • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • Parole and Community Services 2018 Residential Audit • Retention Policy and Procedure • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Interviews <p data-bbox="242 618 360 647">115.289 (a)</p> <p data-bbox="242 676 1187 705">The agency shall ensure that data collected pursuant to standard 115.87 are securely retained.</p> <p data-bbox="242 734 1477 860">The Connection, Inc., PREA Data Policy, requires the agency to retain the PREA Administrative Reviews within the T: Drive for at least 10 years from the date of the initial allegation. The PREA Coordinator, Director of Quality Improvement and IT have the ability to view, add, edit and delete the PREA Administrative Reviews from the T: Drive. MIS, Quality Improvement Specialist for Behavioral Health and Quality Improvement Specialist for Family Support Services have “view only” access.</p> <p data-bbox="242 869 360 898">115.289 (b)</p> <p data-bbox="242 927 1489 1019">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 annually through its website or, if it does not have one, through other means.</p> <p data-bbox="242 1048 1489 1173">The reviewed website contained PREA related statistics. Each Connection facility was listed (each PREA program). Data, for each program, included: client on client allegation, client on staff allegations, staff on client allegations, substantiated cases, unsubstantiated cases, unfounded cases, investigations pending, and policy changes. The website includes past PREA reports.</p> <p data-bbox="242 1202 1246 1232">The agency provided a copy of the PREA 2020 Annual Report. The report includes but not limited to:</p> <ul data-bbox="242 1261 836 1523" style="list-style-type: none"> • Background • Year in Review: 2020 • Total Allegations by Programs • Allegations by Outcome per Program 2020 • Total Allegations by Category and Results 2014 – 2020 • Category Definitions • Identified Problems Areas and Corrective Actions for 2021 • Assessment of Progress <p data-bbox="242 1552 360 1581">115.289 (c)</p> <p data-bbox="242 1610 1362 1639">Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.</p> <p data-bbox="242 1668 1469 1731">A review of the agency website did not have any personal identifiers. All personal identifiers were removed from the Annual report.</p> <p data-bbox="242 1760 360 1789">115.289 (d)</p> <p data-bbox="242 1818 1449 1881">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.</p> <p data-bbox="242 1910 504 1939">See Section (a) response.</p> |

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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Agency Website • Facility Posting of PREA Notices • Agency Annual Report (2020) • Department of Justice SSV Reports 2020 (Summary) • Interviews <p>115.401 (a)</p> <p>During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or a private organization on behalf of the agency, is audited at least once.</p> <p>A review of the agency's website provided PREA audit reports according to cycles.</p> <p>The facility PREA reports are included on the agency website.</p> <p>115.401 (b)</p> <p>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.</p> <p>A review of the agency's website provided PREA audit reports according to cycles.</p> <p>The facility PREA reports are included on the agency website.</p> <p>115.401 (c)</p> <p>The Department of Justice may send a recommendation to an agency for an expedited audit if the department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA related issues.</p> <p>The PREA coordinator and the facility acknowledges this provision.</p> <p>115.401 (d)</p> <p>The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.</p> <p>The auditor uses the required Prison Rape Elimination Act (PREA) Audit Community standards audit instrument to enter collected information online, 28 C.F.R Part 115 Docket No. OAG-131 RIN 1105-AB34 May 17, 2012.</p> <p>115.401 (e)</p> <p>The agency shall bear the burden of demonstrating compliance with the standards.</p> <p>The PREA coordinator and facility acknowledge this provision. The agency and the facility provided requested information to bear the burden of demonstrating compliance with the standards.</p> <p>115.401 (f)</p> <p>The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditation for each facility type.</p> <p>The auditor provided the facility with a Documentation Checklist. The checklist is organized by standards to help the facility thru the pre-audit, onsite and post audit phase and to provide the requested documentation by auditor.</p> <p>115.401 (g)</p> <p>The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.</p> <p>The auditor sample size is based on the number of residents at the facility on the first day. The random staff sample size is</p> |

based on a minimum of twelve or more based on interview outcomes and facility size.

115.401 (h)

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

On the first day of the audit after the entrance conference, the auditor conducted a comprehensive tour of the facility. It was requested that when the auditor paused to speak to a resident or staff, that staff on the tour to please step away so the conversation might remain private. This request was well respected.

During the site review the auditor made numerous observations, including the posting of Notices of PREA Audits, PREA Related Posters, and TIP Posters (with phone numbers to call to report any concern or condition), notices advising resident that female staff routinely work in the facility, locations of showers and privacy issues, bathrooms, medical/grievance boxes, requests forms and boxes for requests, configuration of living units, capacities of dorm/bed rooms, observations of blind spots, camera deployment, the use of mirrors to mitigate blind spots, staffing levels, supervision of resident, accessibility to telephones and instructions for using the phones to report sexual abuse, main control room, dayroom, classrooms, etc.. The Eddy Center occupies two floors of this former hospital, both configured in an elongated L-shape. Detailed site and building plans were provided, which greatly assisted in understanding the site configuration, adjacencies, housing unit layout (including the showers and toilet areas), and camera placements of this facility. There are 14 sleeping room with a toilet and shower room between every two rooms. Multiple residents are assigned to each room. All residents interviewed stated that their privacy is respected. There are cameras that monitor the hallways and common areas, including the lounge and TV room, dining and kitchen areas, as well as the spacious outdoor recreation area. Summary of Audit Find

115.401 (i)

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

The auditor provided the facility the agency/facility with a documentation checklist. The checklist is organized by standards to help the facility thru the pre-audit, onsite and post audit phase and to provide the requested documentation by auditor.

The PREA coordinator and the facility provided the auditor all relevant documents as requested.

115.401 (j)

The auditor shall retain and preserve all documentation relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.

The auditor has upload additional information in OMS. Other reviewed information will be maintained for the required timeframe of 15 months before destruction, if the facility does not appeal any decisions.

115.401 (k)

The auditor shall interview a representative sample of resident, residents, and detainees, and of staff, supervisors, and administrators.

Staff Interviewed:

The auditor conducted interviews with the following agency leadership staff, and are counted in the totals. Below are the staff interviewed previously, by the lead auditor, associate, on-site, and by telephone:

- Specialized Staff (5)
- Randomly Selected Staff (5)
- Informal Interviews (0)

The auditor requested and was provided a staff roster with non-security and security staff.

Interviews with random, informal and specialized staff confirmed that the facility's staff understood the agency's position regarding the Prison Rape Elimination Act (PREA). Random and specialized staff were all knowledgeable about their roles in the prevention, reporting, and detection of sexual abuse and sexual harassment, and their responsibilities in the event of a PREA related incident, particularly as a first responder.

115.401 (l)

The auditor shall be permitted to conduct private interviews with residents and detainees.

Resident Interviewed:

The geographic diversity was achieved by the total number of housing units, number of housing units by gender, and the number of interviews conducted in each housing unit. Adequate gender representation was considered when the facility has both male and female resident.

- Randomly Selected Residents: (10)

The auditor requested and was provided a roster of resident listed by living units.

- Informally Interviewed Residents (1)
- Targeted Residents (1)

All resident that was formally interviewed were asked the required random interview questions provided by the National PREA Resource Center.

Resident were respectful and cooperative with auditor and the associate auditor. All resident wore masks and maintained social distancing practices during the formal interviews. The resident's uniforms were clean, and their hygiene satisfactory.

Interviews with resident revealed that they understand PREA safeguards and the facility's zero-tolerance policy.

Comprehensive resident PREA education is provided in written form during resident orientation, and through the handbook, kiosks, personal instruction, videos, and posters.

115.401 (m)

Resident and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

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, pictures confirming the posted notices and observed the posted notices on-site.

As of 7/22/22, there was no communication from a resident or staff. Staff interviews indicated that residents are permitted to send confidential information or correspondence in the same manner as if they were communicating with legal counsel.

115.401 (n)

Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

The auditor reached out to the following organizations:

- Just Detention International (JDI) – is a health and human rights organization that seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the only organization in the U.S. – and the world – dedicated exclusively to ending sexual abuse behind bars. They hold government officials accountable for prisoner rape; challenge the attitudes and misperception that enable sexual abuse to flourish; and make sure that survivors get the help they need.

Contact: Just Detention International (JDI) / Wilshire Blvd., Suite 340 Los Angeles, CA 90010 / Email sent: 3/25/22 at 6:05 am. Received response on 4/1/22 at 12:47 pm. The operations officer indicated a review of their database indicates that the organization have not received any information regarding this facility. The operations officer also recommended to contact the local rape crisis centers for information.

- National Sexual Violence Resource Center (NSVRC) – is the leading nonprofit in providing information and tools to prevent and respond to sexual violence. NSVRC translates research and trends into best practices that help individuals, communities and service providers achieve real and lasting change. NSVRC also work with the media to promote informed reporting.

Contact: National Sexual Violence Resources Center (NSVRC) /2101 N. Front Street Governor's Plaza North, building #2 Harrisburg, PA 17110 / Email sent: 3/25/22 at 6:10 am. Received response on 3/25/22 at 1:33 pm. The staff indicated that the organization do not track who requests information from them. The organization do not provide direct services and are simply an information and referral service.

Memorandum of Agreement between The Connection, Inc. and The Connecticut Alliance to End Sexual Violence, The Alliance agree to the following:

- Identify and assign a point of contact at each organization to establish coordinator between agencies and access to Sexual Assault Crisis Services (SACS) for TCI clients. Response to client's request to work with SACS will be made and executed within a reasonable amount of time.
- Display sexual assault crisis hotline posters in English and Spanish at TCI and The Alliance. TCI will share information with

clients about SACS program and the availability of sexual assault crisis counselors and community-based services.

- At TCI client's request, allow for a sexual assault crisis counselor to accompany and support the victim throughout the forensic medical exam process and investigatory interviews, and provide emotional support, crisis intervention, information, and referrals, as requested by the victim throughout the client's placement in the TCI facility.
- At the Alliance and TCI there will be a dedicated and confidential space for SACs to meet with clients.
- To develop site specific protocol and procedure for maintaining PREA standards.
- To collaborate for the continuity of care and discharge planning for clients who are victims of sexual assault and/or abuse.
- To identify and assign designated staff at in an effort to establish a cohesive and seamless delivery of services to clients in TCI facilities.

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policies, Materials, Observations, and Interviews:</p> <ul style="list-style-type: none"> • Agency Website • Facility Posting of PREA Notices • Agency Annual Report (2020) • Department of Justice SSV Reports 2020 (Summary) • Interviews <p>115.403 (a)</p> <p>Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.</p> <p>The auditor certified that there is no conflict of interest.</p> <p>Leader Auditor Biography:</p> <p>Adam has retired from the Georgia Department of Juvenile Justice, December 31, 2020. He has work in state government for 30 years. While in state government he has serve in the following positions: Agency PREA Coordinator, Project Manager for PREA Grants, Federal Grant Peer Reviewer, Agency Internal Auditor, Program Director of Counseling Services (DOC), and Director of Compliance Management (Prison Rape Elimination Act – PREA; American Correctional Association – ACA; and Internal Audits (OCI).</p> <p>Professional Certifications: Certified PREA Auditor, ACA Certified Auditor, American Society for Quality “Certified Quality Improvement Associate.</p> <p>PREA Audits: Conducted over 95 PREA auditors (Prisons, Jails, Community and Juvenile Facilities).</p> <p>115.403 (b)</p> <p>Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.</p> <p>The auditor’s report stated whether agency wide policies and procedures comply with relevant PREA standards.</p> <p>115.403 (c)</p> <p>For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standards, Meets Standards; Or Does Not Meet Standard. The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.</p> <p>The auditor has assigned a finding to each standard.</p> <p>115.403 (d)</p> <p>Audit reports shall describe the methodology, sampling sizes, and basis for the auditor’s conclusions about each standard provision for each audited facility and shall include recommendations for any required corrective action.</p> <p>The auditor uses a triangular approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the entire facility and complex, determination of facility practice, interviewed staff and resident, local and national advocates, etc. to make determinations for each standard. Each standard and/or provision is designed with documentation reviewed, online PREA Audit: Pre-Audit Questionnaire, overall findings, and interview results.</p> <p>The auditor is using the stylistic rules for the Field Training Program (FTP) Auditor Trainee Report Writing Reference Manual as best practices.</p> <p>The auditor sample size is based on the number of residents at the facility on the first day. The random staff sample size based on a minimum of twelve or more based on interview outcomes and facility size.</p> <p>115.403 (e)</p> <p>Auditor shall redact any personally identifiable resident or staff information from their reports but shall provide such information to the agency upon request and may provide such information to the Department of Justice.</p> |

The auditor has redacted personally identifiable residents from the report and can provide such information to the agency upon request and may provide such information to the Department of Justice.

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.

The facility's final PREA reports are published on the agency website.

| Appendix: Provision Findings | | |
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| 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 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.) | na |
| | 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 |

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

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| 115.215 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? | yes |
| | If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| 115.215 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

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

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

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| 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 administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |
| 115.221 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |

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| 115.221 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.221 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.221 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.221 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | yes |
| 115.221 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above). | na |
| 115.222 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |

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| 115.222 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.222 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) | yes |
| 115.231 (a) | Employee training | |
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with 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 |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| 115.231 (b) | Employee training | |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |

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| 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 |

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| 115.233 (c) | Resident education | |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? | yes |
| 115.233 (d) | Resident education | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |
| 115.233 (e) | Resident education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |
| 115.234 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent 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 |

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| 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 |

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

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| 115.241 (h) | Screening for risk of victimization and abusiveness | |
| | Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| 115.241 (i) | Screening for risk of victimization and abusiveness | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | yes |
| 115.242 (a) | Use of screening information | |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.242 (b) | Use of screening information | |
| | Does the agency make individualized determinations about how to ensure the safety of each resident? | yes |
| 115.242 (c) | Use of screening information | |
| | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? | yes |
| 115.242 (d) | Use of screening information | |
| | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.242 (e) | Use of screening information | |
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |

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| 115.242 (f) | Use of screening information | |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| 115.251 (a) | Resident reporting | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| 115.251 (b) | Resident reporting | |
| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| 115.251 (c) | Resident reporting | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.251 (d) | Resident reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |

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

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| 115.252 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| 115.252 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines a resident for filing a grievance related to 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 |

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| 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 |

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

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| 115.267 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.267 (d) | Agency protection against retaliation | |
| | In the case of residents, does such monitoring also include periodic status checks? | yes |
| 115.267 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.271 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) | yes |
| 115.271 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? | yes |

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| 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 |

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| 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.) | yes |
| 115.273 (c) | Reporting to residents | |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.273 (d) | Reporting to residents | |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform 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 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |

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| 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 |

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| 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.) | na |
| 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 facility? | yes |
| 115.283 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.283 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.283 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | na |

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| 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.) | na |
| 115.283 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.283 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.283 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| 115.286 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.286 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.286 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.286 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.286 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |

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| 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 and security of a facility? | yes |
| 115.289 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.287 are securely retained? | yes |

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| 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.) | yes |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | yes |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with residents? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the 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 |