PREA Facility Audit Report: Final

Name of Facility: SIERRA Center Work Release
Facility Type: Community Confinement
Date Interim Report Submitted: NA
Date Final Report Submitted: 07/27/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Adam T. Barnett, Sr.	**Date of Signature:** 07/27/2026

AUDITOR INFORMATION	
Auditor name:	Barnett, Adam
Email:	adam30906@gmail.com
Start Date of On-Site Audit:	06/23/2026
End Date of On-Site Audit:	06/24/2026

FACILITY INFORMATION	
Facility name:	SIERRA Center Work Release
Facility physical address:	48 Howe Street, New Haven, Connecticut - 06511
Facility mailing address:	

Primary Contact

Name:	Njaia Bryant
Email Address:	njbryant@theconnectioninc.org
Telephone Number:	475 261 2616

Facility Director	
Name:	Kisha Ellis
Email Address:	klellis@theconnectioninc.org
Telephone Number:	475-977-1130

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

Facility Characteristics	
Designed facility capacity:	60
Current population of facility:	56
Average daily population for the past 12 months:	58
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	18+
Facility security levels/resident custody levels:	Minimal/low
Number of staff currently employed at the	8

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

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:	Kathleen Eldredge	**Email Address:**	kaeldredge@theconnectioninc.org

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
0	
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-06-23
2. End date of the onsite portion of the audit:	2026-06-24

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Connecticut Alliance to End Sexual Violence was contacted and confirmed one of the services they provide is victim advocacy after sexual abuse or assault. This is a state agency with 9 different local sites cross the state by codes.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	60
15. Average daily population for the past 12 months:	56
16. Number of inmate/resident/detainee housing units:	2

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	○ Yes ◉ No ○ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	58
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0

29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	10
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15

41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor selected residents from each occupied housing unit based of gender, age, race, and length of stay in the facility.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor made a concerted effort to ensure that the sample of residents selected for interviews represented a broad geographic diversity. This process began with a thorough review of the detainee roster, taking into account various factors such as race, ethnicity, length of time incarcerated at the facility, and housing assignments. To further validate the diversity and appropriateness of the sample, the auditor also engaged in informal conversations with residents encountered during the facility tour, cross-checking the selected individuals against these interactions. This approach helped confirm that the interviewee group reflected the overall inmate population in a fair and balanced manner.

Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor confirmed there were no target residents in this group during the onsite audit. As part of the documentation review, the auditor looked over the PAQ, checked resident rosters, and engaged in both informal and formal conversations with staff and residents.

48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor confirmed there were no target residents in this group during the onsite audit. As part of the documentation review, the auditor looked over the PAQ, checked resident rosters, and engaged in both informal and formal conversations with staff and residents.
49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor confirmed there were no target residents in this group during the onsite audit. As part of the documentation review, the auditor looked over the PAQ, checked resident rosters, and engaged in both informal and formal conversations with staff and residents.
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor confirmed there were no target residents in this group during the onsite audit. As part of the documentation review, the auditor looked over the PAQ, checked resident rosters, and engaged in both informal and formal conversations with staff and residents.
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor confirmed there were no target residents in this group during the onsite audit. As part of the documentation review, the auditor looked over the PAQ, checked resident rosters, and engaged in both informal and formal conversations with staff and residents.
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Not Applicable.
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Not Applicable.
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor confirmed there were no target residents in this group during the onsite audit. As part of the documentation review, the auditor looked over the PAQ, checked resident rosters, and engaged in both informal and formal conversations with staff and residents.
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1

56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor confirmed there were no target residents in this group during the onsite audit. As part of the documentation review, the auditor looked over the PAQ, checked resident rosters, and engaged in both informal and formal conversations with staff and residents.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	During the onsite portion of the audit, facility staff reported that there were no residents from this specific population currently present. Additionally, the facility was unable to provide a list identifying any such residents. To verify these statements, the auditor undertook a multi-pronged approach. This included reviewing information from the Pre-Audit Questionnaire (PAQ) which did not identify any residents, examining relevant documentation available onsite, and engaging in discussions with staff members and observation during facility tours. Through these corroborative methods, the auditor sought to determine whether this population was present at the facility.

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	4
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☑ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Gender and Race.
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Note: The facility has a total of ten staff members, including specialized staff.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	10

63. Were you able to interview the Agency Head?	○ Yes ◉ No
a. Explain why it was not possible to interview the Agency Head:	Interviewed Agency Head Designee.
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	◉ Yes ○ No
65. Were you able to interview the PREA Coordinator?	◉ Yes ○ No
66. Were you able to interview the PREA Compliance Manager?	○ Yes ○ No ◉ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☑ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☐ Medical staff ☐ Mental health staff ☑ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	In selecting staff for interviews, both gender and race were considered. There were no barriers in conducting interviews. These factors were included to ensure that the sample reflected the diversity present within the facility, thereby supporting a fair and representative assessment of the population.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	◉ Yes ○ No

Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The auditor conducted a comprehensive site review of the facility, examining a wide range of areas to ensure an in-depth assessment. The following areas were included during the walkthrough: Housing; Intake/Classification; Record Storage; Administrative Areas; Front Entrance; Main Control; Kitchen/Cafeteria; and Intake Holding. Throughout the site review, the auditor completed his personal PREA Audit Site Review Checklist and took notes. This process involved direct observation, testing of critical facility functions, and engaging in informal conversations with both staff and residents. Key observations and actions included but not limited to: • Assessment of PREA-related signage, including PREA Audit Notices, PREA Posters, Flyers, Pamphlets, and similar materials. • Verification that signage was available in both English and Spanish. • Examination of the height and physical placement of signage to ensure visibility and accessibility. • Identification of any signage that was obscured, unreadable due to graffiti, or otherwise damaged. • Testing of internal and external reporting mechanisms, such as phones (Residents has personal phones) • Observation of housing, the number of toilets and showers, placement of cameras and mirrors, identification of blind spots, staff announcements regarding the presence of the opposite gender, frequency of checks, and verification of whether any youth were present. • Informal conversations with staff regarding facility perceptions of safety and reporting sexual abuse.

Documentation Sampling

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

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	2

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

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

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

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	◉ Yes ○ No
a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	1

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?	○ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ◉ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other
Identify the name of the third-party auditing entity	Diversified Correctional Service, LLC

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI Policy section 4.0, PREA- Prison Rape Elimination Act Policy and Procedure • Agency Organizational Chart • Informational Conversations • The Pre-Audit Questionnaire (PAQ) • PREA Coordinator Position/Appointment • PREA Coordinator **Reasoning and Analysis by Provisions** **115.211 (a)** An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

Review of Documents:

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

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) 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.

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

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

Document review of TCI policies has the required definitions. The agency uses the same definitions for sexual abuse 1 through 8, and for Sexual Harassment 1 through 2.

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

Corrective Action: Not Required

Provision Findings:

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

115.211 (b)

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

Review of Documents:

The Pre-Audit Questionnaire indicated: The agency has confirmed that it has

employed or designated an agency-wide PREA Coordinator.

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 Coordinator. The PREA coordinator is responsible for implementing the agency's PREA policies.

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.

The agency's policy and organizational chart were reviewed to confirm compliance with PREA standards. This review verified that the agency employs an upper-level, agency-wide PREA coordinator who is responsible for overseeing all PREA-related activities across the organization. The coordinator's role encompasses the development, implementation, and supervision of efforts to ensure adherence to PREA requirements, reflecting a comprehensive approach to maintaining agency-wide compliance.

PREA Coordinator – Q: 1, 2, 3

The Agency PREA coordinator confirmed that she feels that she has enough time to manage all their PREA related responsibilities. The PREA coordinator also confirmed that they coordinate the agency's efforts to comply with the PREA standards by:

- All staff complete the PREA training at orientation online and must pass the final exam. She completes a refresher training course with all current staff annually in-person that also dives mor into resident manipulation and boundaries. Staff also complete the entire PREA training online annually.
- The agency has a PREA phone number so that staff or clients can call to report an allegation. Most of the time, she is on call, however when not, her supervisor, a certified investigator, will handle the on-call duty.
- The agency has policies and procedures completed detailing the PREA protocols to ensure compliance with the standards and providing the 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.
- She is in close contact with all Program Managers, Program Managers, and Vice Presidents of Service Areas to ensure that the agency is preventing sexual harassment or sexual abuse and responding to it in a timely fashion if it does occur.

The Agency PREA coordinator confirmed that if they identify an issue with complying with a PREA standard that the action or process she undertakes to work toward compliance with that standard is by:

- Addressing the concern with Program Leadership and discuss steps to rectify the issue. If it is a concern with the funder, then she will have a discussion with the Vice President of the Service Area and/or the Chief Operating Officer to determine how to best communicate with the funder to rectify the situation. She may complete

	another refresher training course to ensure staff understand the program's requirements for the PREA standards. A review of the agency's organizational structure includes the PREA Coordinator and who the coordinator reports to. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Through informal discussions it was verified that the agency has designated a PREA coordinator. This role serves as a central point for managing the agency's compliance with PREA standards, ensuring that related responsibilities are addressed efficiently and consistently. **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.212	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • Executed State of Connecticut Department of Corrections Contract 21DOC0117AA and TCI • Informal Conservations • Pre-Audit Questionnaire (PAQ) • Agency Contract Administrator **Reasoning and Analysis by Provisions:** **115.212 (a)** A public agency that contracts for the confinement of its Residents with private

agencies or other entities, including other government agencies, shall include in any new contract or contract renewal of the entity’s obligation to adopt and comply with the PREA standards.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Based on a review of information about the facility provided in the PAQ, the number of contracts for the confinement of residents that the agency entered or renewed with private entities or other government agency on or after August 20, 2012, or since the last PREA audit, whichever later facility reported 0.

The number of above contracts that did not require contractors to adopt and comply with PREA standards facility reported 0.

A review of the Executed State of Connecticut Department of Corrections Contract 21DOC0117AA and Community Solutions, Inc. page 55 give guides regarding PREA. Number 41 Prison Rape Elimination Act (PREA): All contractors providing residential services shall adhere to the federal Prison Rape Elimination Act of 2023, Public Law 108-79. A copy of the federal PREA Standards is available upon request from the CTDOC Contract Administration Office. Additionally, all Contractors providing residential services shall comply with CTDOC policies and procedures as they related to PREA standards for contracted residential community programs, as such policies and procedures are delineated and maintained in the CTDOC Parole and Community Services Residential Provider Manual.

Contract Administrator – Q: 1, 2, 3

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

Question 2 and 3 are N/A.

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

Informal conversations with the PREA Coordinator, along with a review of agency documentation, confirmed that the agency has not entered into or renewed any contracts for the confinement of its residents. This finding underscores the agency's current practice and status regarding contractual arrangements related to resident confinement and demonstrates compliance with relevant PREA standards by not engaging in such contracts.

Corrective Action: Not Required

Provision Findings:

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

	informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard. **115.212 (b)** Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. **Review of Documents:** The Pre-Audit Questionnaire Indicated: The number of contracts referred to in 115.212 (a)-3 that do not require the agency monitors contractor's compliance with PREA standards; facility reported 0. TCI does not contract with other entities for the confinement of its residents. This practice is consistent with agency policy and is regularly confirmed through interviews and reviews of documentation. **Contract Administrator – Q:1, 2, 3** The Agency Contract Administrator was asked how do you monitor new and renewed contracts for confinement services to determine if the contractor complies with required PREA practices? Staff indicated that the agency does not contract with other agencies/entities for confinement services. Question 2 and 3 are N/A. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal discussions with the PREA Coordinator and a review of relevant agency records have verified that no contracts or agreements have been established or renewed for resident confinement services. As a result, TCI demonstrates compliance with PREA standards by refraining from entering into such contractual relationships. **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.212 (c)** Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed, may the agency enter a contract with an entity that fails to comply with these standards. In such a case, the public agency shall document its unsuccessful attempts to find an entity in compliance with the standards.

	Review of Documents: The Pre-Audit Questionnaire (PAQ) Indicated: If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making reasonable attempts to find a PREA compliant private agency or other entity to confine residents; facility reported No. **Contract Administrator – Q: 4** The Agency Contract Administrator was asked since August 20, 2012, has the agency entered into one or more contracts with a private agency or other entity that failed to comply with the PREA standards? Staff indicated that the agency does not contract with other agencies/entities for confinement services. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal conversation with the agency contract administrator/PREA coordinator confirmed that the facility has not had any emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed because the facility does not contract with other entities to house their residents. **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.213	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • The Funder, CT Department of Corrections Number of Residents in the Program

- Informal Conservations
- Blink copy of a Deviation's Forms with Justification (Example)
- Facility Layout
- Pre-Audit Questionnaire (PAQ)
- Program Manager
- PREA Coordinator
- Site Review
- Video monitoring systems
- Annual Community Program Staffing Schedule
- Addendum to Staffing Matrix
- Annuals Staffing Assessment
- PREA Census Data Report

Reasoning and Analysis by Provisions

115.213 (a)

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

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents; facility reported 58.

Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicted; facility reported 60.

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

A review of the physical layout of the facility is being considered when considering and updating the staffing plan. The auditor uses the physical layout to guide the facility tour.

The staffing plan minimum requirements are determined by the funder, CT Department of Corrections. The number of residents in the program determines the minimum number of staff that should always remain on the floor. The minimum staff requirements can never be deviated from them; the staff will always ensure that the

minimum staff is present on the floor. The facility has video monitoring in blind spots throughout the facility and continues to add cameras as money becomes available. Staff complete hourly headcounts/rounds as an additional means of supervision.

The auditor reviews the funder (CT Department of Corrections) contract #21DOC107406POS1 general staffing pattern/schedule is delineated positions as follows:

- Program Manager
- 2 Case Manager II
- Case Manager I
- Administrative Assistant
- 3 Client Service Aide

A review of the Annual Community Program Staffing indicates the following positions: Program Manager, Administrative Assistant, Case Managers (4), Job Developer, Resident Aide/CSA (7).

Program Manager – Q: 1, 2, 3 / PREA Coordinator – Q: 4

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

The Program Manager confirmed that the facility has a staffing plan. The staffing plan is based on the contract with the funding agency (DOC) and the facility size. The facility also has video monitoring cameras in the most vulnerable spots. The program manager ensures that the facility has monthly schedules to ensure coverage.

Program Manager confirmed that when the facility assess adequate staffing levels and the need for video monitoring the facility considers the physical layout looking for the most vulnerable spots in the program and ensure those spots have camera and/or staff checks are done more frequently in these areas; The composition of the resident population is always changing, and has a very complex population so staff ensuring that they always monitoring and staffing appropriately; The prevalence of substantiated and unsubstantiated incidents of sexual abuse, when trends are detected the facility will add staff, that may be adding an hourly staff or adding a Manager. However, if the facility feels at certain times extra support is needed, they will do so. To check for compliance with the staffing plan, staff check random sites and check the payroll system.

According to the Program Manager, the facility documents all instances of non-compliance with the staffing plan via email with funders as they must give the ok.

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

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

During the facility tour, it was observed that there were two employees scheduled for both the first and second shifts, and two employees scheduled for the third shift. This staffing pattern aligns with the Program Staffing Matrix.

During the site review, the auditor inspected the following rooms on the 2nd floor.

- 10 rooms with 1 bed each
- 12 rooms with 2 beds each
- 5 rooms with 3 beds each
- 1 room with 6 beds
- 1 room with 5 beds

Residents' rooms had no blind spots or cameras. There are 4 bathrooms for a total of 10 showers and 10 toilets.

Corrective Action: Not Required

Provision Findings:

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

115.213 (b)

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

Review of Documents:

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

The facility adheres to a staffing plan that is established through a contractual agreement with the Connecticut Department of Correction (CT DOC). This plan outlines the required staffing levels and operational procedures that the facility must follow.

	In the event that the facility does not comply with the staffing plan, it is required to document any deviations and notify CT DOC accordingly. The facility provided the auditor with a blank copy of the deviations form, which includes sections for justification to be completed if necessary. This process ensures transparency and accountability regarding any changes to staffing arrangements. Documentation confirmed that the facility has not deviated from the staffing plan, the plan is based on DOC contract requirements and funding. **Program Manager – Q:4** The Program Manager confirmed that if there was an instance of non-compliance with the staffing plan it would be documented. However, the Program Manager ensures that the facility is always in compliance. This compliance is a part of the CT DOC contract. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal conversation with the Program Manager reported that in situations in which a deviation is made from the staffing plan, written justification for such deviation is documented and sent to the PREA coordinator by the facility supervisors. Review site review outlined in provisions (a). **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.213 (c)** Whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility’s deployment of video monitoring systems and other monitoring technologies; and (4) The resources the facility has available to commit to ensure adequate staffing levels. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: In the past months, the facility has assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section: facility reported yes. The facility annually reviews of staffing to determine if adjustments are needed. This includes examining staffing patterns, video monitoring systems, other monitoring

technologies, and resource allocation to ensure compliance. The agency/facility also includes the Facility layout.

The auditor reviews the facility layout prior to on site and observes the layout during the facility tour. The auditor reviews the facility Census Data for the past year which indicated an average of 58.00. The yearly total was 154.00.

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

The Annuals Staffing Assessment included the requirements of the standards. Findings of inadequacy from judiciary, federal investigations agency, internal or external oversight body. Staffing plan addresses all components of the facility’s physical plant. The staffing plan considers populations, numbers & placement of supervisory staff, applicable state and local laws, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse. Review of the facility monitoring system. The overall assessment results, changes needed and barriers to change.

The facility uses the Staffing Addendum. A documentation review of the Staffing Addendum confirmed that the agency program leadership review annually and provided the CJ Administration Manager and PREA Coordinator upon completion.

PREA Coordinator – Q: 5

The Agency PREA coordinator confirmed that the staffing plan is reviewed annually and if there was a question or adjustment regarding the PREA standards and staffing then she will be consulted.

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

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

During the facility tour the auditor observed that the facility has cameras located in and around the facility that are always monitored. There are no cameras in residents’ rooms.

Corrective Action: Not Required

Provisions Findings:

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

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI – Policy Searches of Community Justice Residents and Resident Property Policy and Procedure • TCI – Policy Client Pat-Down Search • TCI - Policy Client Movement and Accountability • TCI - Policy Searches of Community Justice Residents and Resident Property Policy and Procedures • Pat Down Search Training Video • Information conversations • Site Review • Pat Down Final Exam Questions • Annual Community Program Staffing Schedule • Pre-Audit Questionnaire (PAQ) • Transcripts Pat-Down Search for Community Justice Clients for 2024 and 2025. • Staff Transcripts • Non-medical staff (involved in cross-gender strip or visual searches) • Resident Interview Questionnaire • Random Sample Staff **Reasoning and Analysis by Provisions** **115.215 (a)** The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. **Review of Documents:** Based on a review of information about the facility provided in the PAQ, in the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents, facility reported 0. TCI – Policy Searches of Community Justice Residents and Resident Property Policy and Procedure section 4.0, states Searches of Persons: If a resident refuses to cooperate with a requested search, their supervising staff/entity will be notified. Pat down searches are completed only in accordance with the Community Justice Residential Pat Down Search Policy and/ or Procedure. Body cavities, and strip searches are prohibited regardless of the gender of the staff or residents, even in exigent circumstances. The auditor reviewed the “Pat Search Training for Contracted Residential Providers”, in accordance with the Residential Provider Manual. The training included the

following information:

- The Quadrant Searching Technique
- First Quadrant/The Upper Left Torso
- The Second Quadrant/Lower Left Body
- Third Quadrant/The Upper Right Torso
- The Fourth Quadrant/The Lower Right Body

The auditor also reviewed the Pat Down Search Training Video. This video has been uploaded to the system as evidence of the facility's practice.

The auditor reviewed a copy of the Pat Down final exam questions and answers.

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

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

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

Based on informal conversation with the Program Manager, the facility does not conduct strip searches or body cavity searches at all.

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

Corrective Action: Not Required

Provision Findings:

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

115.215 (b)

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

Review of Documents:

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

	The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstances (s); facility reported 0. TCI – Policy Client Pat-Down Search 4.0: Reasonable accommodation should be made by staff to ensure same gender pat-downs. When reasonable accommodation cannot be made and a pat-down search is deemed essential without delay, then a cross-gender pat-down search may be conducted. Cross gender pat-down searches of female residents are not permitted under any circumstance. The program shall not conduct strip searches or visual cavity searches of any client under any circumstances. The facility strictly prohibits cross-gender pat-down searches of female residents except in situations where exigent circumstances exist. This policy is in alignment with the facility's commitment to resident safety and respect for privacy. Staff are directed at making reasonable accommodation to ensure that pat-down searches are conducted by staff members of the same gender as the resident whenever possible. In the event that it is not feasible to provide same-gender staff and an immediate pat-down search is deemed essential, the policy outlines that cross-gender pat-downs of female residents are not permitted under any circumstances. **Random Sample of Staff – Q: 3 / Resident Interview Questionnaire (Female Residents) – Q: 3** A total of four random staff were interviewed. Three Black females and One Black male. They work the 1st, 2nd and 3rd shifts. All five staff confirmed that this is a male facility. During the onsite period of the audit there were no female residents to interview regarding have they been unable to participate in outside activities or programs because female staff was unavailable to conduct pat-down searches. The facility only house male residents. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Review site review outlined in provisions (a). **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.215 (c)** The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female Residents.

Review of Documents:

Pre-Audit Questionnaire (PAQ) Indicated: Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches; facility did not report.

TCI Policy Client Pat Down Searches section 7: All searches are to be documented in a facility Search Log which is reviewed by Program Managers and Program Managers weekly. If a cross-gender search is conducted, then this should be noted in the documentation. Male staff are not to conduct Pat-Down searches of female clients.

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

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

Corrective Action: Not Required

Provision Findings:

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

115.215 (d)

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

Review of Documents:

Pre-Audit Questionnaire (PAQ) Indicated: Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks; facility reported yes.

TCI Policy Client Movement and Accountability Section 4: Clients have the ability to shower, perform bodily functions, and change clothing without staff viewing the client. Staff of the opposite gender only enter a bathroom for exigent circumstances and announce their presence prior to entering a bathroom.

The facility has implemented policies and procedures that enable residents to

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

Resident Interview Questionnaire – Q: 1, 2 / Random Sample Staff – Q: 14, 15

A total of four random staff were interviewed. Three Black females and One Black male. They work the 1st, 2nd and 3rd shifts. Four confirmed that they and other staff announce their presence when entering a resident room of the opposite gender by knocking on the resident door and/or say female. Four confirmed that residents can dress, shower, and use the toilet without being viewed by staff of the opposite gender.

A total of fifteen random residents were interviewed. Five Blacks, Five Whites and Five Hispanics, they were asked does female staff announce their presence when entering their rooms? Fifteen said yes. Staff will knock on the room door; however, female staff does not enter the rooms while residents are in the rooms.

A total of fifteen random residents were interviewed. Five Blacks, Five Whites and Five Hispanics, they were asked are you and other residents ever naked in full view of female staff (not including medical staff such as doctors, nurses)? Fifteen indicated that they never been naked in the present of female staff.

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

During the site review,

- The auditor observed the facility critical function of cross-gender viewing. The auditor observes areas where residents may be in a state of undress, showers, toilet, and changing clothing. The areas observed were housing, showers, and bathrooms.

- The auditor observed the facility critical function of cross-gender announcements. The auditor observes staff announcing their present when entering housing bedroom/living areas of the opposite gender. The auditor informally interviewed residents regarding staff of the opposite gender announcing the present when entering their bedrooms. All residents indicated yes that staff announced their presence by knocking on the door before entering.

- The auditor observed the facility critical function of cross-gender viewing. The cameras do not show residents naked, using the showers or toilets on camera monitors.

- The auditor observed the facility critical function of the physical storage area of any information/documentation collected and maintained as hard copy. The hard copies of the PREA Screening are kept in the residents’ files and maintained in lock

	file cabinets. There was no confidential resident information located in places where other residents or staff can review. **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.215 (e) – Not Applicable** **115.215 (f) – Not Applicable** **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.216	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI Policy American with Disabilities Policy and Procedure • Informal Conservations • Site Review • Language Services Contract Interpreters and Translators • Target List • Pre-Audit Questionnaire (PAQ) • Agency Head • Resident (with disabilities or who limited English proficient) • Random Sample Staff **Reasoning and Analysis by Provisions** **115.216 (a)** The agency shall take appropriate steps to ensure that Residents with disabilities (including, for example, Residents who are deaf or hard of hearing, those who are

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

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including Residents who are deaf or hard of hearing; facility reported yes.

TCI Policy American with Disabilities Policy and Procedure section 4.0, the agency will take appropriate steps to ensure that clients 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. The agency will encourage individuals with disabilities to come forward and request reasonable accommodation. Section 5.0 states, Reasonable accommodation – "any modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a disability to participate in the application process or to perform essential job functions.

The auditor requested a Target List of Residents with Disabilities to include the following:

- Residents with Physical Disabilities (Wheelchairs) - 0
- Residents with low Intellectual Disabilities - 0
- Residents Blind or Low Vision - 0
- Residents Deaf or Hard of Hearing - 0

The auditor also requested a Target List of Residents that included the following:

- Residents Limited English Proficient -0
- Residents Reported Sexual Abuse - 2
- Residents Disclosed Prior Sexual Victimization/Risk Screening - 1
- Youthful Residents - 0

A review of documentation that the agency has established procedures to provide

disabled residents equal opportunity to participated in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The auditor was provided with a list of targeted residents. There were no targeted residents to interview.

If there were targeted residents' policy requires these items for targeted residents:

- Effective communication with residents who are deaf or hard of hearing.
- Access to Interpreters.
- Written materials provided in formats for residents.
- Effective communication for residents with disabilities, including intellectual disabilities, limited reading skills, or who are blind or have low vision.

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

The Agency Head confirmed that the agency has established procedures to provide residents with disabilities and residents who are limited English proficient equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency has all documents in Spanish, signs in the program are in Spanish, Spanish speaking staff in some of the programs, and would use a translating service if needed. If residents are unable to read, the facility has staff read and review all PREA information with residents in person.

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

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

During the site visit the auditor had an informal conversation with the PREA Coordinator regarding targeted residents. The PREA Coordinator indicated that if a resident with disabilities needs assistance the following may occur: Literacy, Impaired Comprehension, Limited English Proficiency, and Residents who cannot read due to blindness. Staff indicated that they are aware of any special needs of residents.

Corrective Action: Not Required

Provision Findings:

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

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

115.216 (b)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient; facility reported yes.

TCI Policy American with Disabilities Policy and Procedure section 4.0, the agency will take appropriate steps to ensure that clients 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. The agency will encourage individuals with disabilities to come forward and request reasonable accommodation. Section 5.0 states, Reasonable accommodation – "any modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a disability to participate in the application process or to perform essential job functions.

The auditor reviews the Zero-Tolerance Policy for Sexual Harassment and Sexual Abuse Acknowledgement in Spanish and English. The DOC poster in Spanish and English and The Connection brochures "The Client Guide to PREA" in Spanish and English.

The Connecticut Alliance to End Sexual Violence flyer for emotional support services and who to call to report sexual abuse, as well how to access emotional support services.

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

Documentation review of the Language Services Contract Interpreters and Translators, Inc. (Language Services Contract) provided the following types of interpreting services: In Person – Spanish and Bosnian, French Creole, Polish, Portuguese, Russian and Vietnamese interpreting services. Prescheduled video remote and over the phone interpreting services.

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

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

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

Review site review outlined in provisions (a).

Corrective Action: Not Required

Provision Findings:

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

115.216 (c)

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

Review of Documents:

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

Agency practice indicated that the facility does not rely on resident interpreters, resident readers, other types of resident assistants except in limited circumstances where an extended delay is obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties or investigation.

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

A total of four random staff were interviewed. Three Black females and One Black male. They work the 1st, 2nd and 3rd shifts. Four confirmed that the agency ever allows the use of resident interpreters, resident readers, or other types of resident assistants to assist with limited English proficiency when making an allegation of sexual abuse or sexual harassment. All staff refer to the agency interpreter contract

	and some report that the interpreter comes to the facility. To the best of their knowledge no residents were used as an interpreter for another resident regarding PREA issues. During the onsite there were no resident who are limited English to interview. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Based on informal conversations with the Program Manager, the facility prohibits the use of resident interpreters, resident readers and other types of resident assistants regarding PREA. For clients that are limited English speaking, the facility provides translating services to complete the intake, assessment and any medical related issue/concerns. **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.217	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI Policy PREA: Prison Rape Elimination Act Policy and Procedure • TCI Policy Hiring Contracted Services • TCI Policy Background Check Policy and Procedure • Internal Applicant Policy and Procedure • Former Employee Letter • PREA Letter Prior Employer • Informal conversations • Employee Data Sheet • Pre-Audit Questionnaire (PAQ)

- PREA Disclosure Form (Verification Questions)
- Applicant Authorization and Consent for Release
- Paycom Background Screening Reports
- Background Screening Reports/Confidential Background Verification
- Administrative (Human Resources) Staff

Reasoning and Analysis by Provisions

115.217 (a)

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

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C 1917); facility reported yes.

TCI Policy PREA: Prison Rape Elimination Act Policy and Procedure section 7.0, The Connection shall not hire or promote anyone who may have contact with residents and shall not enlist the services of any contractor who may have contact with residents, who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility. 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. It has been civilly or administratively adjudicated to having engaged in the activity described above.

The PREA Disclosure Form (Prison Rape Elimination Act) included the following information (Check all true statement):

- I have never engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
- I have never been convicted of engaging or attempting to engage in sexual abuse.
- I have never been civilly or administratively adjudicated to have engage in sexual abuse or sexual assault.

Staff certified the above statements by printing and signing their name and dating

	the document. The documentation review 22 out of 22 PREA Discourse forms confirmed that staff members completed and signed that they understood that, if hired, transferred, or promoted as a Connection Inc. employee, they may have contact with individuals who are in custody of the Judicial Branch or Department of Corrections and certify that the requirements of the standards are confirmed. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal conversation with the PREA coordinator confirmed the agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who has contact with residents. **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.217 (b)** The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with Residents. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents; facility reported yes. TCI Policy Hiring Contracted Services 4.0: Individuals contracted with the agency shall be able demonstrate the possession of the qualifications necessary to perform work. The agency prohibits contracting with individuals that has been or is: • A service recipient of a TCI program within one (1) calendar year prior to the start of services. • A current service recipient of agency services within the geographical area where services will be provided. • Current/ongoing criminal sanction: Current parole stipulations; current probation stipulations. • Current illegal use of drugs • Current suspension of certification/licensure as related to the position. Documentation review indicated that the facility considers any and all incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

It also indicated that all individuals and contractors should have a criminal background check completed prior to having contact with any resident. Any individual or contractor involved in sexual misconduct in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent shall not be enlisted to provide services to any residents.

Administrative (Human Resources) Staff – Q:2

The Human Resources Staff confirmed that the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. PREA checks are sent out to prior employers during the hiring process. As part of the agency Progressive corrective action policy all relevant documentation (warnings, suspensions) is maintained in staff member's personnel file for future reference as needed.

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

Corrective Action: Not Required

Provision Findings:

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

115.217 (c)

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

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

Review of Documents:

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of people hired who may have contact with residents who have had criminal background record checks; facility reported 22.

TCI Policy Background Check Policy and Procedure section 4.0, 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 screaming 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.

Documentation review requires that before it hires any new employees who may have contact with residents, conducts criminal background record checks, consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employes for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The Background Screening Reports/Confidential Background Verification included the following searches:

- Statewide Criminal Search in Connecticut
- Motor Vehicle Report in Connecticut
- Education Verification
- National Federal Criminal Search
- State Sex Offender Search
- Office of Inspector General
- National Sex Offender Registry
- Court Search Record

The auditor develops an Employee Data Sheet to capture the following information: Employee Name, Hire Date, Initial Background Check Date, Clearance Status and the letter to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The documentation review of 22 staff confirmed that 22 out of 22 received the initial Background Checks.

The information that the agency requested in the letter sent to prior institutional employers included the following language.

“A former employee of yours, is being considered for employment with The Connection. Our agency is required to abide by the Prison Rape Elimination Act of 2023 for our community confinement programs. The Act states that The Connection is required to be consistent with Federal, State, and local laws and make it best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse/harassment or any resignation during a pending investigation of an allegation of sexual abuse/harassment. Has the applicant named above been terminated from your company/agency for substantiated allegations of sexual abuse/harassment or resigned during a pending investigation of an allegation of sexual abuse/harassment?”

Administrative (Human Resources) Staff – Q: 1

The Human Resources Staff confirmed that the facility performs criminal record

	background checks and consider pertinent civil or administrative adjudications for all newly hired employees. Background checks are performed for all new hires to include FT, PT, and per diem via Paycom. Periodic criminal and driving checks are done for existing staff. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.217 (d)** The agency shall also perform a criminal background record check before enlisting the services of any contractor who may have contact with Residents. **Review of Documents:** Based on a review of information about the facility provided in the PAQ, in the past 12 months, the number of contracts for services where criminal background checks were conducted on all staff covered in the contract who might have contact with residents; facility reported 1. TCI Policy Background Check Policy and Procedure section 4.0, the Connection is not required to conduct background checks for temporary, contracted, or licensed employees, if the agency has verified that background checks are conducted as part of the licensing process, or through a placement firm. The Connection will consult with legal counsel if, in the agency's assessment, there is a risk associated with not conducting background check on categories of employees not expressly addressed in the Council on Accreditation (COA) standard. The agency will also consult with legal counsel whenever any concerns arise pertaining to the appropriate use of background information. A review of documentation requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. The documentation review indicated that there were no contractors that work or have individual contracts with residents for enlisting services. There were contractors listed as venders. **Administrative (Human Resources) Staff – Q: 3** The Human Resources Staff confirmed that the agency uses the Paycom system to conduct criminal background checks before enlisting the services of any contractor who may have contact with residents.

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

Corrective Action: Not Required

Provision Findings:

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

115.217 (e)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees; facility reported yes.

TCI Policy Background Check Policy and Procedure section 4.0, 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 screaming procedures include 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.

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

The auditor develops an Employee Data Sheet to capture the following information: Employee Name, Hire Date, Initial Background Check Date, 5-year Background Check Date and Clearance Status.

The documentation review of 22 staff indicated that 0 out of 22 need to have a 5-year Background Check. The longest staff initial Background Check was 11/29/ 2022.

Administrative (Human Resources) Staff

The Human Resources Staff were asked what system the facility presently has in

place to conduct criminal record background checks of current employees and contractors who may have contact with residents. Are these background checks conducted at least once every five years? Staff indicated that the system the agency uses is called Paycom, criminal background checks are conducted every 5 years.

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

Corrective Action: Not Required

Provision Findings:

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

115.217 (f)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions; facility reported yes.

TCI Policy PREA: Prison Rape Elimination Act Policy and Procedure section 7.0, The Connection shall ask all applicants and employees who may have direct contact with residents about previous misconduct within our “Applicant Authorization and Consent for Release” form. The Connection imposes upon employees a continuing affirmative duty to disclose and such misconduct.

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

The documentation review of 22 staff indicated that they signed the Application Authorization and Consent for Release. The form has the following language:

“By signing below, I authorize employers Reference Source, on behalf of The Connection, Inc. or its affiliates, to make inquiries into my background, including but not limited to, my education, professional licensing, criminal history, driving history, driving history, credit history, personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience,

and other qualities pertinent to my qualifications for employment, including reasons for any termination from prior employment."

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

The Human Resources Staff were asked does the 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? Staff indicated yes, according to the agency's Personal conduct Policy and Procedures and Staff Appropriate use of Personal Boundaries Policy. Staff also confirm that the agency imposes upon employees a continuing affirmative duty to disclose any misconduct. This is captured in the agency's Personal Conduct Policy.

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

Corrective Action: Not Required

Provision Findings:

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

115.217 (g)

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

Review of Documents:

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

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

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

Informal conversations with the Agency PREA Coordinator indicated that the facility practice is to terminate anyone who omission material from the hire process and forms or give false information.

Corrective Action: Not Required

Provision Findings:

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

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

115.217 (h)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work; facility reported yes.

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

The auditor reviewed a blink copy of a letter that addressed a former employee of yours being considered for employment with another agency that requested the required PREA information. The letter included the following information:

- "The Act states that The Connection is required to consistent with Federal, State, and local laws and make its best effort to contact all prior institutional employer for information on substantiated allegations of sexual abuse/harassment or any resignation during a pending investigation of an allegation of sexual abuse/ harassment.

- "Has the applicant named above been terminated from your company/agency for substantiated allegations of sexual abuse/harassment or resigned during a pending investigation of an allegation of sexual abuse/harassment?"

The documentation review of 22 staff indicated that they signed the Application Authorization and Consent for Release. The form has the following language:

"By signing below, I authorize employers Reference Source, on behalf of The Connection, Inc. or its affiliates, to make inquiries into my background, including but not limited to, my education, professional licensing, criminal history, driving history, driving history, credit history, personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience, and other qualities pertinent to my qualifications for employment, including reasons for any termination from prior employment."

Administrative (Human Resources) Staff- Q: 6

The Human Resources Staff were asked when a former employee applies for work at another institution, upon request from that institution, does the facility provide information on substantiated allegations of sexual abuse or sexual harassment

	involving the former employee, unless prohibited by law? Staff indicated yes, if requested information on substantiated sexual abuse or sexual harassment is provided. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • Video Monitoring System • Pre-Audit Questionnaire (PAQ) • Agency Head • Program Manager **Reasoning and Analysis by Provisions** **115.218 (a)** When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect Residents from sexual abuse. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: If the agency designed for or acquired any new facility or planned and substantial expansion or modification of existing

	facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse; facility reported yes. The agency has not acquired a new facility or made substantial expansions or modification to existing facilities and has a policy to guide the process if the agency acquires a new facility or substantial expansions or modification. **Agency Head – Q:1 / Program Manager – Q:5** The Agency Head confirmed that when designing, acquiring, or planning substantial modifications, or designing any space to be occupied by clients, PREA is taken into consideration. All spaces are evaluated for blind spots that cannot be seen through traditional video monitoring. Any blind spots are given a plan of physical monitoring to include documentation of when those areas are toured and inspected. In addition, substantial modifications to program space would be reviewed by the facilities Manager, PREA coordinator, and would be submitted to DOC prior to modification. The Program Manager was asked how has the facility considered the effect of the expansion or modification upon the facility's ability to protect residents from sexual abuse? Staff indicated that the facility has not made any major expansions or modifications in the past years. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the site review there were no signs of any new structures or major expansion with the past years. **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.218 (b)** When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect Residents from sexual abuse. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse; facility reported yes.

	The agency has not made any major installation or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last audit. **Agency Head – Q:2 / Program Manager – Q: 6** The Agency Head/Designee confirmed that the agency uses monitoring technology to enhance the protection of residents from incidents of sexual abuse by using video monitoring in spaces occupied by residents. When opportunities for upgrading arise, the agency consistently takes advantage of those times by making upgrades and adding cameras to spaces that may not be monitored by a camera. The Program Manager confirmed that when putting any new cameras in the most vulnerable spots. Any blind spots the facility has, they conducted extra rounds, and the facility is first on the list for new cameras based on funding. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.221	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI Policy PREA Review Policy and Procedure • TCI Policy PREA: First Responders to a PREA Incident • PREA Letter to the State Police Department • Memorandum of Agreement (MOA) • Hospitals Responses to Sexual Assaults Victims

- State of Connecticut Technical Guidelines for Health Care Response to Victims of sexual Assault
- Informal Conservations
- Pre-Audit Questionnaire (PAQ)
- SAFEs/SANEs Staff
- Random Sample Staff
- PREA Coordinator
- Residents who Reported Sexual Abuse

Reasoning and Analysis by Provisions

115.221 (a)

To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions; facility reported yes.

TCI Policy PREA Review Policy and Procedure section 4.0, 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, the State of Connection Department of Correction (DOC), Parole Services, and/or Court Support Services Division (CSSD) for review and potential sanctions for alleged perpetrators. The Connection will not conduct PREA criminal investigations. All PREA allegations resulting in potential criminal behavior will be referred to by the Connecticut State Police for investigation.

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

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

- Immediately separate the victim and the alleged abuser.
- 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 occurs within a time period that allows for the collection of physical

evidence, staff will request that the alleged victims (s) and/or abuser (s) not take any actions that could destroy physical evidence. This includes, but is not limited to:

- Washing
- Brushing Teeth
- Changing Clothes
- Urinating
- Defecating
- Smoking
- Drinking
- Eating

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

The auditor reviewed a letter dated May 31, 2026, sent by the Agency PREA Coordinator for the attention of the CT State Police Department requesting and sharing the required information for the PREA standards to comply with. The content of the letter discussed PREA standard 115.221 Evidence protocol and Forensic Medical Examinations
Procedures and investigations.

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

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

Random Sample of Staff - Q:10, 12

A total of four random staff were interviewed. Three Black females and One Black

male. They work the 1st, 2nd and 3rd shifts. Four confirmed that they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They report that if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, their responsibility in this situation would be to separate the victim from the abuser, close off the area where it takes place, do not let the victim and abuser brush their teeth, drink, use the bathroom, and change clothing. Staff would call 911 if medical staff is needed and their supervisor. Staff also reported to the State Police, DOC PREA Investigation Unit or the Agency PREA Coordinator conducts PREA investigations.

A total of four random staff were interviewed. Three Black females and One Black male. They work the 1st, 2nd and 3rd shifts. Staff were asked, do you know who is responsible for conducting sexual abuse investigations? Four staff confirmed that the PREA coordinator or the State Police would conduct facility PREA investigations.

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

Corrective Action: Not Required

Provision Findings:

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

115.221 (b)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Is this protocol developmentally appropriate for youth where applicable; facility reported NA.

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

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

Site Reviews):

Informal conversation with the administrative investigator confirmed that they use the same protocol that the DOC and the Connecticut State Police Department use. This is also incorporated in the State of Connecticut Technical Guidelines for Health Care Reponses to Victims of Sexual Assault.

Corrective Action: Not Required

Provision Findings:

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

115.221 (c)

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

Review of Documents:

Based on a review of information the facility provided in the PAQ, the number of forensic medical exams conducted during the past 12 months facility reported 0.

The number of exams performed by SANEs/SAFEs during the past 12 months facility reported 0.

The number of exams performed by a qualified medical practitioner during the past 12 months facility reported 0.

TCI Policy PREA: First Responders to a PREA Incident section 7.0, when a physical assault has occurred on premises all clients will be transferred to the local hospital for forensic examinations. If requested by the client, staff will accompany and support the victim through the forensic medical examination process. Victim (s) of sexual abuse shall receive timely and unimpeded access to emergency medical treatment services.

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

A review of the State of Connecticut Technical Guidelines for Health Care Response to Victims of sexual Assault, in accordance with Connecticut General Statute’s section 19a – 112a. CT 100 Sexual Assault Evidence Collection Kit: Preparation for

the Examination; The Evidence Collection Examination and Evidence Integrity – repacking, labeling, and sealing evidence containers. The examinations performed by the SAFE or SANE staff are guided by the State of Connecticut Statute.

SAFEs/SANEs Staff – Q: 1, 2

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

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

Corrective Action: Not Required

Provision Findings:

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

115.221 (d)

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

Review of Documents:

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

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

into a facility with access to outside victim advocates.

PREA Coordinator – Q: 6, 7 / Residents who Reported a Sexual Abuse – Q: 9

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

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

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

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

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

Previously the auditor called the Connecticut Alliance to End Sexual Violence the statewide emotional support services number to test its functions. The auditor uses his cell phone and dials the toll-free number. The call went to the statewide office. The person that answered the phone asked for the auditor’s reason for calling. The auditor informed the person that he was a Certified PREA auditor and was testing the statewide toll-free number. The auditor asked the staff to explain the process when a resident calls this number and how they receive emotional support services. The staff indicated that they would talk to the residents and forward the call to the zip code where the facility is located. Connecticut Alliance to End Sexual violence is a statewide coalition of individual sexual assault crisis programs. There are nine local rape crisis centers that provide emotional support services statewide. Staff also indicated that they provide services at the local hospital if requested the resident.

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

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

Corrective Action: Not Required

Provision Findings:

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

115.221 (e)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews; facility reported yes.

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

PREA Coordinator/ Resident who Reported Sexual Abuse – Q: 9

The PREA coordinator confirmed that if requested by the victim, a victim advocate,

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

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

Corrective Action: Not Required

Provision Findings:

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

115.221 (f)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section; facility reported yes.

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

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

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

Corrective Action: Not Required

Provision Findings:

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

	informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.221 (g)** The requirements of paragraphs (a) through (f) of this section shall also apply to: • Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and • Any Department of Justice component that is responsible for investigating allegations of sexual abuse in community confinement facilities. **Review of Documents:** Pre-Audit Questionnaire: Auditor is not required to audit this provision. **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.221 (h)** For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general; facility reported yes. The agency uses a qualified community-based staff member with the required education concerning sexual assault and forensic examination issues in general. The agency has an MOA with the Connecticut Alliance to End Sexual Violence to provide qualified community staff if requested by the resident. A review of the State of Connecticut Technical Guidelines for Health Care Response to Victims of sexual Assault, in accordance with Connecticut General Statute's section 19a – 112a. The examinations performed by the SAFE or SANE staff are guided by the State of Connecticut Statute confirms that the SAFE or SANE staff meet the training requirements. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR**

Corrective Action: Not Required

Provision Findings:

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

Overall Findings:

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

115.222 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in making Compliance Determinations:

- TCI Policy PREA Review Policy and Procedure
- TCI Policy: Training and Education Policy and Procedure
- Letter to the State Police Department
- TCI Website
- Investigation Cases
- PREA Investigation Package Overview
- Investigation Notes
- Pre-Audit Questionnaire (PAQ)
- Agency Head
- Investigative Staff

Reasoning and Analysis by Provisions

115.222 (a)

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

Review of Documents:

Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received facility reported 3.

In the past 12 months, the number of allegations resulting in an administrative

	investigation facility reported 2. In the past 12 months, the number of allegations referred to for criminal investigation facility reported 2. TCI Policy PREA Review Policy and Procedure section 4.0, 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, the State of Connection Department of Correction (DOC), Parole Services, and/or Court Support Services Division (CSSD) for review and potential sanctions for alleged perpetrators. The Connection will not conduct PREA criminal investigations. All PREA allegations resulting in potential criminal behavior will be referred to the Connecticut State Police for investigation. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The administrative investigations are conducted by the agency PREA coordinator and criminal investigations are conducted by the State Police Department or the CT Department of Corrections PREA Unit. The auditor reviewed a letter dated May 31, 2026, sent by the Agency PREA Coordinator for the attention of the CT State Police Department requesting and sharing the required information for the PREA standards to comply with. The content of the letter discussed PREA standard 115.221 Evidence protocol and Forensic Medical Examinations Procedures and investigations. A review of the investigation files confirmed that the agency ensure that an administrative and/or criminal investigation is completed for all allegation of sexual abuse and sexual harassment. The total number of sexual abuse and sexual harassment investigations for the past 12 months 2. Number of staff-on-resident sexual abuse classified by facility investigations 2; Number of staff-on-resident sexual harassment classified by facility investigations 0; Number of residents-on-residents sexual abuse classified by facility investigations 0; Number of residents-on resident’s sexual harassment classified by facility investigations 0. Total number of on-going cases 0; Total number of referred to prosecution 0; and Total number of terminated staff or contractors 2. The total of staff or contractors resigned 0; The total number of investigation files the auditor reviewed was 0. Note: raw evidence is uploaded in standard 22 (a) in each confined person individual investigation file. The auditor methodology is used to determine investigations sample: Twenty or less the auditor reviews at least 10 files. Twenty-one or more the auditor reviewed 10 plus an additional 10 percent of the remaining files. **Agency Head – Q: 3, 4** The Agency Head/Designee confirmed that the agency does ensure that an administrative or criminal investigation is completed for all allegations of sexual

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

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

Corrective Action: Not Required

Provision Findings:

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

115.222 (b)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior; facility reported yes.

TCI Policy PREA Review Policy and Procedure section 4.0, 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 Connection Department of Correction (DOC), Parole Services, and/or Court Support Services Division (CSSD) for review and potential sanctions for alleged perpetrators. The Connection will not conduct PREA criminal investigations. All PREA allegations resulting in potential criminal behavior will be referred to the Connecticut State Police for investigation.

The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. The agency requires that the State Police

	Department has the legal authority to conduct criminal investigations. The agency requires that the PREA coordinator work with the State Police and share information with the facility. A review of the agency website https://www.theconnectioninc.org/prea-reporting. **Investigative Staff – Q: 4** The Investigator confirmed that the agency policy requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. The agency refers to criminal allegations to the Connecticut State Police. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.222 (c)** If a separate entity is responsible for conducting criminal investigations, such a publication shall describe the responsibilities of both the agency and the investigating entity. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: If a separate entity is responsible for conducting criminal investigations, the policy describes the responsibilities of both the agency and the investigating entity; facility reported yes. The agency PREA coordinator provided the auditor with a copy of the PREA letter sent to the State Police. This letter describes the responsibilities of the investigating entity. The State Police Department is responsible for investigating allegations of sexual abuse. The agency has requested that the State Police Department follow the requirements of PREA. The agency has provided the auditor with a copy of the PREA letter to the State Police with the request. The documentation review of the letter to the State Police Department confirmed that the agency has requested that all PREA investigations be conducted in compliance under standard 115.221 and give the detailed requirements. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR**

	Corrective Action: Not Required **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.222 (d)** Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations. **Review of Documents:** Pre-Audit Questionnaire: Auditor is not required to audit this provision. **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.222 (e)** Any department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations. **Review of Documents:** Pre-Audit Questionnaire: Auditor is not required to audit this provision. **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provision in this standard.

115.231	**Employee training**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in making Compliance Determinations:

- TCI Policy PREA: Training and Education Policy and Procedure
- Power Point Training titled “Prison Rape Elimination Act (PREA) Professional Boundaries & Resident Manipulation.
- Professional Boundaries & Resident Manipulation Power Point
- Pre-Audit Questionnaire (PAQ)
- Staff Transcripts
- Appropriate Staff Boundaries Acknowledgement Sheet
- Employee Data Sheet
- Certificate of Completion: PREA Staff Training
- Random Sample Staff

Reasoning and Analysis by Provisions

115.231 (a)

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

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

Review of Documents:

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

TCI Policy PREA: Training and Education Policy and Procedure section 7.0, The PREA coordinator is responsible for ensuring that all staff, contractors, volunteers, visitors, and clients receive PREA training and education. These measures include but are not limited to: Ensure all individuals complete the online PREA training upon hire into a PREA program. Train all staff who work in PREA programs on the following matters at least once a year:

- 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 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 of threatened and actual sexual abuse.
- How to avoid inappropriate relationships with residents.
- 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 agency provides PREA training to all employees who may have contact with residents, ensuring they are fully informed about the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. This training reinforces the agency's commitment to maintaining a safe environment and making clear that any form of sexual misconduct will not be tolerated. By equipping staff with this knowledge, the agency underscores its dedication to preventing, detecting, reporting, and responding appropriately to incidents of sexual abuse and harassment, thereby fostering a culture of safety and respect within the facility.

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

The auditor reviewed the staff Power Point Training titled "Prison Rape Elimination Act (PREA) Professional Boundaries & Resident Manipulation. The auditor also reviews the PREA Training Exam with 20 questions.

The auditor develops an Employee Data Sheet to capture the following information: Employee Name, Hire Date, Initial Background Check Date, Five Year Check Date, Clearance Status, Initial PREA Training Date, PREA Refresher Date and Verification of the 3 required questions. Documentation review confirmed the following: 22 staff completed the Initial PREA Training.

Random Sample of Staff – Q: 1

A total of four random staff were interviewed. Three Black females and One Black male. They work the 1st, 2nd and 3rd shifts. Four confirmed that they received their PREA training during orientation, in-person, and online training. Staff talked about agency zero tolerance, resident rights, retaliation, detection, communication with LGBTI population, and inappropriate relationships with residents.

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

Corrective Action: Not Required

Provision Findings:

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

115.231 (b)

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

Review of Documents:

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

TCI Policy PREA: Training and Education Policy and Procedures section 7.0.4, Ensure training is tailored to the gender of the residents at the PREA program.

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

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

Corrective Action: Not Required

Provision Findings:

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

115.231 (C

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

Review of Documents:

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

	Between trainings, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment. This information is provided through online training, shift briefing notes and staff meetings. The auditor develops an Employee Data Sheet to capture the following information: Employee Name, Hire Date, Initial Background Check Date, Five Year Check Date, Clearance Status, Initial PREA Training Date, PREA Refresher Date and Verification of the 3 required questions. Documentation review confirmed the following: 22 staff completed the PREA Refresher Training. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.231 (d)** The agency shall document, through employee signature or electronic verification, that employees understand the training they have received. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency document, through employee signature or electronic verification, that employees understand the training they have received; facility reported yes. The agency documents that employees who may have contact with residents understand the training they have received through employment signatures and electronic verification based on their individual transcripts. Documentation review 15 of the electronic verification of transcripts for staff training. The staff transcript has the course name and completion dates showing that staff completed Pat-down searches of Community Justice Clients; PREA staff training; Sexual Harassment Prevention Training; PREA In-Person Training 2024 and PREA Staff Training 2023, 2024 and 2025. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and

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

115.232	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI Policy PREA: Training and Education • Community Health center, Inc. PREA Training Attestation • Manager of the Center for Key Populations • Pre-Audit Questionnaire (PAQ) • Volunteer or Contractor who may have contract with Residents **Reasoning and Analysis by Provisions** **115.232 (a)** The agency shall ensure that all volunteers and contractors who have contact with Residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. **Review of Documents:** Based on a review of information the facility provided in the PAQ, the number of volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection; facility reported 5. TCI Policy PREA: Training and Education Section 7: The Program leadership are responsible for ensuring that training and education occurs at the designated PREA Program for contractors, volunteers, interns, visitor, and clients. These measures include, but are not limited to: • Upon hire complete the online training title PREA: Staff Roles and Responsibilities under the Prison Rape Elimination Act and complete required test.

- Attend yearly PREA training through signature verification.

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

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

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

During the site visit there was no volunteers or contractors at the facility to asked, have they been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedures.

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

Corrective Action: Not Required

Provision Findings:

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

115.232 (b)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report-such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provided and level of contact they have with residents; facility reported yes.

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

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

During the site visit there was no volunteers or contractors at the facility to ask

	whether they been notified of the agency’s zero tolerance policy on sexual abuse and sexual harassment, as well as informed about how to report such incidents. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.232 (c)** The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received; facility reported yes. The agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received. Documentation review of the electronic verification of transcripts for staff training. The staff transcript has the course name and completion dates showing that staff completed Pat-down searches of Community Justice Clients; PREA staff training; Sexual Harassment Prevention Training; PREA In-Person Training 2024 and PREA Staff Training 2023. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • The Connection Policy, PREA: Training and Education • The Connection – The Client Guide To PREA". • TCI Policy American with Disabilities Policy and Procedure • Connecticut Alliance to End Sexual Violence • Informal Conversations • Resident Handbook • PREA Posters (English & Spanish) • PREA Notices (English & Spanish) • Site View • Language Services Contract • Pre-Audit Questionnaire (PAQ) • Intake Packet Acknowledgements • Resident Data Spreadsheet • Zero Tolerance Policy for Sexual Harassment/Sexual Abuse Acknowledgments • Intake Packet Single Acknowledgments • Intake Staff • Resident Interview Questionnaire **Reasoning and Analysis by Provisions** **115.233 (a)** During the intake process, Residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. **Review of Documents:** Based on a review of information the facility provided in the PAQ, the number of residents admitted during the past 12 months who were given this information at intake; facility reported 213. The Connection Policy, PREA: Training and Education, requires the PREA coordinator to be responsible for enforcing the policy related to training and to ensure that staff, contractors, volunteers, visitors, and residents receive PREA training and education. It also requires that program staff are responsible for ensuring that residents, contractors, volunteers, and visitors receive PREA Training and education. TCI policy also included residents' 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 right to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for reporting sexual abuse and sexual harassment. Residents do receive information at the time of intake about the zero-tolerance policy as required by the standard. To confirm compliance, the auditor develops and uses his Resident Documentation Review Data Sheet captures the following information: • Resident Name • Race • Arrival Date/Year at the Facility • Intake Date • Resident Orientation Date • PREA Education Date (PREA Video/Information Acknowledgement Date) • Initial PREA Screening Date • Reassessment Date These dates are important because they document when key PREA compliance steps occurred for each resident and show whether the facility met required timelines. • Arrival Date/Year at the Facility - established when the resident entered the program. • Intake Date: shows when formal admission processing began, including transferred from another facilities. • Resident Orientation Date: helps confirm when the resident was oriented to facility rules and procedures. • PREA Education Date: shows when the resident received PREA information, including rights, reporting options, protections. • Initial PREA Screening Date: is critical because PREA requires screening for risk of victimization or abusiveness soon after arrival to meet the required timeframes. • Reassessment Date: shows whether the required follow-up review was completed within the expected timeframe. Together, these dates corroborated the timeline of compliance. They help the auditor verify that residents were informed of their PREA rights promptly. A documentation review from 56 resident’s intake file information was selected by the PREA Auditor using the facility residents’ roster with Resident Name, ID Number, Admission Date, Commitment, and Offense (s). The selected information was placed on a spreadsheet that included race, arrival date and year, intake orientation date, PREA Education date. Copies of the individual documentation for each resident were copied for uploading into the PREA system. The resident’s documentation review collaborated that the resident received the required PREA intake materials and PREA education. Based on the documentation review of 56 residents’ signatures and date the following is reported: • Of the 56, 56 Arrival Date/Year at the Facility was documented.

	• Of the 56, 56 Intake Date was documented. • Of the 56, 56 Resident Orientation Date was documented. • Of the 56, 56 PREA Education Date (PREA Video/Information Acknowledgement Date) was compliant. • Of the 56, 56 Intake Packet Single Acknowledgement, which included your Rights as Client of The Connection; Complaint/Grievance Process; and Notice of Privacy Practices were compliant. • Of the 56, 56 Zero-Tolerance Policy for Sexual Harassment & Sexual Abuse Acknowledgements, which included PREA Coordinator information; Department of Correction PREA Investigation Unit Hotline; and Connecticut Alliance to End Sexual Violence Hotline, Agency PREA Coordinator contact number and mailing address were compliant. The residents received the intake information through brochures and Intake package. The facility has the following brochures in English and Spanish title “The Connection – The Client Guide To PREA”. The auditor has reviewed the above brochure and has a copy to upload in the PREA system. The PREA brochures are given the same day of arrival. Based on documentation review of resident’s signature and date on the Zero-Tolerance Policy for Sexual Harassment & Sexual Abuse Acknowledgement statement collaborated that the residents are receiving the PREA information. The following are notes from the auditor’s review of residents’ PREA brochure. • You have the right to a safe environment, free from sexual abuse and sexual harassment. • PREA standards for Prison Rape Elimination Act, a federal law designed to prevent, reduce, and eliminate the sexual abuse and harassment of our clients. • PREA provides us with a set of standards that all employees are required to keep clients safe and supported. • The Connection has a zero-tolerance policy for sexual abuse and sexual harassment of clients. It is your right to be safe in our program. • If you report sexual abuse or harassment, we are required to investigate it, even if it didn’t happen in our program. • The Connection has zero tolerance policy for retaliation for any individual making an allegation. • What is sexual abuse? • What is sexual harassment? • Remember- a client can never consent to sexual activities with staff. • Have you been sexually abused or harassed? Then you need to know this important information…. o You can report your experience to any staff member, no matter how long ago it happened. o It is your choice to accept medical care, mental health treatment, or press criminal

charges.
o The staff you report to is required by law to share your report with The Connection's PREA Coordinator. They are also required to share your report with your parole or probation officer and the DOC and CSSD PREA Coordinators.
o Connection will respond to all allegations or suspicions of sexual abuse or harassment with a thorough and timely investigation.
o Connection is committed to providing you with the support you need.

• Services Offered for free by Connecticut Alliance to End Sexual Violence:
o Victim Advocate & Education on victims' rights
o STD Testing
o Sexual Assaults Counseling
o Sexual Assault Support Groups
o Sexual Assault Crisis Program

• Remember, sexual abuse and harassment are not part of your sentence, and it is never too late to report. You can report abuse to all program staff/interns/volunteers or PREA coordinator – either in person, over the phone, or in a letter.

The PREA Checklist confirmed that residents did receive the PREA Education information. The PREA Checklist included the following PREA information:

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

Intake Staff – Q: 1, 3 / Resident Interview Questionnaire – Q: 4, 5

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

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

A total of fifteen random residents were interviewed. Five Blacks, Five Whites and Five Hispanics, they were asked when you first came to this facility, did you get information regarding the facility's rules against sexual abuse and sexual harassment? Fifteen indicated that they received a handbook and other paperwork with PREA information.

A total of fifteen random residents were interviewed. Five Blacks, Five Whites and Five Hispanics, they were asked when you came to this facility, were you told about:

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

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

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

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

During the facility onsite visit the Admission Specialist was asked to demonstrate the intake process by walking the auditor through the process. Staff was in the office, the PREA information was on the table/desk in English and Spanish. The brochure titled The Connection – The Client Guide To PREA" states you have the right to a safe environment, free from sexual abuse and harassment, and the PREA flyer with the outside services information.

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

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

The auditor had an informal conversation with the Admission Specialist regarding intakes with residents who are Limited English Proficient (LEP) and determine there

was none during the onsite period. During the facility onsite visit, the auditor asks the Admission Specialist who conducts resident's intake orientation, how do or would you communicate with the LEP residents. The Admission Specialist explains that they use the services of Language Services Contract, Interpreters and Translators, Inc. (ITI) and TCI. The PREA coordinator provides the auditor with a copy of the contract. The auditor tests the Language Services Line.

Corrective Action: Not Required

Provision Findings:

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

115.233 (b)

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

Review of Documents:

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

The facility does provide residents who are transferred from a different community confinement facility with refresher information. All new and transferred residents receive the same PREA education training.

The facility provides refresher information to all transferred residents. The resident's documentation review corroborated whether all residents transferred or not resident received the required PREA intake materials and PREA education. Based on the documentation review of 58 residents' signature and date on the Zero-Tolerance Policy for Sexual Harassment and Sexual Abuse Acknowledgement confirmed that residents did receive the PREA Education information

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

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

A total of fifteen random residents were interviewed. Five Blacks, Five Whites and

Five Hispanics, they were asked when did you first came to this facility. Were you transferred from another facility? Ten indicated they came from jail or prison, and five came from halfway house.

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

Corrective Action: Not Required

Provision Findings:

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

115.233 (c)

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

Review of Documents:

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

TCI Policy American with Disabilities Policy and Procedure section 7.0 Procedures 2: To ensure effective communication with clients/residents who are deaf or hard of hearing, TCI will provide access to interpreters who can interpret effectively, and impartially both receptively and expressively, using any necessary specialized vocabulary. 3: The agency shall ensure that 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.

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

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

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

	intelligence disability the Intake staff would read the PREA materials to the residents or request assistance from a mental health staff. During the site review the auditor had an informal conversation with the case manager. A review of documentation that the agency has established procedures to provide disabled residents equal opportunity to participated in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The auditor requested a list of targeted residents. The facility did not have any during the onsite visit. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the facility on site visit, the auditor asks the Admission Specialist who conducts resident's intake orientation, how do they communicate with the LEP residents. The Admission Specialist explains that the PREA information is in English and Spanish, and that they use the services of Language Services Contract, Interpreters and Translators, Inc. (ITI) and TCI. The PREA coordinator provides the auditor with a copy of the contract. The auditor tests the Language Services Line. During the facility onsite visit, all the residents had access to a facility telephone, however, all residents have personal cell phones. This was confirmed through residents' formal conversations and facility staff. The auditor tested the outside services by using the auditor's personal cell phone. The auditor dialed the posted number, and the call went to the outside agency. The auditor informed the outsider that he was conducting a PREA audit at the facility and was testing the line and services During the site visit the auditor had an informal conversation with the PREA Coordinator regarding targeted residents. The PREA Coordinator indicated that if a resident with disabilities needs assistance the following may occur: Literacy, Impaired Comprehension, Limited English Proficiency, and Residents who cannot read due to blindness. Staff indicated that they are aware of any special needs of residents. **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.233 (d)** The agency shall maintain documentation of resident participation in these education sessions.

Review of Documents:

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

TCI Policy PREA: Training and Education Section 7: Program leadership are responsible for ensuring that training and education occurs at the designated PREA program for contractors, volunteers, interns, visitor, and clients. These measures include, but are not limited to, section 7.3.b Document and maintain signature confirmation that each client understands the training and education received. 7.4 Ensure contractor, volunteer, intern, and visitor education and training upon initial entry into the PREA program by:

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

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

The resident's documentation review collaborated that the resident received the required PREA intake materials and PREA education. Based on the documentation review of 56 residents' signatures and date on the Zero-Tolerance Policy for Sexual Harassment and Sexual Abuse confirmed that residents did receive the PREA Education information, and it also serve as the facility required documentation of resident participation in the PREA session.

A review of the Zero-Tolerance Policy for Sexual Harassment and Sexual Abuse Acknowledgement included the following statements:

• I have been informed and understand that The Connection, Inc has a zero-tolerance policy toward all forms of sexual abuse and sexual harassment.
• I understand that all allegations of sexual abuse and sexual harassment will be taken seriously and investigated by the proper authorities.
• I understand that there will be no negative consequences for a client for reporting.
• I acknowledge that I have received the Client Guide to PREA.

The auditor reviews the Resident's Handbook Acknowledgment regarding rules, regulations, and guidelines of the facility. Based on the documentation review of 56 residents' signatures and date on the Resident Handbook Acknowledgement it confirmed that the residents received a handbook.

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

Corrective Action: Not Required

Provision Findings:

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

115.233 (e)

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

Review of Documents:

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

Documentation demonstrates that the facility ensures residents have continuous and easy access to essential information. This is achieved by making materials such as posters, resident handbooks, and written resources like PREA brochures visible and readily available throughout the facility. These resources provide important guidance, facility rules, and information on reporting procedures, contributing to a transparent and informed environment for all residents.

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

The Auditor confirmed the following key information during the facility tour by observing PREA posters on the wall. The posters observed were Auditor PREA Notice of the upcoming PREA audit. PREA Brochure – The Connection the Client Guide To PREA, how to report sexual abuse or sexual harassment; DOC Poster: Break the Silence! Report sexual Abuse and Assault to Staff or Call. It’s Confidential and Free. Dept. of Corrections PREA Hotline Numbers and the Connecticut State Police Hotline Number. The Connecticut Alliance to End Sexual Violence – how to access emotional support services for survivors of sexual abuse hotline numbers. This information was continuous throughout the facility to include the posted near the phones in the dining/common areas. The posters and brochures are eligible has the outside toll-free numbers and are in English and Spanish.

Corrective Action: Not Required

Provision Findings:

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

Overall Findings:

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

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • The National Institute of Corrections (NIC) online training “PREA: Investigating Sexual Abuse in a Confinement Setting” • Certificate of Completion • Pre-Audit Questionnaire (PAQ) • Investigative Staff **Reasoning and Analysis by Provisions** **115.234 (a)** In addition to the general training provided to all employees pursuant to standard 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: In addition to the general training provided to all employees pursuant to 115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings; facility reported yes. The agency does require that administrative investigators complete the PREA training that is required in standard 115.231. A review of the agency's training documentation confirms that investigators have successfully completed the required training. This verification demonstrates compliance with the standards for sexual abuse investigations in confinement settings, as outlined in agency policy and referenced in the Pre-Audit Questionnaire and related interviews. **Investigative Staff – Q: 1, 2, 3**

The Investigator was asked did you receive training specific to conducting sexual abuse investigations in confinement settings? Staff indicated yes. They describe the training as completing the PREA Investigating Sexual Abuse in a Confinement Setting presented by National Institute of Corrections. The training topics included Technique for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

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

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

Corrective Action: Not Required

Provision Findings:

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

115.234 (b)

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

Review of Documents:

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

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

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

Garrity Warnings, Medical and Mental Health Practitioner's Role in Investigations, PREA Standards for Forensic Medical Examinations.

Investigative Staff – Q: 3

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

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

Corrective Action: Not Required

Provision Findings:

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

115.234 (c)

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

Review of Documents:

Based on a review of information about the facility provided in the PAQ, the number of investigators currently employed who have completed the required training, facility reported 5.

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

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

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

Corrective Action: Not Required

Provision Findings:

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

	115.234 (d) Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations. **Review of Documents:** Pre-Audit Questionnaire: Auditor is not required to audit this provision. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • Informal Conversations • Pre-Audit Questionnaire (PAQ) • Medical and Mental Staff **Reasoning and Analysis by Provisions** **115.235 (a)** The agency shall ensure that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: • How to detect and assess signs of sexual abuse and sexual harassment.

	• How to preserve physical evidence of sexual abuse. • How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and • How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. **Review of Documents:** Based on a review of information that the facility provided in the PAQ, the number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy, facility reported 0. The agency does not hire part-time or full-time medical staff. **Medical and Mental Health Staff – Q: 2** The onsite visit and documentation review revealed that the facility does not employ medical staff that receive specialized training in handling sexual abuse and harassment cases. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the facility tour there were no medical staff. **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.235 (b)** If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations; facility reported yes. The agency does not hire part-time or full-time medical staff. During the facility tour there were no medical staff. **Medical and Mental Staff – Q - 1** During the onsite visit and documentation review, it was noted that the facility does not employ medical staff to inquire about the performance of forensic examinations.

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

Informal conversations with the Program Manager confirmed that if residents need medical services they would be sent to the local hospital for forensic examinations or request the local Rape Crisis staff met the resident at the local hospital to provide emotional support.

Corrective Action: Not Required

Provision Findings:

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

115.235 (C)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? N/A – if the agency does not have any full-or part-time medical or mental health care practitioners who work regularly in its facilities.

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

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

During the facility tour there were no medical staff.

C**orrective Action: Not Required**

Provision Findings:

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

115.235 (d)

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

	Review of Documents: The Pre-Audit Questionnaire (PAQ) Indicated: Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by 115.231; facility reported yes. The agency does not hire part-time or full-time medical staff. During the facility tour there were no medical staff. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.241	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • PREA Introduction Script • PREA Client Self-Assessment Questionnaires • Paper Risk for Sexual Victimization or Abusiveness • Policy, PREA: Prison Rape Elimination Act, Policy, and Procedure • Informational conversation • Client Management Database (CAMIS) • Staff Follow Up Questions and the Risk for Sexual Victimization or Abusiveness Tool. • Initial & 30 Days Re-Assessments • Pre-Audit Questionnaire (PAQ) • Staff Responsible for Risk Screening • Resident Interview Questionnaire

- PREA Coordinator

Reasoning and Analysis by Provisions

115.241 (a)

All Residents shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other Residents or sexually abusive toward other Residents.

Review of Documents:

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

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 residents. 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.

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

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

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

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

A total of fifteen random residents were interviewed. Five Blacks, Five Whites and Five Hispanics, they were asked when you first came here, do you remember whether you were asked any questions like:

- Whether you have been in jail or prison before? Fifteen indicated yes.
- Whether you have ever been sexually abused? Fifteen indicated yes.
- Whether you think you might be in danger of sexual abuse here? Fifteen indicated yes.

	• When were you asked these questions? Fifteen indicated the first day during orientation or intake. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the facility tour of the case manager office, the auditor had informal conversations with the case manager that confirmed the initial risk screening is conducted by case managers. The auditor requested that the case manager conducts an initial risk screening to demonstrate the PREA screening process. Staff started by logging-in into the PREA screening software which is a computerized system and walked the auditor through the process. The screening process occurred in the case manager's office with the door closed. The auditor determined that the location of the screening ensured that as much privacy as possible is given to the residents in discussing potential sensitive information. During the risk screening demonstration, staff explained that the PREA screening information is collected by the agency assessment instrument called Risk for Sexual Victimization or Abusiveness Tool. The auditor reviewed a completed PREA screening tool and at the bottom of the page was the computerized rating/score that determined the risk of a resident's being sexually abused or being sexually abusive. There are additional sources of information that may be populated into the screening instrument to help determine risk levels that include additional Client Functional Assessments, Criminal and Addictive Thinking Assessments. The case manager confirmed and explained that they completed the PREA Assessment on paper and then entered the information into the Client Management Database (CAMIS) which calculates the outcome of the assessment. **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.241 (b)** Intake screening shall ordinarily take place within 72 hours of arrival at the facility. **Review of Documents:** Based on a review of information the facility provided in the PAQ, the number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexual abusing other residents within 72 hours of their entry into the facility, facility reported 142. The agency does require that residents be screened for risk of sexual victimization

	or risk of sexually abusing other residents within 72 hours or their intake. Documentation review of the Risk for Sexual Victimization or Abusiveness Tool has instruction at the top of the page stating: To be completed within 72 hours of admission for all DOC/CSSD residents. Please complete the following questions based on the client's self-completed assessment, file review, and intake interview. Please tally the total points for all yes answers. A documentation review of 56 residents was selected by the PREA Auditor from the resident's roster with Resident Name, ID, Room Bed Assignments, Admission Date, Commitment, Supervising Officer, and Offense (s). The selected information was placed on a spreadsheet that included race, arrival date year, initial PREA screening date and reassessment date. Copies of the individual documentation for each resident assessment were reviewed and uploaded into the PREA system. The documentation confirmed that all residents received the initial PREA screening within the required timeframe. Most of the initials were completed within the same day the resident arrived. Residents' documentation confirmed that these residents received the initial PREA screenings. Of the 56 residents, 54 were completed in the 72-hour timeframe. However, five 30-days re-assessments were not completed within the required timeframe. The Program Manager was notified. The facility maintains and confirms documentation of resident's participation in PREA orientation and education by the resident signature and date on the Zero-Tolerance Policy for Sexual Harassment and Sexual Abuse Acknowledgements. **Staff Responsible for Risk Screening – Q: 2 / Resident Interview Questionnaire – Q: 7** Staff responsible for the initial PREA screening collaborated that PREA screenings are completed within 24 hours of the resident's arriving at the facility. The screening is always conducted within 72 hours as required by policy. A total of fifteen random residents were interviewed. Five Blacks, Five Whites and Five Hispanics, they were asked when you first came here, do you remember whether you were asked any questions like: • Whether you have been in jail or prison before? Fifteen indicated yes. • Whether you have ever been sexually abused? Fifteen indicated yes. • Whether you think you might be in danger of sexual abuse here? Fifteen indicated yes. • When were you asked these questions? Fifteen indicated the first day during orientation or intake. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required**

Provision Findings:

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

115.241 (c)

Such assessments shall be conducted using an objective screening instrument.

Review of Documents:

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

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

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

A review of the PREA Risk for Sexual Victimization or Abusiveness Tool and the PREA script gives instructions on scoring. The score results are displayed at the bottom right, indicating the offender's level of risk. The tool asks open and closed ended questions, along with a variety of questions that address victimization and abusiveness. The collected information is entered into the Client Management Database (CAMIS) computerized system which calculates the outcome of the assessment.

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

Corrective Action: Not Required

Provisions Findings:

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

115.241 (d)

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

- Whether the resident has a mental, physical, or developmental disability.
- The age of the Residents.

- The physical build of the resident.
- Whether the resident has previously been incarcerated.
- Whether the resident's criminal history is exclusively nonviolent.
- Whether the resident has prior convictions for sex offenses against an adult or child.
- Whether the resident has previously experienced sexual victimization.
- The Residents own perception of vulnerability; and

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability; facility reported yes.

The agency requires PREA screening during intake to consider all the requirements of this provision.

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

The auditor reviews the computerized PREA screening tool. The tool has a total of 21 questions. The questions that meet the criteria for assessment are as follows:

1. Youthful age (under the age of 25), Elderly age (Over the age of 65)
2. Physical size: Male: 5'6" and/or less than 165 lbs. / Female: 5" and or less than 100 lbs.
3. First incarceration
4. Physical, Mental (SMI), or Intellectual Disability (SMI)
5. Criminal history is exclusively non-violent crimes.
6. Former victim of rape or sexual assault
7. Gay, Lesbian, Bi-sexual, Intersex, or Transgender
8. History of sexually abusing others
9. History of institutional sexual activity
10. History of suicidal ideation
11. History of victimizing vulnerable individuals
12. Criminal history includes sexual abuse and/or sexual assault.
13. Criminal history includes violent crimes.
14. History of institutional disciplinary segregation/tickets
15. Criminal history includes domestic violence.
16. Gang Affiliation
17. History of institutional sexual assaultive behavior
18. History of institutional extortion
19. History of institutional sexual activity
20. History of being a sexually assaulted (as victim)
21. History includes victimizing vulnerable individuals.

Staff Responsible for Risk Screening – Q: 3, 4

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

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

Review site review outlined in provision (a).

Corrective Action: Not Required

Provision Findings:

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

115.241 (e)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse; facility reported yes.

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

The PREA screening instrument considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse if known to the facility or agency. The auditor analyzed the PREA screening instrument and determined that the additional screening questions meet this Provision’ requirements.

- Criminal history includes sexual abuse and/or sexual assault.
- Criminal history includes violent crimes.
- History of institutional disciplinary segregation/tickets
- Criminal history includes domestic violence.
- Gang Affiliation
- History of institutional sexual assaultive behavior
- History of institutional extortion
- History of institutional sexual activity

- History of being a sexually assaulted (as victim)
- History includes victimizing vulnerable individuals.

Staff Responsible for Risk Screening – Q: 3, 4

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

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

Review site review outlined in provision (a).

Corrective Action: Not Required

Provision Findings:

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

115.241 (f)

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

Review of Documents:

Based on a review of information that the facility provided in the PAQ, the number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake, facility reported 35.

TCI Policy PREA: Prison Rape Elimination Act Section 7.2: Administering a sexual risk victimization survey during intake and again within thirty days.

A documentation review of 56 residents was selected by the PREA Auditor from the resident's roster with Resident Name, ID, Room Bed Assignments, Admission Date, Commitment, Supervising Officer, and Offense (s). The selected information was placed on a spreadsheet that included race, arrival date year, initial PREA screening date and reassessment date. Of the 56 reassessments, 2 were not in the required timeframe. Copies of the individual documentation for each resident assessment were reviewed and uploaded into the PREA system.

A review of the Risk for Sexual Victimization or Abusiveness Tool is used for both the

initial and the reassessment. At the bottom of the tool there are two categories' boxes one is check for initial assessment and second is check if the is a reassessment.

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

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

A total of fifteen random residents were interviewed. Five Blacks, Five Whites and Five Hispanics had asked them the reassessments questions again, after the initial assessment questions. The case managers used the TCI form to conduct PREA reassessments.

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

Informational conversation with the Program Manager reported that the facility case manager position was vacant, and she tried to keep up with the 30-day reassessment, but a few went over the 30 days. However, the problem has been corrected by hiring and training the case manager on March 11, 2024. The auditor collaborated on this information by meeting with the case manager and asking her to demonstrate the reassessment process, which she clearly understands to include the importance of the required time frame. The auditor determined there was no need for additional corrective actions.

Corrective Action: Not Required

Provision Findings:

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

115.41 (g)

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

Review of Documents:

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

TCI Policy PREA: Prison Rape Elimination Act Section 7.2.C: 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.

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

Staff Responsible for Risk Screening – Q: 5

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

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

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

Corrective Action: Not Required

Provision Findings:

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

115.241 (h)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to paragraphs d-1,7,8 or 9 of this section; facility reported yes.

TCI Policy PREA: Prison Rape Elimination Act Section 7.2.D: Disciplining clients for refusing to answer (or not disclosing complete information) the question during the assessment is prohibited.

The agency maintains a strict policy that prohibits disciplining residents who refuse to answer or who choose not to disclose complete information in response to questions included in the PREA instrument or during PREA screenings. This principle

	is consistently upheld across all assessments and reassessments, ensuring that residents' rights are protected regardless of the information requested. Staff members conducting the initial and subsequent PREA screenings are instructed to respect residents' decisions regarding disclosure without imposing any form of disciplinary action. Instead, staff may document the refusal or incomplete disclosure in the resident's file or update the information in the facility's computer system as appropriate. This approach is reinforced by relevant facility policies and corroborated through interviews and informal conversations with staff and residents, confirming compliance with this standard throughout the facility. The auditor documentation search of investigations, incident reports, grievances for and form of residents receiving disciplined actions for refusing to answer or for not disclosing PREA information was not found. **Staff Responsible for Risk Screening – Q: 7** Staff responsible for the initial PREA screening confirmed that no residents are disciplined in any way for refusing to disclose or answer questions. They may place a note in a resident's file or may reassess and enter the data into the computer system. This was also confirmed by the Program Manager during the facility tour that residents are not disciplined for refusing to disclose information. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal conversation with the agency PREA Coordinator confined that the facility prohibits disciplining residents for refusing to answer the questions regarding: Whether the resident has a mental, physical, or developmental disability. Whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming. Whether or not the residents have previously experienced sexual victimization, and the residents' own perception of vulnerability. Information conversations with residents doing the facility tour collaborated that they have not been disciplined for refusing to answer or disclosing complete information for PREA related questions during the initial and reassessments. **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.241 (i)** The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information in not exploited to the resident's detriment by staff or other Residents.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited and is not exploited to the residents' detriment by staff or other residents; facility reported yes.

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

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

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

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

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

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

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

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

During the facility site visit the auditor observed the physical storage area of any information/documentation collected and maintained as hard copy. The hard copies

	of the intake, PREA screening and other residents' documentation are kept in the residents' files and maintained in a lock file cabinet in a location in the office area. The PREA investigations files were stored in the Agency PREA Coordinator's office at the agency headquarters under lock and key. There was no confidential resident's information located in places where other residents or staff can review. **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.242	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • The Connection Policy, PREA: Prison Rape Elimination Act Policy and Procedure • The Connection Policy First Responders to a PREA Incident • Informal Conversations • Pre-Audit Questionnaire (PAQ) • PREA Assessment Spread Sheet • PREA Coordinator • Staff Responsible for Risk Screening **Reasoning and Analysis by Provisions** **115.242 (a)** The agency shall use information from the risk screening required by standard 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those Residents at elevated risk of being sexually victimized from those at elevated risk of being sexually abusive. **Review of Documents:**

	The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency use information from the risk screening required by 115.241, with the goal of keeping those residents separated at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments; facility reported yes. 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 residents. Too, staff are required to keep a log of the room assignments of known victims and predators. The agency uses information from the risk screening to inform housing, bed, work, education, with the goal of keeping those residents at high risk of being sexually victimized separate from those at high risk of being sexually abusive. The facility uses PREA information to make determinations for all residents regarding housing, bed, work, education, and program assignments. The information is used to maintain separation between residents at risk of being sexually victimized and residents likely to commit sexual abuse. The facility's physical layout is also considered in the determinations of housing. The auditor confirmed the physical layout during the facility tour and reviewed the facility layout. Documentation review of the PREA Assessment Spread Sheet submitted by the agency included and confirmed, the client's name; Staff Completing Assessment; Program; 30 Day Reassessment; Assessment Date; Potential Victim; Potential Predatory; Victim Scoring; Predator Scoring; and Housing Arrangement. **PREA Coordinator – Q: 9 / Staff Responsible for Risk Screening – Q: 9** The PREA coordinator collaborated that the facility uses information from risk screening during intake to keep residents from being sexually victimized or being sexually abusive. The PREA risk screening application uses a scoring system depending on how a resident answers the questions and it provides an automatic score representing risk levels of victims and abusers. This information is used to keep the victims' ways from the abusers. A review of the PREA Risk Screening section "Victim Scoring Guide" and "Predator Scoring Guide" information along with reviewing the completed assessment with the computerized automatic scoring indicated the following: Victim Scoring Guide: • Known Victim • Potential Victim • Low Victimization Risk Predator Scoring Guide: • Known Predator • Potential Predator

- Low Victimization Risk

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

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

Informal conversations with the agency PREA coordinator explain that the practice is to use the information from the Sexual Violence Assessment Tool to determine bed, work, education and program assignments so that residents at risk of sexual victimization are kept separate from residents with high risk of being sexually abusive. This is done on a case-by-case basis. Room and program assignments for transgendered or intersexed residents are also completed on a case-by-case basis. Decisions are made after a conversation with the residents about their preferences and safety. Room selection is also determined by what rooms are available, but room changes of existing residents may occur.

Corrective Action: Not Required

Provision Findings:

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

115.242 (b)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency use information from the risk screening by 155.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform housing assignments; facility reported yes.

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.

The Connection Policy First Responders to a PREA Incident section 6.0, staff will only reveal PREA information to the individuals. Any other information will only be disseminated to individuals necessary to make treatment, investigation, and other

	security or management decisions. The agency makes individualized determinations about how to ensure the safety of each resident. These decisions are reached through a careful process that takes into account each resident's unique circumstances and needs. The agency utilizes information gained from risk screening tools to inform bed, work, education, and program assignments, thereby keeping residents who are at risk of sexual victimization separate from those who may pose a risk of being sexually abusive. Assignments for transgender or intersex residents are also conducted on a case-by-case basis. This approach involves direct communication with residents regarding their preferences and safety, and considers available room options as well as the possibility of room changes for current residents. By following these procedures, the agency ensures that every resident's safety is addressed individually, consistent with relevant policies and standards. **Staff Responsible for Risk Screening – Q: 9** Staff who perform PREA screenings confirmed that the facility uses information from the risk screening during intake to keep residents safe from being sexually victimized or from being sexually abusive. Staff reported that the initial PREA screen is entered into the automated PREA Screening system. This tool processes ratings which help to determine housing the residents will be assigned or programming, education, and work area. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. 1**15.242 (c) – Not Applicable** **115.242 (d) – Not Applicable** **115.242 (e) – Not Applicable** **115.242 (f) – Not Applicable** **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI Policy PREA: Avenues of Reporting PREA Allegations Policy and Procedure • The Connection brochure, The Client Guide to PREA • Resident Handbook- Reporting • PREA Notices (English & Spanish) • Informal Conversations • Connecticut Alliance to End Sexual Violence • PREA Posters (English & Spanish) • TCI Website • Pre-Audit Questionnaire (PAQ) • Resident book – Grievance Process/Resident Acknowledgements • Random Sample Staff • Resident Interview Questionnaire • PREA Coordinator **Reasoning and Analysis by Provisions** **115.251 (a)** The agency shall provide multiple internal ways for Residents to privately report sexual abuse and sexual harassment, retaliation, by other Residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency provide multiple internal ways for residents to report sexual abuse and sexual harassment; facility reported yes. TCI Policy PREA: Avenues of Reporting PREA Allegations Policy and Procedure section 7.0, The PREA coordinator will 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: • At intake and orientation, clients are given PREA literature that includes the mailing address and work phone number of The Connection, Inc.’s PREA coordinator. • Clients are encouraged to report any sexual misconduct to program staff. • The contact information for the PREA coordinator and third-party reporting avenues is available on The Connection’s website.

	The agency has established procedures allowing for multiple internal ways for residents to report privately to agency and non-agency officials. Documentation review indicated the following ways for residents to internal report sexual abuse or sexual harassment: • The PREA Coordinator mail address and toll-free number. • Grievance Process • Trusted Staff Member The review of Zero-tolerance Policy documentation confirmed the PREA Coordinator and internal reporting information, as did The Connection brochure, Client Guide to PREA, and Resident Handbook. According to the resident handbook, residents are provided with access to phones for both emergencies and business-related calls. In addition to these facility-provided phones, residents are also permitted to utilize their personal cell phones. This allows them to directly contact the PREA hotline or access the PREA website for the purpose of reporting incidents of sexual abuse or harassment. This dual access ensures that residents have the means to make confidential reports when necessary, supporting the facility's commitment to resident safety and compliance with PREA standards. **Random Sample of Staff – Q: 7 / Resident Interview Questionnaire – Q: 9** A total of four random staff were interviewed. Three Black females and One Black male. They work the 1st, 2nd and 3rd shifts. Four confirmed that residents can privately report sexual abuse, sexual harassment, or retaliation by confiding in a trusted resident or staff member. Staff indicated that residents have a toll-free hotline, they could call State Police (911) or DOC, Parole Officer, PREA coordinator, or they can report to family members. All residents have personal cell phones. A total of fifteen random residents were interviewed. Five Blacks, Five Whites and Five Hispanics, they were asked how would you report any sexual abuse or sexual harassment that happened to you or someone else? Is there someone who does not work at this facility who you could report to regarding sexual abuse or sexual harassment? Ten had different responses, all were aware of the PREA hotline and that they can report using their personal cell phones to call the PREA hotline or call 911. They can tell staff or their parole officer, their family members, wife or girlfriend. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal discussions with the PREA Coordinator revealed that residents can use the grievance process, but PREA-related grievances are immediately referred to for investigation, ending the grievance process and starting the investigation. Informal discussions with facility staff have indicated that residents may be allowed to carry a cell phone, contingent upon approval by their referral source. This policy

provides residents with the opportunity to maintain communication and access important resources, which can include contacting the PREA hotline or reporting incidents directly. The allowance supports the facility's commitment to ensuring residents have confidential and convenient means for reporting concerns related to sexual abuse or harassment, further reinforcing compliance with PREA standards.

Corrective Action: Not Required

Provision Findings:

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

115.251 (b)

The agency shall also provide at least one way for Residents to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency; facility reported yes.

TCI Policy PREA: Avenues of Reporting PREA Allegations Policy and Procedure section 7.0, The PREA coordinator will 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:

Externally:

- Connecticut Alliance to End Sexual Violence (formerly CONNSACS) contact information and maps are displayed in high traffic areas of each designated PREA program (Emotional Support Services).
- Department of Corrections PREA material and contact information are displayed in high traffic areas of each designated PREA program.

The agency has provided at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The following are included:

Documentation review indicated the following ways for residents to externally report sexual abuse or sexual harassment:

- PREA Poster – Break the Silence! Included the confidential and free number to the Department of Corrections PREA Hotline (Spanish and English).
- PREA Poster – How to Report Sexual Abuse or Sexual Harassment, included

Agency PREA Office number and address; the number to contact the State of Connecticut Department of Corrections PREA Investigation Unit Hotline; and the Local Police Department State Trooper #911.

- PREA Brochure – National Sexual Assault Hotline; and the Rape, Abuse and Incest Nation Network (RAINN) website at www.rainn.org; and the PREA Coordinator Number

According to the resident handbook, residents are provided with access to phones for both emergencies and business-related calls. In addition to these facility-provided phones, residents are also permitted to utilize their personal cell phones. This allows them to directly contact the PREA hotline or access the PREA website for the purpose of reporting incidents of sexual abuse or harassment. This dual access ensures that residents have the means to make confidential reports when necessary, supporting the facility's commitment to resident safety and compliance with PREA standards.

PREA Coordinator – Q: 17, 18 / Resident Interview Questionnaire – Q: 9, 10

The PREA coordinator collaborated that the agency provides at least one way for residents to report abuse or harassment to a public or private office that is not a part of the agency. Residents can report by calling the State Police Department by dialing 911 or calling the Department of Corrections PREA Investigation Unit. The process will enable receipt and immediate transmission of resident reports of sexual abuse and sexual harassment to agency official that allow the resident to remain anonymous upon request.

The PREA coordinator confirmed that the above procedures enable receipt and immediate transmission of resident reports of sexual abuse and sexual harassment to agency officials that allow the resident to remain anonymous upon request. The agency only requests the basic information regarding an allegation and respect if someone would like to remain anonymous. Clients have reported directly to staff and have requested to remain anonymous as well as ensure that this information is not shared with any other staff or residents.

A total of fifteen random residents were interviewed. Five Blacks, Five Whites and Five Hispanics, they were asked how would you report any sexual abuse or sexual harassment that happened to you or someone else? Is there someone who does not work at this facility who you could report to regarding sexual abuse or sexual harassment? Ten had different responses, all were aware of the PREA hotline and that they can report using their personal cell phones to call the PREA hotline or call 911. They can tell staff or their parole officer, their family members, wife or girlfriend.

A total of fifteen random residents were interviewed. Five Blacks, Five Whites and Five Hispanics, they were asked do you know if you are allowed to make a sexual abuse or sexual harassment report without having to give your name? Nine indicated yes, they are aware. One indicated no he did not know, the auditor discussed that he has the right to report without giving his name.

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

During an informal conversation with the Program Manager, it was confirmed that residents are permitted to call 911 in order to report incidents of sexual abuse or sexual harassment. This process enables residents to directly reach the State Police Department, providing an external avenue for reporting that it is independent of facility staff. By allowing residents to utilize emergency services, the facility ensures that there is an accessible and confidential method for residents to notify law enforcement of any incidents, supporting their safety and reinforcing compliance with PREA standards.

Corrective Action: Not Required

Provision Findings:

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

115.251 (c)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties; facility reported yes.

The agency has established a policy that requires staff to accept reports of sexual abuse and sexual harassment through multiple channels. Staff are required to receive reports whether they are made verbally, in writing, submitted anonymously, or provided by third parties. This approach ensures comprehensive accessibility for individuals wishing to report incidents, supporting the agency’s commitment to safety and compliance with relevant standards.

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

A total of four random staff were interviewed. Three Black females and One Black male. They work the 1st, 2nd and 3rd shifts. Four confirmed that when a resident alleges sexual abuse, they can report it verbally, in writing, anonymously and from third parties and they can report it immediately.

A total of fifteen random residents were interviewed. Five Blacks, Five Whites and Five Hispanics, they were asked can you make reports of sexual abuse or sexual harassment either in person or in writing? Fifteen indicated yes, they can report in person to staff or write a grievance. Ten indicated that someone else can make a

report for them so that they do not have to give their names.

A total of fifteen random residents were interviewed. Five Blacks, Five Whites and Five Hispanics, they were asked had you ever reported to the authorities or staff, either in person or in writing, that you were sexually abused or sexually harassed while in this facility? Ten indicated no.

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

Review of the site review outlined in provision (a) and (b).

Corrective Action: Not Required

Provision Findings:

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

115.251 (d)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents; facility reported yes.

The agency has established procedures for staff to privately report sexual abuse and sexual harassment or residents.

Practice indicated that staff can privately report sexual abuse or sexual harassment of residents by using the same method that resident use. Which are:

- Report to their supervisors.
- Third Party Reporting System.
- PREA Poster – Break the Silence! Included the confidential and free number to the Department of Corrections PREA Hotline (Spanish and English).
- PREA Poster – How to Report Sexual Abuse or Sexual Harassment, included Agency PREA Office number and address; the number to contact the State of Connecticut Department of Corrections PREA Investigation Unit Hotline; and the Local Police Department State Trooper #911.
- PREA Brochure – National Sexual Assault Hotline; and the Rape, Abuse and Incest Nation Network (RAINN) website at www.rainn.org; and the PREA Coordinator Number
- Parole Office

Random Sample of Staff – Q: 6

	A total of four random staff were interviewed. Three Black females and One Black male. They work the 1st, 2nd and 3rd shifts. Four confirmed that staff can privately report sexual abuse and sexual harassment of resident by using their personal cell phones to call DOC PREA Investigation Units, call 911or the State Police, and report to the Agency PREA coordinator. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal discussions with staff during the facility tour demonstrated that staff are committed to maintaining confidentiality when reporting incidents of sexual abuse or sexual harassment involving residents. Staff indicated several avenues for reporting, including: • Contact the DPC PREA Investigation Unit directly to ensure a thorough and confidential investigation of the allegations. • Call 911 or the State Police for immediate assistance and intervention in urgent situations. • Reporting to the Agency PREA Coordinator, who oversees compliance and coordinates responses to PREA-related incidents. • Informing their supervisors, who can provide guidance and initiate internal reporting protocols. These informal conversations confirm that staff are aware of their responsibilities and the available methods for privately reporting incidents, ensuring the safety and protection of residents. **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.252	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in making Compliance Determinations:

- TCI Policy Client Compliant/Grievance Policy and Procedure
- TCI Policy PREA: Avenues of Reporting PREA Allegations Policy and Procedure
- Informal Conversation
- Grievance Forms
- Resident Handbook – Grievance Process
- Complaint/Grievance Process – Client Acknowledgement
- Pre-Audit Questionnaire (PAQ)
- Residents who Reported Sexual Abuse

Reasoning and Analysis by Provisions

115.252 (a)

An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Is the agency exempt from this standard; facility reported yes. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.

TCI Policy Client Compliant/Grievance Policy and Procedure section 1.0, the purpose of the Client Complaint/Grievance Policy is: To ensure that clients are treated with respect and their rights protected; To ensure that all clients are aware of their right to complain or file a grievance if they feel their rights have been violated or that they are being treated unfairly or disrespectfully; and to ensure the agency maintains an efficient, consistent, and clearly defined process for client complaints and grievances.

The auditor reviewed the Complaint/Grievance Process-Client Acknowledgement it included the following information:

- You may fill out a client grievance form or write out your complaint on any piece of paper or in an email. You can email the grievance directly to The Connection's Quality Improvement Manager lhansen@theconnectioninc.org or call 860-343-5500 x 1851.
- You may verbally explain your complaint to program staff or by phone to a member of The Connection's Quality Improvement Department. This person will make every effort to make sure to document your complaints or concerns as accurately as possible.

An additional policy review indicates that the agency has administrative procedures to address resident grievance regarding sexual abuse.

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

Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

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

115.252 (b)

• The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.
• The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.
• The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse.
• Nothing in this section shall restrict the agency's ability to defend against a resident lawsuit on the grounds that applicable status of limitations has expired.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits; facility reported yes.

TCI Policy PREA: Avenues of Reporting PREA Allegations Policy and Procedure section 4.0, sexual assault and/or sexual harassment are not grieveable offenses and should be addressed immediately. An allegation will be reported immediately upon discovery of the written grievance. All alleged incidents of sexual abuse and sexual harassment must be reported to program leadership.

The agency does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The agency does not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. Nothing in the policy restricts the agency's ability to defend against a resident lawsuit on the grounds that applicable status of limitations has expired.

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

Informal conversation with the agency PREA coordinator confirmed that if a grievance involving sexual abuse or sexual harassment is immediately send to the PREA investigator. This process stops the grievance process and begins the PREA investigation process.

Corrective Action: Not Required

Provision Findings:

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

115.252 (c)

The agency shall ensure that:

• A resident who alleges sexual abuse may submit grievance without submitting it to a staff member who is the subject of the complaint, and
• Such grievance does not refer to a staff member who is the subject of the complaint.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency ensure that a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint; facility reported yes.

TCI Policy Client Complaint/Grievance Policy and Procedure section 6.0, receive grievance filed in writing, by phone call, or if necessary, in person.

A review of the Resident Handbook Section 7: Program Policies under Grievances/ Complaints' – The Connection, Inc. as a grievance procedure that is distributed and explained upon admission. Each resident signs that they have received and understand the procedure during intake. A box to submit grievances is located next to the program manager's office. If the residents feel that they need to submit a grievance, then they can request the form from any program staff or they can write the grievance on any piece of paper. Staff may assist residents by filling out the form upon request.

A review of the Resident Handbook Section 8: Department of Corrections Grievance Summary – Residents file grievances with the Department of Corrections. Copies of related forms are regularly stocked and maintained in the area opposite the main office. Department of Corrections grievance policy is posted.

The agency provides residents with the ability to submit grievances regarding allegations of sexual abuse without having to present the grievance to the staff member who is the subject of the complaint. This process ensures that residents can report concerns safely and confidentially, supporting the facility's commitment to compliance with relevant standards and policies regarding grievance procedures.

A review of the Inmate Grievance Form – Level 1/ Connecticut Department of Correction has the following information:

- Facility Name
- Inmate Name

- Date
- Inmate Advisement
- State Problem and Requested Resolution
- Inmate Signature and Date

A review of the Client Grievance Form included:

- Grievance filed by:
- Date:
- Program/Provider:
- Address:
- Phone Number:
- Email address:
- Description of Grievance:
- Client Signature & Date
- Contact, Clients Right Officer (The Connection Inc.)

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

Corrective Action: Not Required

Provision Findings:

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

115.252 (d)

• The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.
• Computation of the 90-day time shall not include time consumed by Residents in preparing any administrative appeal.
• The agency may claim an extension of the time to respond, of up to 70 days, if the normal time for response is insufficient to make an appropriate decision. The agency shall notify the residents in writing of any such extension and provide a date by which a decision will be made.
• At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

Review of Documents:

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of grievances filed that alleged sexual abuse, facility reported 0.

In the past 12 months, the number of grievances alleging sexual abuse reached the

final decision within 90 days after being filed, facility reported 0.

In the past 12 months, the number of grievances alleging sexual abuse involved extensions because the final decision was not reached within 90 days, facility reported 0.

TCI Policy PREA: Avenues of Reporting PREA Allegations Policy and Procedure section 4.0, sexual assault and/or sexual harassment are not grieveable offenses and should be addressed immediately. An allegation will be reported immediately upon discovery of the written grievance. All alleged incidents of sexual abuse and sexual harassment must be reported to program leadership.

The agency requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

Residents who Reported a Sexual Abuse – Q: 15, 16, 17, 18

During the site visit there were no residents who reported sexual abuse to respond to the following questions:

- Were you told in writing of any decisions made about your grievance?
- If yes, about when were you told in writing?
- Do you know if the facility is supposed to tell you of any decision within 90 days of you making a grievance about sexual abuse?
- If it took longer than 90 days to reach a decision, did the facility tell in you writing that making a decision would take longer?
- If yes, did they tell you by what date they would have a decision?

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

During an informal conversation with the agency PREA coordinator, it was confirmed that any grievance involving allegations of sexual abuse or sexual harassment is handled with urgency. When such a grievance is received, the standard grievance process is halted, and the matter is immediately forwarded to the PREA investigator. This transition ensures that the PREA investigation process begins without delay, prioritizing the safety and well-being of residents and compliance with established procedures.

Corrective Action: Not Required

Provision Findings:

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

115.252 (e)

- Third parties, including fellow Residents, staff members, family members,

attorneys, and outside advocates, shall be permitted to assist Residents in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of Residents.
• If a third-party file such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.
• If the resident declines to have the request processed on his or her behalf, the agency shall document the resident decision.

Review of Documents:

Based on a review of information that the facility provided in the PAQ, the number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the residents' decision to decline, facility reported 0.

A review of the Resident Handbook Section 7: Program Policies under Grievances/ Complaints' – The Connection, Inc. as a grievance procedure that is distributed and explained upon admission. Each resident signs that they have received and understand the procedure during intake. A box to submit grievances is located next to the program manager's office. If the residents feel that they need to submit a grievance, then they can request the form from any program staff or they can write the grievance on any piece of paper. Staff may assist residents by filling out the form upon request.

The facility has demonstrated compliance with this provision of the standard because they permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filling requests for administrative remedies relating to allegations of sexual abuse and to file requests on behalf of the residents.

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

Corrective Action: Not Required

Provision Findings:

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

115.252 (f)

• The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.
• After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the

grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Review of Documents:

Based on a review of information that the facility provided in the PAQ, the number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months, facility reported 0.

The number of those grievances in 115.252 (e)-3 that had an initial response within 48 hours, facility reported 0.

The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days, facility reported 0.

TCI Policy PREA: Avenues of Reporting PREA Allegations Policy and Procedure section 4.0, sexual assault and/or sexual harassment are not grieveable offenses and should be addressed immediately. An allegation will be reported immediately upon discovery of the written grievance. All alleged incidents of sexual abuse and sexual harassment must be reported to program leadership.

The facility has demonstrated compliance with this provision of the standard because the agency has established procedures for filing an emergency grievance alleging that a resident is subject to substantial risk of imminent sexual abuse.

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

Informal conversation with the agency PREA coordinator confirmed that if a grievance involving sexual abuse or sexual harassment, it is immediately sent to the PREA investigator. This process stops the grievance process and begins the PREA investigation process.

Corrective Action: Not Required

Provision Findings:

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

115.252 (g)

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

	Review of Documents: Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith, facility reported 0. TCI Policy PREA: Avenues of Reporting PREA Allegations Policy and Procedure section 4.0, disciplinary action is prohibited for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency has a policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.253	**Resident access to outside confidential support services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • The Connection Policy, PREA: Avenues of Reporting PREA Allegations Policy and Procedure • The Connection, Inc.’s website • Connecticut Alliance to End Sexual Violence Location Map • PREA Notices (English & Spanish)

- Informal Conversation
- Memorandum of Understanding (MOU)
- PREA Brochure
- Pre-Audit Questionnaire (PAQ)
- Emotional Support Services Flyer
- Resident Interview Questionnaire
- Resident who Reported Sexual Abuse

Reasoning and Analysis by Provisions

115.253 (a)

The facility shall provide Residents with access to outside victim advocates for emotional support services related to sexual abuse by giving Residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between Residents and these organizations and agencies, in as confidential a manner as possible.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the facility provide resident with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations; facility reported yes.

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 residents and staff to report potential PREA allegations internally and externally. At intake and orientation, residents must be given PREA literature that includes the mailing address and phone number of The Connection, Inc.’s PREA coordinator. During that process, residents 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.

The facility does provide residents with access to outside victim advocates for emotional support services related to sexual abuse.

The agency/facility provides residents with access to outside victim advocates or counselors for emotional support services. The emotional support services include sexual abuse and sexual harassment. Access is provided by giving residents the mailing address to the local rape crisis center, posting the outside phone numbers in areas where the resident is and by giving them a PREA brochure with the information during intake.

The outside emotional support services are on the Connecticut Alliance to End

Sexual Violence – How to Access Emotional Support Services for Survivors of Sexual Abuse with Dial: 1-888-999-5545 (24 hours Toll Free Hotline – English). Dial: 1-888-568-8332 (24 hours Toll Free Hotline – Spanish) on the phone to reach a trained counselor. The local mailing address is the Middletown Office. The local mailing addresses are on the flyer and phone number. The flyer also stated that the calls are free and confidential. PREA mail will be treated as legal mail. The flyer clearly states that "In accordance with state mandatory reporting laws agency/ organizations may forward report to proper authorities".

Resident Interview Questionnaire – Q: 13, 14, 15, 16 / Resident who Reported a Sexual Abuse – Q: 10, 11

A total of ten random residents were interviewed by the auditor. Five Blacks, Three Whites and Two Hispanics. These residents came to the facility within the past 12 months, seven came from jail, one from home, and two from another community facility. Nine reported that they were aware of services available outside of the facility for dealing with sexual abuse if they needed it. None of the residents knew the kind of services because some reported that they never use the services, or they had no reason to call. All residents reported that they have access to mailing addresses and phone numbers because it is posted and it is in the brochure. They reported that the outside numbers were free, and all the residents had personal cell phones. This was confirmed during the formal interviews of the random residents. The residents reported that they think the kind of services provided was victim services, rape counseling crisis, some said they were not sure because they never call or did not read the information. Seven of the residents reported that they think they can talk with outside service at any time because they have personal phones.

During the site visit there were no residents who reported sexual abuse to respond to the following questions.

- Does the facility give you mailing addresses and telephone numbers for outside services? What services and are the numbers free to call?

- Under what circumstances are you able to talk with people who provide these services?

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

During the facility tour the auditor observed PREA posters on the wall. The posters observed were Auditor PREA Notice of the upcoming PREA audit; PREA Brochure-Sexual Assault, Abuse and Harassment Sexual Abuse and Harassment. The Connecticut Alliance to End Sexual Violence.

This information was continuous throughout the facility to include posting in the Dining/Common areas, and the Intake area. The posters and brochures are eligible, has the outside toll-free numbers and are in English and Spanish.

During the On-Site phase, during the tour of the facility, all the residents have

personal phones. The phones were checked to ensure that the residents have access to The Connecticut Alliance to End Sexual Violence, local rape crisis center that provides emotional support services.

Previously the auditor called the Connecticut Alliance to End Sexual Violence the statewide emotional support services number to test its functions. The auditor uses his cell phone and dials the toll-free number. The call went to the statewide office. The person that answered the phone asked for the auditor's reason for calling. The auditor informed the person that he was a Certified PREA auditor and was testing the statewide toll-free number. The auditor asked the staff to explain the process when a resident calls this number and how they receive emotional support services. The staff indicated that they would talk to the residents and forward the call to the zip code where the facility is located. Connecticut Alliance to End Sexual violence is a statewide coalition of individual sexual assault crisis programs. There are nine local rape crisis centers that provide emotional support services statewide. Staff also indicated that they provide services at the local hospital if requested the resident.

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

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

Staff and residents' informal conversations during the tour indicated that residents confirmed having access to writing instruments, paper, and forms to report. They use them during their free time in the living units. Staff indicated that residents could request them from staff. Informal conversations with residents during the tour also collaborated with them that they are aware of the outside emotional support services on the flyers and posters, however, they never used it.

The auditor observed the process by which residents send mail to individuals outside the facility. Residents are able to write correspondence using note paper or grievance forms. Once completed, the resident placed the letter into an envelope and submitted it to the front office. The facility ensures daily pickup of outgoing mail by the United States Postal Service, allowing for regular and timely delivery of residents' letters.

Corrective Action: Not Required

Provision Findings:

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

115.253 (b)

The facility shall inform Residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the facility residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws; facility reported yes.

TCI Policy PREA: Avenues of Reporting PREA Allegations Policy and Procedure section 7.0: (1) Program staff will enable reasonable communication between clients and third-party organizations in as confidential a manner as possible. (2) Program staff will inform clients of the mandatory reporting rules that apply to disclosure of sexual abuse made to third party organizations, including any limits to confidentiality under relevant federal, state, or local law.

The facility does inform residents, prior to giving them access to outside support services, to the extent to which such communications will be monitored.

The facility informs residents through the Connecticut Alliance to End Sexual Violence flyer prior to giving them access to communications that will be monitored and forwarded to authorities in accordance with mandatory reporting laws. The following was reviewed on the flyer: How to Access Emotional Support Services for Survivors of Sexual Abuse. Hotline numbers (English and Spanish) to reach a trained counselor. All calls will be forward to your local centers. The call is not recorded, and you do not have to use and Personal Identification Number (PIN) to make a call. Calls are free and confidential. Local Centers and numbers. All PREA mail will be treated as legal mail. In accordance with the state mandatory reporting laws agency/organizations may forward report to proper authorities.

Resident Questionnaire – Q: 17 / Resident who Report a Sexual Abuse – Q: 12

A total of fifteen random residents were interviewed. Five Blacks, Five Whites and Five Hispanics, they reported that they think the conversation would remain private. However, they did not know if their conversation would remain private because they never use outside services. Some say that they think their conversation would remain private unless they reported a crime.

	The Program Manager collaborated that the residents are informed at orientation by case manager when completing the PREA Screening Application to which reports of abuse will be forwarded to authorities as mandated reporters. During the site visit there were no residents who reported sexual abuse to respond to the following question. Can you communicate (talk or write) with these people in a confidential way? Could your conversations with them be told to or listened to by someone else? **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.253 (c)** The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide Residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse; facility reported yes. The agency maintains a memorandum of understanding (MOU) or other agreements with community service provide residents with emotional support services related to sexual abuse. Documentation review of the Memorandum Agreement between Connection, Inc., and The Connecticut Alliance to End Sexual Violence. The Alliance to End Sexual Violence (The Alliance) is a coalition of Connecticut’s nine (9) community based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training programs. TCI and The Alliance agree to the following: • Identify and assign a point of contact at each organization to establish coordination between agencies and access to Sexual Assault Crisis Servies (SACS) for TCI clients. Response to the client’s request to work with SACS will be made and

executed with 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 programs 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 provided 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 to establish a cohesive and seamless delivery of services to clients in TCI facilities.

The agency PREA coordinator maintains a copy of the statewide agreement in the office.

The auditor reviews the MOU and the Modification or Termination of Agreement sections states, "Either party may terminate the agreement with or without cause upon sixty (60) days written notice. Subject to the rights of the parties to terminate this Agreement, no modification shall be made without the written consent of both parties". The Duration section states, "This agreement is effective as of the last date signed below and shall be effective henceforth unless terminated by either party as outlined above".

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

See standard 115.253 (a).

Corrective Action: Not Required

Provision Findings:

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

Overall Findings:

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

	online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI Policy PREA: First Responder to a PREA Incident • TCI Policy PREA: Client Sexual Relationships Policy and Procedure • TCI Website • Pre-Audit Questionnaire (PAQ) **Reasoning and Analysis by Provisions** **115.254 (a)** The agency shall establish a method to receive third party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment; facility reported yes. TCI Policy PREA: First Responder to a PREA Incident section 4.0, all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, will be reported to the PREA coordinator. PREA allegations where evidence found of illegal activity will be referred to the Connecticut State Police for investigation and may be referred to for prosecution. TCI Policy PREA: Client Sexual Relationships Policy and Procedure section 7.0, the PREA coordinator and/or PREA investigator will contact the proper authorities so that they can conduct a PREA investigation. These authorities include, but are not limited to, the State of Connecticut DOC, CT State Police and CSSD. The agency provides a method to receive third-party reports of resident sexual abuse or sexual harassment. This ensures that individuals outside the facility, including family members, advocates, or other parties concerned, can report incidents on behalf of residents. By establishing this reporting mechanism, the agency supports transparency and accountability and allows for additional avenues for residents to seek help and protection from abuse or harassment. The process is designed to facilitate prompt and effective responses to allegations, in accordance

with agency policy and regulatory standards.

A review of the agency website regarding third-party reporting confirmed that to report a PREA allegation through a third party, please utilize one of the following options: (1) State Connecticut Department of Correction PREA Investigation Unit Hotline.

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

Corrective Action: Not Required

Provision Findings:

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

Overall Findings:

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

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI Policy PREA: First Responders to a PREA Incident • TCI Policy PREA: Client Sexual Relationships Policy and Procedure • Mandatory Reporting Laws • Pre-Audit Questionnaire (PAQ) • Program Manager • PREA Coordinator • Random Sample Staff • Medical and Mental Health Staff **Reasoning and Analysis by Provisions** **115.261 (a)** The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual

abuse or sexual harassment that occurred in a facility, whether it is part of the agency; retaliation against Residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; facility reported yes.

The agency mandates that all staff must promptly report any knowledge, suspicion, or information they acquire related to incidents of sexual abuse or sexual harassment occurring within the facility. This requirement applies regardless of whether the incident is connected to the agency. Staff are expected to follow this reporting practice immediately and in accordance with established agency policy.

Random Sample Staff – Q: 5

A total of four random staff were interviewed. Three Black females and One Black male. They work the 1st, 2nd and 3rd shifts. Four confirmed that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against residents or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. They must report any sexual abuse immediately.

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

Corrective Action: Not Required

Provision Findings:

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

115.261 (b)

Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Apart from reporting to designated supervisors or officials, staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in

agency policy, to make treatment, investigations, and other security and management decisions; facility reported yes.

TCI Policy PREA: First Responders to a PREA Incident Section 7.11: When a physical assault has occurred on premises all clients will be transferred to the local hospital for forensic examinations. Staff will 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.

Apart from reporting to designated supervisors or officials and designated state or local services agencies, staff members are strictly prohibited by policy from disclosing any information related to sexual abuse reports. Such information may only be shared when required for treatment, investigations, security, or management decisions. This ensures that sensitive details are protected and only disseminated to those with a legitimate need to know, maintaining both privacy and facility integrity.

Random Sample of Staff – Q: 5

A total of four random staff were interviewed. Three Black females and One Black male. They work the 1st, 2nd and 3rd shifts. Four confirmed that when they report they will only share information with other staff as needed.

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

Corrective Action: Not Required

Provision Findings:

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

115.261 (c)

Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform Residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to paragraph (a) of this section; facility reported yes.

TCI Policy PREA: First Responders to a PREA Incident section 6.0, Offer the client contact information for additional mental health services or religious services/ support. Mandatory reporting laws: if the alleged victim is within a protected

population (i.e. the elderly or people with intellectual disabilities) then contact the applicable hotline number below within 72 hours of the allegation: The Office of Protection and Advocacy for Persons with Disabilities at 1-800-842-7303. Adult age 60 and over, contact The Department of Social Services at 1-888-385-4225.

The facility has established clear procedures regarding the reporting of sexual abuse. During the intake process, residents are informed by staff about their duty to report any instances of sexual abuse. Additionally, practitioners explain the limitations of confidentiality, ensuring that residents understand when information may need to be disclosed in accordance with legal and facility requirements.

Medical and Mental Health Staff – Q: 3, 4, 5

During the onsite visit and documentation review the facility does not hire medical staff to ask the following questions. At the initiation of services to a resident, do they disclose the limitations of confidentiality and their duty to report. Are they required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment of a designated supervisor or official immediately upon learning. And have they ever become aware of such incidents.

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

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

The review specifically addressed how Connecticut’s elder abuse statutes intersect with the facility’s obligations under the Prison Rape Elimination Act (PREA). The facility is required to comply with mandated reporting laws, ensuring that suspected cases of elder abuse are promptly reported in accordance with state guidelines. This includes recognizing various forms of abuse or neglect as defined by Connecticut law, as well as understanding the responsibilities of caretakers and agency staff in identifying and reporting such incidents. The conversation with the PREA Coordinator highlighted the importance of integrating these legal requirements with PREA protocols, reinforcing the facility’s commitment to safeguarding vulnerable residents and maintaining compliance with both state and federal standards.

Corrective Action: Not Required

Provision Findings:

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

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

115.261 (d)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: If the alleged victim is underage of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws; facility reported yes.

TCI Policy PREA: First Responders to a PREA Incident section 6.0, Offer the client contact information for additional mental health services or religious services/ support. Mandatory reporting laws: if the alleged victim is within a protected population (i.e. the elderly or persons with intellectual disabilities) then contact the applicable hotline number below within 72 hours of the allegation: The Office of Protection and Advocacy for Persons with Disabilities at 1-800-842-7303. Adult age 60 and over, contact The Department of Social Services at 1-888-385-4225.

Program Manager – Q: 11 / PREA Coordinator – Q: 19

The PREA coordinator collaborated that the facility does not house individuals under the age of 18, however, if they received an allegation from another program, they would notify the appropriate authorities or DSS as they are mandated reporters. In addition to the normal PREA response, the staff are also mandated reporters for vulnerable adults and report to either the Office of Protection and Advocacy for Persons with Disabilities or The Department of Social Services.

The Program Manager confirmed that they are mandated reporters, and they would report to law enforcement immediately. In the program everyone is 18 years or older. They would also report this to the appropriate agency, either DDS or DSS.

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

Corrective Action: Not Required

Provision Findings:

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

115.261 (e)

The facility shall report all allegations of sexual abuse and sexual harassment,

including third-party and anonymous reports, to the facility's designated investigators.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators; facility reported yes.

TCI Policy PREA: First Responder to a PREA Incident section 4.0, all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, will be reported to the PREA coordinator. PREA allegations where evidence found of illegal activity will be referred to the Connecticut State Police for investigation and may be referred to for prosecution.

TCI Policy PREA: Client Sexual Relationships Policy and Procedure section 7.0, the PREA coordinator and/or PREA investigator will contact the proper authorities so that they can conduct a PREA investigation. These authorities include, but are not limited to, the State of Connecticut DOC, CT State Police and CSSD.

The agency ensures that all allegations of sexual abuse and sexual harassment, including those submitted by third parties and anonymous sources, are promptly reported to the facility's designated investigators. This process is designed to uphold transparency and accountability, ensuring that every report—regardless of the origin—is handled in accordance with established procedures and investigated by qualified personnel.

A thorough examination of the investigation files verified that the facility consistently follows the established reporting process for all allegations of sexual abuse and sexual harassment, including those submitted by third parties and anonymous sources. The documented evidence supports the idea that reports are promptly forwarded to the designated investigators, as required by policy. This confirmation through file review further demonstrates the facility's adherence to the standards and procedures designed to ensure transparency, accountability, and proper handling of every allegation.

Program Manager – Q: 8

The Program Manager confirmed that all allegations of sexual abuse and sexual harassment including those from third-party and anonymous sources reported immediately and directly to the agency PREA coordinator or facility investigator.

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

Corrective Action: Not Required

Provision Findings:

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

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

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI Policy PREA: Protection and Retaliation Policy and Procedure • Informational Conservation • PREA Audit: Pre-Audit Questionnaire • Agency Head • Program Manager • Random Sample Staff **Reasoning and Analysis by Provisions** **115.262 (a)** When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the residents. **Review of Documents:** Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk imminent sexual abuse, facility reported 0. If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passes before acting, facility did not report. TCI Policy PREA: Protection and Retaliation Policy and Procedure section 7.0, TCI, in conjunction with the referring agency, reserves the right to employ the following measures, in cases of retaliation, as it sees fit: (1) Housing changes/Transfers for resident victims and/or abusers (2) Removal of alleged staff or resident abusers form contact with victims (3) Emotional support services for residents or staff who fear retaliation for reporting sexual abuse, sexual harassment, or for cooperating with alleged PREA investigations.

	The facility screens all newly admitted Residents for potential for victimization or for potential sexual abusiveness. This process is in place to ensure that a potential victim and potential abuser are not housed together in the same bedroom. When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. **Agency Head – Q: 12 / Program Manager – Q: 7 / Random Sample of Staff – Q: 13** The Agency Head confirmed that when the agency learns that a resident is subject to a substantial risk of imminent sexual abuse the agency will take protective action. When residents are placed in the program, efforts are made to house them according to PREA assessment, which considers victimization risk. In these instances, or instances where a risk is identified at another time, the agency ensures that the resident is housed in an area that is safe and easily monitored. Staff are also made aware of the situation, and these residents have frequent physical checks done on them. The facility may also speak with the funder to see if there are more appropriate housing options for these residents. The Program Manager confirmed, when they learn that a resident is subject to a substantial risk of imminent sexual abuse, the protective action is to ensure the client is roomed either alone or with someone that based on PREA assessment is of low risk to be an abuser. If there is anyone in the program that is of high risk to offend against a client. A total of four random staff were interviewed. Three Black females and One Black male. They work the 1st, 2nd and 3rd shifts. Four confirmed that the actions they would take when they learn that resident may be at risk of imminent sexual abuse. They would immediately move the residents to another area until the supervisor gives additional instructions and stay with the residents. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informational conservation with the Program Manager confirmed that measures to protect a client are subject to a substantial risk of imminent sexual abuse. The following protective actions that may be used by the agency/facility: o Consultation with referral source, o Removing alleged client abusers from contact with victims, o Removing alleged staff abusers from contact with victims, o Monitoring client rooms, including observation by Manager, o Transferring potential victims/abusers to other facilities, o Segregation during transportation in transport vehicles, o Actively monitoring the conduct and treatment of Clients or staff who have reported abuse and of Clients who have reported to have suffered abuse for signs of retaliation.

Corrective Action: Not Required

Provision Findings:

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

Overall Findings:

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

115.263 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in making Compliance Determinations:

- TCI Policy PREA: First Responders to a PREA Incident
- TCI Policy PREA Review Policy and Procedure
- Pre-Audit Questionnaire (PAQ)
- Agency Head
- Program Manager

Reasoning and Analysis by Provisions

115.263 (a)

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.

Review of Documents:

Based on a review of information that the facility provided in the PAQ, during the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility, facility reported 0.

In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities, facility reported 0.

TCI Policy PREA: First Responders to a PREA Incident section 7.0, 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. This communication will occur no longer than 72 hours after the PREA coordinator was made aware of the alleged incident.

TCI Policy PREA: First Responders to a PREA Incident section 7: PREA Coordinator states 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 agency requires upon receiving an allegation that a resident was sexually abused while confined at another facility, the agency notifies the head of the facility or appropriate office of the facility where sexual abuse is alleged to have occurred.

Agency Head Q:5 / Program Manager Q:12

The Agency Head confirmed that if another agency or a facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of the facilities the agency has a designated point of contact. TCI agency PREA coordinator is the designated point of contact for all facilities. All allegations go through the PREA coordinator who then makes appropriate collateral contacts with those needing to be informed of the situation, including investigations. It was also reported that there were no allegations from another facility or agency. At this time there were no examples from another facility or agency.

The Program Manager confirmed when a facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in his facility it is handle the same as an allegation directly from the client which would initiate the first responder’s response. The PREA coordinator contacted and initiated an investigation, the Police and DOC are notified as well. There are no examples at this facility, if the facility were to receive an allegation, the program staff would notify the PREA coordinator, Parole, and the State Police. The response is the same and is not dependent on who makes the allegations.

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

Corrective Action: Not Required

Provision Findings:

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

115.263 (b)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation; facility reported yes.

TCI Policy PREA: First Responders to a PREA Incident section 7.0, 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. This communication will occur no longer than 72 hours after the PREA coordinator was made aware of the alleged incident.

The agency requires the facility Program Manager to provide notification as soon as possible, but no later than 72 hours after receiving the allegation.

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

Corrective Action: Not Required

Provision Findings:

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

115.263 (c)

The agency shall document that it has provided such notification.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency document that it has provided such notification; facility reported yes.

TCI Policy PREA: First Responders to a PREA Incident section 7.0, 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. This communication will occur no longer than 72 hours after the PREA coordinator was made aware of the alleged incident.

The facility has demonstrated compliance with this provision of the standard because the agency documents that it has provided notification within 72 hours of receiving the allegation.

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

Corrective Action: Not Required

Provision Findings:

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

115.263 (d)

The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities; facility reported 0.

TCI Policy PREA Review Policy and Procedure section 4.0, the PREA coordinator will conduct and administrative review of any and all allegations of sexual abuse and sexual harassment, regardless of the origin of the allegation, at all designate PREA programs. This information will be forwarded to pertinent parties, including but not limited to, the State of Connection Department of Correction (DOC), Parole Services, and/or Court Support Services Division (CSSD) for review and potential sanctions for alleged perpetrators. The Connection will not conduct PREA criminal investigations. All PREA allegations resulting in potential criminal behavior will be referred to the Connecticut State Police for investigation.

The facility has demonstrated compliance with this provision of the standard because the facility requires that allegations received from other facilities are investigated in accordance with the PREA standards.

Program Manager – Q: 13

The Program Manager was asked are their examples of another facility or agency reporting such allegations. Staff indicated none at this program. If they were to receive an allegation, the program staff would notify the PREA Coordinator, Parole and the State Police. The response is the same and is not dependent on who makes the allegations.

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

Corrective Action: Not Required

Provision Findings:

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

Overall Findings:

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

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI Policy PREA: First Responders to a PREA Incident • Pre-Audit Questionnaire • Security Staff and Non-Security Staff First Responders • Residents who Reported Sexual Abuse • Random Sample Staff **Reasoning and Analysis by Provisions** **115.264 (a)** Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: • Separate the alleged victim and abuser. • Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. • If the abuse occurred within a time that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and • If the abuse occurs within a time that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. **Review of Documents:** Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of allegations that a resident was sexually abused, facility reported 2. Of these allegations, the number of times the first security staff member responded

to the report separated the alleged victim and abuser, facility reported 0.

In the past 12 months, the number of allegations where staff were notified within a time that is still allowed for the collection of physical evidence, facility reported 0.

TCI Policy PREA: First Responders to a PREA Incident section7.0, First responding TCI staff members are responsible for the following:

- Immediately separate the victim and the alleged abuser.
- Determine the safety of the client and, 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 washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, and eating.
- Immediately contact: the Program Manager or on call Supervisor; PREA On-Call; Program Manager; Vice President of Community Justice or designee.
- Externally: Emergency medical providers and/or law enforcement, if a potentially criminal act occurred (call 911). If the client involved is on Parole, contact the Supervising Parole Officer or Parole On-Call if outside of normal business hours.

The agency maintains a clear first responder policy specifically addressing allegations of sexual abuse. This policy outlines the steps staff must follow to ensure the safety and well-being of both the alleged victim and the accused. Staff members receive training and guidance in these procedures, ensuring they are familiar with the required actions when responding to reports of sexual abuse. As a result, staff are knowledgeable about the process and understand their responsibilities as first responders in such situations.

Security Staff and Non-Security Staff First Responders – Q: 1 / Residents who Reported a Sexual Abuse – Q: 1, 2, 3

During the site visit there were no residents who reported sexual abuse to respond to the following questions:

- How soon after you were sexually abused did a staff person come to help you? Did you tell someone at the facility about the abuse, or did they find out about the abuse in another way?
- Do you feel that the staff who first got to the scene after you had been sexually abused responded quickly?
- What did the staff do when they first got to you?

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

Corrective Action: None

Provision Findings:

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

115.264 (b)

If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

Review of Documents:

Based on a review of information that the facility provided in the PAQ, of the allegations that a resident was sexually abused in the past 12 months, the number of times a non-security staff member was the first responder, facility reported 2.

Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence, facility reported 0.

Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff, facility reported 0.

TCI Policy PREA: First Responders to a PREA Incident section7.0, First responding TCI staff members are responsible for the following:

- Immediately separate the victim and the alleged abuser.
- Determine the safety of the client and, 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 washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, and eating.
- Immediately contact: the Program Manager or on call Supervisor; PREA On-Call; Program Manager; Vice President of Community Justice or designee.
- Externally: Emergency medical providers and/or law enforcement, if a potentially criminal act occurred (call 911). If the client involved is on Parole, contact the Supervising Parole Officer or Parole On-Call if outside of normal business hours.

The agency training requires that if the first staff responder is not a security staff, that responder is required to request that the alleged victim not take any actions that could destroy physical evidence just as the security staff.

Random Sample of Staff – Q: 11

	A total of four random staff were interviewed. Three Black females and One Black male. They work the 1st, 2nd and 3rd shifts. Four confirmed that they know and understand the agency's protocol for preserving usable physical evidence if a resident alleges sexual abuse. They report that if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, their responsibility in this situation would be to separate the victim from the abuser, close off the area where it takes place, do not let the victim and abuser brush their teeth, drink, use the bathroom, and change clothing. Staff would call 911 if a medical is needed and their supervisor. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.265	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI Policy PREA: First Responders to a PREA Incident • Pre-Audit Questionnaire (PAQ) • Program Manager **Reasoning and Analysis by Provisions** **115.265 (a)** The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse; facility reported yes.

TCI Policy PREA: First Responders to a PREA Incident section7.0, First responding TCI staff members are responsible for the following:

- Immediately separate the victim and the alleged abuser.
- Determine the safety of the client and, 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 occurs within a time 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 washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, and eating.
- Immediately contact: the Program Manager or on call Supervisor; PREA On-Call; Program Manager; Vice President of Community Justice or designee.
- Externally: Emergency medical providers and/or law enforcement, if a potentially criminal act occurred (call 911). If the client involved is on Parole, contact the Supervising Parole Officer or Parole On-Call if outside of normal business hours.

The facility has a written policy to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health staff, investigators, and facility leadership. The plan is documented in the PREA: First Responders to a PREA Incident.

A review of the Plan included the following required by staff:

- Immediately separate the victim and the alleged abuser.
- Determine the safety of the client and, 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 occurs within a time 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 washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, and eating.
- Immediately contact: the Program Manager or on call Supervisor; PREA On-Call; Program Manager; Vice President of Community Justice or designee.
- Externally: Emergency medical providers and/or law enforcement, if a potentially criminal act occurred (call 911). If the client involved is on Parole, contact the Supervising Parole Officer or Parole On-Call if outside of normal business hours.
- Complete an incident report detailing the event and chain of communication.

	• Call the Executive Leadership on call. • Provide the contact information below to the client or if agreed to by the client, contact Connecticut Alliance to End Sexual Violence. • Mandatory Reporting Laws: If the alleged victim is within a protected population (i.e. the elderly or people with intellectual disabilities) then contact the applicable hotline number below. • When a physical assault has occurred on premises all clients will be transferred to the local hospital for forensic examinations. The documentation review provided the following for the PREA Coordinator: Once the PREA Coordinator is notified of the incident, she/he is responsible for: • Confirm staff ensure the safety of the client within the program. • Confirm staff completed all first responder duties. • Contact the Parole Supervisor Officer to report and determine if an immediate investigation is required. **Program Manager – Q: 14** The Program Manager confirmed that the agency has a policy to coordinate actions among staff first responders, program staff and facility leadership in response to an incident of sexual abuse. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.266	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in making Compliance Determinations:

- Pre-Audit Questionnaire (PAQ)
- Agency Head

Reasoning and Analysis by Provisions

115.266 (a)

Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any Residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contract with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted; facility reported yes.

The agency is not involved in any governmental entity responsible for collective bargaining on the agency's behalf.

Agency Head – Q: 6

The Agency Head confirmed that the agency is not involved in any governmental entity responsible for collective bargaining on the agency's behalf.

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

Corrective Action: Not Required

Provision Findings:

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

115.266 (b)

Nothing in this standard shall restrict the entering into or renewal of the agreement that governs:

- The conduct of the disciplinary process, if such agreements are not inconsistent

	with the provisions of standards 115.72 and 115.76; or • Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated. **Review of Documents:** Pre-Audit Questionnaire: Auditor is not required to audit this provision. **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the Provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.267	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI Policy PREA: Protection and Retaliation Policy and Procedure • Informal Conversations • Pre-Audit Questionnaire (PAQ) • Residents who Reported Sexual Abuse • Agency Head • Program Manager • Designated Staff Member Charged with Monitoring Retaliation (or Manager if none- available) **Reasoning and Analysis by Provisions** **115.267 (a)** The agency shall establish a policy to protect all Residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other Residents or staff and shall

designate which staff members or departments are charged with monitoring retaliation.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff; facility reported yes.

TCI Policy PREA: Protection and Retaliation Policy and Procedure section 4.0, The Connection, in cooperation with the State of Connecticut Department of Correction (DOC) and Court Support Service Division (CSSD), will follow specific guidelines to ensure that all staff and clients are safe from any potential retaliation stemming from a PREA allegation. In the event that a client or staff member cooperates with investigators and/or expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

The agency protects all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other resident or staff.

Residents who Reported Sexual Abuse – Q:25

During the site visit there were no residents who reported sexual abuse to respond to the following question. Do you feel protected enough against possible revenge from staff or other residents because you reported what happened to you?

The Agency Head confirmed that that the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations. The agency has a system in which they follow up with residents who report allegations of abuse. The agency also monitors residents closely following reports of sexual abuse. The agency has managers closely watch overseeing these residents to ensure there is no retaliation taking place. The facility informs the residents of the agency’s retaliation policy and notifies staff immediately if they feel they are being retaliated against. Staff can report any retaliation to the Human Resources department, the PREA coordinator or agency leadership at any time. When making considerations on program changes, or movement, the facility ensures that the individual perpetrated against is given preference or is included in discussions surrounding any changes to programming. Victims are informed of services and behavioral health support available to him or her.

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

Corrective Action: Not Required

Provision Findings:

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

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

115.267 (b)

The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for Residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigation; facility reported yes.

TCI Policy PREA: Protection and Retaliation Policy and Procedure section 7.0, TCI in conjunction with the referring agency, reserves the right to employ the following measures, in cases of retaliation, as it sees fit: Housing change / 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.

A documentation review indicated that the agency has the following multiple protection monitoring measures: Recent discipline reports, housing changes, periodic status checks, program changes, negative case notes or progress reports, staff reassignments and negative performance reviews.

Agency Head – Q: 7 / Program Manager – Q: 15 / Designated Staff Member Charged with Monitoring Retaliation (or Manager if none- available) – Q: 1, 2, 3

The Agency Head was asked how do you protect residents and staff from retaliation for sexual abuse or sexual harassment allegations? Staff indicated that the agency has a system in which they follow up with residents who report allegations of abuse. They also monitor residents closely following reports of sexual abuse. The agency has managers closely watching staff overseeing these residents to ensure there is no retaliation taking place. They inform the residents of the retaliation policy and to notify staff immediately if they feel they are being retaliated against. Staff has the ability to report any retaliation to the Human Resources Department, the PREA Coordinator or agency leadership at any time. The agency also informs victims of victim services and behavioral health supports available to the residents.

Staff responsible for monitoring retaliation confirmed that the role she plays in

preventing retaliation against residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigation by making housing changes or they can transfer to another agency facility, provide emotional support services through the local rape crisis center. The agency works closely with the funder, PREA coordinator, HR and agency leadership team to ensure that individual(s) who cooperate with PREA are protected. In addition, staff initiate contact with residents who have reported sexual abuse when inspecting the facility, or during counseling sessions. She monitors staff to ensure that they are not retaliating against clients by monitoring cameras, ensuring the client is not being treated differently through chores, denial of passes, restricted outside access, etc. If staff feel like they are being retaliated against, they are instructed to communicate with the Program Manager or to human resources.

Staff indicated that they initiate contact with residents who have reported sexual abuse right after the allegation and continuously until their discharge.

The Program Manager described the different measures that are taken to protect residents and staff from retaliation are: Clients involved are kept always separated. If it's against a staff member that staff member is sent home until the facility completes the investigation. Staff keep a close eye on clients, and the Program Manager keeps an eye on clients and staff to ensure there are no increases in chores or tickets. The staff notify the client that the facility has zero tolerance for retaliation, and they should notify staff immediately if they feel that they are being retaliated against. If there is an incident of retaliation, then the program would notify the client's supervising officer. If it were a staff member retaliating against clients, they would be reported to Human Resources and addressed appropriately.

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

Additional informal conversations with the PREA Coordinator indicated that the following may also be us to monitor retaliation.

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

Corrective Action: Not Required

Provision Findings:

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

115.267 (c)

	For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of Residents or staff who reported the sexual abuse and of innates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by Residents or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. **Review of Documents:** Based on a review of information that the facility provided in the PAQ, the number of times an incident of retaliation occurred in the past 12 months, facility reported 0. TCI Policy PREA: Protection and Retaliation Policy and Procedure section 7.0, The Program Manager of the facility under investigation 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. The facility does monitor the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. **Program Manager – Q: 16 / Designated Staff Member Charged with Monitoring Retaliation (or Manager if none- available) – Q: 4, 5, 6** Staff responsible for monitoring retaliation confirmed that a part of the monitoring process they look for residents' rooms changes, disciplinary report regarding residents, program changes, and for staff shift changes for day to night, bad performance reviews and reassignments. Staff monitor the conduct and treatment of residents and staff for 90 days or longer if needed. Clients are monitored until they are discharged. The Program Manager was asked what measures you take when you suspect retaliation? Staff indicated they have a no tolerance policy for retaliation, if it happens the client/staff person will be removed from the program. DOC will be notified and, if necessary, the police are notified. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard.

115.267 (d)

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

Review of Documents:

Pre-Audit Questionnaire: In the case of residents, does such monitoring also include periodic status checks; facility reported yes.

TCI Policy PREA: Protection and Retaliation Policy and Procedure section 7.0, on site staff members will perform periodic status checks on the alleged victim.

Monitoring will occur for at least 90 days post claim and will include periodic status checks. Monitoring will terminate if the allegation is found to be unsubstantiated. Monitoring will include:

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

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

Staff responsible for monitoring retaliation confirmed that a part of the monitoring process they look for residents' rooms changes, disciplinary report regarding residents, program changes, and for staff shift changes for day to night, bad performance reviews and reassignments. Staff monitor the conduct and treatment of residents and staff for 90 days or longer if needed. Clients are monitored until they are discharged.

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

Corrective Action: Not Required

Provision Findings:

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

115.267 (e)

If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall respond appropriately to protect that individual against retaliation.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation; facility reported yes.

TCI Policy PREA: Protection and Retaliation Policy and Procedure section 7.0, The Program Manager, staff will ensure that no changes that may indicate potential retaliation have transpired. This includes, but is not limited to: Disciplinary Reports, Housing Status, Program Changes Negative Performance Reviews, or Staff Reassignments.

The agency takes appropriate measures to protect the individual against retaliation. When an individual who cooperates with an investigation expresses concerns about potential retaliation, the agency responds effectively to ensure their safety. This includes monitoring for signs such as changes in room assignments, disciplinary reports involving residents, program modifications, and staff shift changes from day to night. Additionally, negative performance reviews and staff reassignments are carefully observed. The conduct and treatment of both residents and staff are monitored for a minimum of 90 days, and this period may be extended if necessary. Clients continue to be monitored until their discharge, ensuring ongoing protection from retaliation.

Agency Head – Q: 8 / Program Manager – Q: 15, 16

The Agency Head confirmed that if an individual who cooperates with an investigation expresses a fear of retaliation the agency takes measures to protect that individual against retaliation. The agency works closely with the funder, PREA coordinator, HR, and agency leadership team to ensure that individuals who cooperate with PREA investigations are protected from potential retaliation.

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

Corrective Action: Not Required

Provisions Findings:

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

115.267 (f)

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

Review of Documents:

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

Provision Findings:

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

115.271	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI Policy PREA Review • Letter to CT State Police • National Institute of Corrections (NIC) online training “PREA: Investigating Sexual Abuse in a Confinement Setting • State of Connecticut Technical Guidelines for Health Care Response to Victims of sexual Assault • Pre-Audit Questionnaire (PAQ) • Investigative Staff • Residents who Reported Sexual Abuse • Program Manager • PREA Coordinator **Reasoning and Analysis by Provisions** **115.271 (a)** When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: 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. TCI Policy PREA Review Section 7: The PREA Coordinator will conduct an

	administrative review of the alleged incident within 10 days. The PREA Coordinator and Review Team including but not limited to the Chief Program Officer, Program Manager, Program Manager, and Service Area Manager will complete a PREA Sexual Abuse Incident Review within 30 days of receiving an investigation report from the State of Connecticut Department of Corrections or The Connecticut State Police for all “Substantiated” and “Unsubstantiated” findings. The agency conducts allegations of sexual abuse and sexual harassment with 10 days using an objective tool. **Investigative Staff – Q: 5, 6** The Investigator confirmed that the investigation begins immediately upon receiving an allegation and the funding agency is notified immediately and the CT State Police if evidence shows criminal conduct. The first steps in initiating an investigation are as follows: • Staff immediately notify their supervisor or on call when they discover something, or an allegation is made. • Staff will determine the safety of the client and, if need be, contact emergency medical services (call 911). • If needed, staff will preserve and protect against any crime scene until appropriate steps can be taken to collect evidence. • The investigator will collect all evidence, review cameras, interview staff, interview the victim and abuser, review files. • If the abuse occurs within a time period that allows for the collection of physical evidence, staff will request tht the alleged victims (s) and/or abuser do not take any actions tht could destroy physical evidence. This includes, but is not limited to washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, and eating. • The Program Manager will then call the Program Manager, VP of Service Area, PREA Coordinator, and Supervising Officers or Parole On-Call. • The PREA Coordinator contacts the Supervisor of the Supervising Officers. • Emergency medical providers and/or law enforcement, if a potentially criminal act occurred (Call 911). **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** The Investigator confirmed that they handle anonymous or third-party reports of sexual abuse or sexual harassment the same as any other report. They are not investigated differently. **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies

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

115.271 (b)

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to standard 115.34.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234; facility reported yes.

The agency has trained investigators to conduct its investigations.

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

Investigative Staff – Q: 1, 2, 3

The Investigator was asked did you receive training specific to conducting sexual abuse investigations in confinement settings? Staff indicated yes. They describe the training as completing the PREA Investigating Sexual Abuse in a Confinement Setting presented by National Institute of Corrections. The training topics included Technique for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

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

Corrective Action: Not Required

Provision Findings:

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

115.271 (c)

Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; facility reported yes.

The agency investigators do gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, electronic data, interviews witness statements.

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

Investigative Staff – Q: 6, 7, 9

The Investigator confirmed and described direct and circumstantial evidence the agency would be responsible for gathering in an investigation of an incident of sexual abuse. The program staff are not responsible for collecting or gathering evidence but rather preserving/securing any evidence in a location or on a person for the crime scene unit to collect. The program will request a written statement be started for the supervising officer and/or CT State Police.

The Investigator confirmed that the investigation begins immediately upon receiving an allegation and the funding agency is notified immediately and the CT State Police if evidence shows criminal conduct. The first steps in initiating an investigation are as follows:

- Staff immediately notify their supervisor or on call when they discover something, or an allegation is made.
- Staff will determine the safety of the client and, if need be, contact emergency medical services (call 911).
- If needed, staff will preserve and protect against any crime scene until appropriate steps can be taken to collect evidence.
- The investigator will collect all evidence, review cameras, interview staff, interview the victim and abuser, review files.
- If the abuse occurs within a time period that allows for the collection of physical

evidence, staff will request tht the alleged victims (s) and/or abuser do not take any actions that could destroy physical evidence. This includes, but is not limited to washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, and eating.

- The Program Manager will then call the Program Manager, VP of Service Area, PREA Coordinator, and Supervising Officers or Parole On-Call.
- The PREA Coordinator contacts the Supervisor of the Supervising Officers.
- Emergency medical providers and/or law enforcement, if a potentially criminal act occurred (Call 911).

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

Corrective Action: Not Required

Provision Findings:

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

115.271 (d)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution; facility reported yes.

TCI Policy PREA Review Section 4: The Connection will not conduct PREA criminal investigations. All PREA allegations resulting in potential criminal behavior will be referred to The Connecticut State Police for investigation.

Criminal investigations related to allegations of sexual abuse or other potentially criminal acts are carried out by the Connecticut State Police (State Troopers). The facility does not conduct PREA criminal investigations internally; instead, all cases that involve potential criminal behavior are referred directly to the Connecticut State Police for formal investigation. This protocol ensures that investigations are conducted by the appropriate law enforcement authorities, maintaining compliance with relevant standards and policies.

Investigative Staff – Q: 10

The Investigator confirmed that when they discover evidence that a prosecutable crime may have taken place they will consult with prosecutors before they conduct

compelled interviews through the Department of Corrections or CT State Police.

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

Corrective Action: Not Required

Provision Findings:

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

115.271 (e)

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual as is and shall not be determined by the person's status as resident or staff. No agency requires a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff; facility reported yes.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as resident or staff.

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

The Investigator confirmed that they judge the credibility of an alleged victim, suspect, or witness only by collecting the statements and report to the investigating agency whether it is DOC, CSSD, or CT State Police. Staff are always instructed not to determine whether an allegation is true or not and they should always report to their supervisor. Investigators indicated that under no circumstances would they require a resident who alleges sexual abuse to submit to a polygraph examination.

During the site visit there were no residents who reported sexual abuse to respond to the following question. Were you required to take a polygraph test as a condition for proceeding with a sexual abuse investigation?

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

Corrective Action: Not Required

Provision Findings:

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

115.271 (f)

Administrative Investigations:

- Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse; facility reported yes.

The administrative investigations do determine whether staff actions or failures to act contributed to the abuse, and it is documented in a written report.

A review of the PREA Administrative Review Report (Investigation) included the following:

- Reported Date
- Administrative Review Team Members
- Program
- Who Reported
- Alleged Victim (s)
- Alleged Perpetrator (s0
- Type of Allegation
- Description
- Post-Investigation
- Reported to Police
- Transferred to Prosecution
- Recommendations/Summary of Resolution

Investigative Staff – Q: 16, 17

The Investigator was asked what efforts do you make during an administrative investigation to determine whether staff actions or failure to act contributed to sexual abuse? Staff indicated yes, this is always taken into consideration when reviewing a PREA allegation and the Manager of Human Resources is always contacted when an allegation involves a staff member or if there are concerns that a staff member acted inappropriately, and it may have contributed to sexual abuse. The staff supervisors are involved from the beginning, so they are aware of this information as well. This includes whether the staff may not conduct the proper

rounds or sleep on the job.

Staff also indicated that the document administrative investigation in written reports. What information do you include in those reports? The document is listed above that is included in the report.

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

Corrective Action: Not Required

Provision Findings:

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

115.271 (g)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attach copies of all documentary evidence where feasible; facility reported yes.

TCI Policy PREA Review Section 4: The Connection will not conduct PREA criminal investigations. All PREA allegations resulting in potential criminal behavior will be referred to The Connecticut State Police for investigation.

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

The auditor confirmed through the CT State Police (Troopers) Agency PREA Coordinator that the Police/Troopers conduct criminal investigation for this facility.

The auditor's review of the CT State Police investigations process shows that the following information is captured in the reports:

- Investigation Report (DPS-683-E) Revised 2/3/06.
- Report Type: Initial Report – Prosecutors Report – Supplement: Re-open; Assist; or closing.
- Attachments: Teletype – Photos – Sketch map – Evidence – Others
- Incident Date – Time – Primary Officer – Badge Number
- Investigating Officer – Badge Number
- Incident Address

	• Status Code: C-Complainant / V-Victim / A-Arrestee / J-Juvenile / H- Other / M-Missing / W-Witness /O- Offender/Accused / T-TOT • Incident Date/Time: Original Case: / PREA Compliant • Name of Subject (Sex, Race, Height, Weight • Involved Officer (s) • Name (s) of Witness (es) • Medical Assistance Provided: Medical Note • Narrative • Arrested/Processing • BWC/Dashcam • Conclusion/Findings • Attachments: Incident Report /Form (DPS-683-E) / Witness Statement Form (DPS-633-C) / Criminal Press Summary (DPS-90-C) / PREA Notice and Screening Form (DESPP-0103-C) / CAD Remarks • Collect/NICI • Case Status **Investigative Staff – Q: 18** The Investigator were asked are criminal investigations documented What is contained in that report? Staff indicated yes. Same report as the administrative investigations and includes any information from CT State Police. Each step taken since the allegation is reported to staff up until the last report of the CT State Police. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Review the site review outlined in provision (f). **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.271 (h)** Substantiated allegations of conduct that are criminal shall be referred for prosecution. **Review of Documents:** Based on a review of information that the facility provided in the PAQ, the number of substantiated allegations of conduct that appear to be criminal that were referred to for prosecution since August 20, 2012, or since the last PREA audit, whichever is late, facility reported 2. TCI Policy PREA Review Section 4: The Connection will not conduct PREA criminal

	investigations. All PREA allegations resulting in potential criminal behavior will be referred to The Connecticut State Police for investigation. All substantiated allegations involving conduct that is determined to be criminal are promptly referred for prosecution. These referrals are handled by the State Police or Troopers, ensuring that criminal behavior is addressed according to legal requirements and agency policy. **Investigative Staff – Q: 13** The Investigator confirmed that they refer cases for prosecution through the State Police any time a crime appears to have occurred or if a staff member is involved in the allegation. Staff also include volunteers, interns, and contractors. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.271 (i)** The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency retain all written reports referenced in 115.271 (f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; facility reported yes. The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Review the site review outlined in provision (f). **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies

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

115.271 (j)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency ensure that the departure of an alleged abuser or victim from employment or control of the facility or agency does not provide a basis for terminating an investigation; facility reported yes.

Investigative Staff – Q: 14

The Investigator confirmed that they would proceed when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation. The investigation will continue to determine whether the staff terminate their employment or not. The departure of the alleged abuser or victim from employment or control of the facility is not a basis for terminating and investigation.

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

Corrective Action: Not Required

Provision Findings:

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

115.271 (k)

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

Review of Documents:

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

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

Corrective Action: Not Required

Provision Findings:

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

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

115.271 (l)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: When an outside entity investigates sexual abuse, the facility cooperates with outside investigators and endeavors to remain informed about the progress of the investigation; facility reported yes.

TCI Policy PREA: Reporting to Victims Policy and Procedure section 7.0, the PREA coordinator will request the relevant information from the investigative entity in order to inform the alleged victim of the outcome of the investigations.

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

- The facility actively assists external investigators by providing requested information and support throughout the investigation process.
- Efforts are made to stay updated on the status and progress of ongoing investigations, ensuring the facility remains informed at all stages.
- Communication with investigative entities may include regular follow-ups and coordination to facilitate transparency and compliance with investigative procedures.

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

The PREA coordinator confirmed that when an outside agency investigates allegations of sexual abuse the agency remains informed of the progress of sexual abuse investigations by following up with the CT State Police for any ongoing investigations or the agency will follow up with Parole if they are in contact with the CT State Police.

The Investigator confirmed that when an outside agency investigates an incident of sexual abuse their role is to provide any information requested and assist in any way the facility can as requested.

The Program Manager confirmed that if an outside agency investigates allegations of sexual abuse the facility remains informed of the progress of a sexual abuse investigation through the PREA coordinator. The PREA coordinator would maintain contact with the outside agency via email and telephone.

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

	Corrective Action: Not Required **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provision in this standard.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI Policy PREA Review Policy and Procedure • Pre-Audit Questionnaire (PAQ) • Investigative Staff **Reasoning and Analysis by Provisions** **115.272 (a)** The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassments are substantiated; facility reported yes. TCI Policy PREA Review Policy and Procedure section 7.0, according to PREA standards, no standard higher than a preponderance of the evidence in determining whether PREA related allegations of sexual abuse or harassment are substantiated. The facility imposes a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual

	harassment can be substantiated. **Investigative Staff – Q: 19** The Investigator confirmed that the standard of evidence to substantiate allegations of sexual abuse or sexual harassment is the preponderance of evidence. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: None** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI Policy PREA Review • TCI Policy PREA: Reporting to Victims Policy and Procedure • Pre-Audit Questionnaire (PAQ) • Program Manager • Investigative Staff • Residents who Reported Sexual Abuse **Reasoning and Analysis by Provisions** **115.273 (a)** Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Review of Documents:

Based on a review of information that the facility provided in the PAQ, the number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months, facility reported 2.

Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation, facility reported 0.

The agency has a practice requiring that any resident who alleges that he or she suffered sexual abuse in a facility informed, verbally or in writing, as to whether the allegation has been determined to substantiate, unsubstantiated, or unfounded following an investigation by the agency.

The auditor examined one Notification of Investigation outcome sent to the residents regarding the PREA investigation. The notice informs the residents that the facility has concluded the investigation and provides the status of the incident.

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

The Investigator was asked do your agency procedures require that a resident who make an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation? Staff indicated yes, the agency procedures require notification to be made to any current resident when the outcome is substantiated, unsubstantiated, or unfounded.

The Program Manager informed the auditor that the agency would notify a resident who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Depending on who made the allegations, the appropriate staff person will inform them, such as the Program Manager or Program Manager, or the PREA Coordinator. If the police investigate, they will be the ones to inform the client and in some cases their parole officer will inform them.

During the site visit there were no residents who reported sexual abuse to respond to the following question. Do you know if the agency/facility is required to notify you when your sexual abuse allegation has been substantiated, unsubstantiated, or unfounded?

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

Corrective Action: Not Required

Provision Findings:

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

	informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.273 (b)** If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the residents. **Review of Documents:** Based on a review of information that the facility provided in the PAQ, the number of investigations of alleged resident sexual abuse in the facility that was completed by an outside agency in the past 12 months, facility reported 0. Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigations, facility reported 0. TCI Policy PREA Review Section 4: The Connection will not conduct PREA criminal investigations. All PREA allegations resulting in potential criminal behavior will be referred to the Connecticut State Police for investigation. TCI Policy PREA: Reporting to Victims Policy and Procedure section 7.0, in the event of a staff on client PREA allegation, the PREA coordinator or program staff will inform the alleged victim at the conclusion of the PREA investigation for allegations found to be substantiated or unsubstantiated 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. • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The facility has demonstrated compliance with this provision of the standard because if the agency did not conduct the investigation, the investigators request the relevant information from the investigative office to inform the resident of the outcome of the investigation. **Resident who Reported Sexual Abuse** During the onsite review period there were no residents who reported sexual abuse for interview. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:**

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

115.273 (c)

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever the staff member is no longer posted within the resident's unit; facility reported yes.

TCI Policy PREA: Reporting to Victims Policy and Procedure section 7.0, in the event of a client-on-client PREA allegation, the PREA coordinator or program staff will inform the alleged victim whenever:

- The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility.
- The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The policy indicated following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: The staff member is no longer posted within the residents' unit. The staff are no longer employed at the facility. The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Residents who Reported a Sexual Abuse – Q: 20

During the site visit there were no residents who reported sexual abuse to respond to the following questions:

- The staff member is no longer posted within the residents' unit.
- The staff are no longer employed at the facility.

	• The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.273 (d)** Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: • The agency learns that the alleged abuser has been indicated on a charge related to sexual abuse within the facility; or • The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; facility reported yes. TCI Policy PREA: Reporting to Victims Policy and Procedure section 7.0, in the event of a client-on-client PREA allegation, the PREA coordinator or program staff will inform the alleged victim whenever: • The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility. • The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The practice indicated in the event of a client-on-client PREA allegation, the PREA coordinator or program staff will inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. **Residents who Reported a Sexual Abuse – Q: 21**

During the site visit there were no residents who reported sexual abuse to respond to the following questions:

- The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility.
- The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

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

Corrective Action: Not Required

Provision Findings:

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

115.273 (e)

All such notifications or attempted notifications shall be documented.

Review of Documents:

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of notifications to residents that were provided pursuant to this standard, facility reported 0.

Of those notifications made in the past 12 months, the number that was documented, facility reported 0.

TCI Policy PREA: Reporting to Victims Policy and Procedure section 7.0, all notifications to alleged victims will be documented by the PREA coordinator.

The agency maintains a policy requiring that all notifications to residents, as described under this standard, are formally documented. This ensures that any communication regarding relevant matters with residents is recorded in accordance with established procedures.

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

Corrective Action: Not Required

Provision Findings:

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

115.273 (f)

	An agency’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody. **Review of Documents:** Pre-Audit Questionnaire: Auditor is not required to audit this provision. **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.276	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI Policy PREA: Prison Rape Elimination Act Policy and Procedure • TCI Policy PREA Review • Pre-Audit Questionnaire (PAQ) **Reasoning and Analysis by Provisions** **115.276 (a)** Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies; facility reported yes. TCI Policy PREA: Prison Rape Elimination Act Policy and Procedure section 4.0, all substantiated PREA allegations involving actions by Connection staff will result in sanctions, including but not limited to, termination of staff and/or referral to criminal

	prosecution. The agency maintains a policy that holds employees accountable for compliance with sexual abuse and sexual harassment standards. Specifically, staff members found to be in violation of these policies are subject to disciplinary sanctions, which may include a range of consequences up to and including termination of employment. This approach underscores the agency's commitment to enforcing its standards and ensuring a safe environment for all individuals under its supervision. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.276 (b)** Termination shall be the presumptive disciplinary sanction for who have engaged in sexual abuse. **Review of Documents:** Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies, facility reported 2. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies, facility reported 2. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies; facility reported 0. TCI Policy PREA: Prison Rape Elimination Act Policy and Procedure section 4.0, all substantiated PREA allegations involving actions by Connection staff will result in sanctions, including but not limited to, termination of staff and/or referral to criminal prosecution. A comprehensive review of relevant documentation confirms that the agency has established termination as the default disciplinary action for staff members found to have engaged in sexual abuse. This policy demonstrates the agency's commitment to maintaining strict standards of conduct and emphasizes zero tolerance for such violations. By making termination the presumptive sanction, the agency ensures that all cases involving substantiated sexual abuse by staff are addressed with the utmost seriousness, reinforcing its dedication to fostering a safe and respectful

environment for everyone under its supervision.

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

Corrective Action: Not Required

Provision Findings:

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

115.276 (c)

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

Review of Documents:

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies other than engaging in sexual abuse, facility reported 0.

Practice indicated that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) be commensurate with the nature and circumstances of the acts committed, the staff disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

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

Corrective Action: Not Required

Provision Findings:

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

115.276 (d)

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

	Review of Documents: Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies, facility reported 2. TCI Policy PREA Review Section 4: The Connection will not conduct PREA criminal investigations. All PREA allegations resulting in potential criminal behavior will be referred to The Connecticut State Police for investigation. TCI Policy PREA: Prison Rape Elimination Act Policy and Procedure section 4.0, all substantiated PREA allegations involving actions by Connection staff will result in sanctions, including but not limited to, termination of staff and/or referral to criminal prosecution. Agency practice indicated that 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, and to any relevant licensing bodies. The agency does not conduct criminal investigations. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.277	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in making Compliance Determinations:

- TCI Policy PREA Review
- TCI Policy PREA: Prison Rape Elimination Act Policy and Procedure
- Informal Conversation
- Pre-Audit Questionnaire (PAQ)
- Program Manager

Reasoning and Analysis by Provisions

115.277 (a)

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with Residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Review of Documents:

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents, facility reported 0.

TCI Policy PREA Review Section 4: The Connection will not conduct PREA criminal investigations. All PREA allegations resulting in potential criminal behavior will be referred to The Connecticut State Police for investigation.

TCI Policy PREA: Prison Rape Elimination Act Policy and Procedure section 4.0, all substantiated PREA allegations involving actions by Connection staff will result in sanctions, including but not limited to, termination of staff and/or referral to criminal prosecution.

The agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies.

Agency practice indicated that 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, and to any relevant licensing bodies. This practice is also for volunteers, interns, and contractors. The agency does not conduct criminal investigations.

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

Informal conversation with the Program Manager confirmed that if a contractor or volunteer engages in sexual misconduct it will be reported to law enforcement agencies and to relevant licensing bodies.

Corrective Action: Not Required

Provision Findings:

	A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.277 (b)** The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with Residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents; facility reported yes. The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. **Program Manager – Q: 17** The Program Manager confirmed that in a case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer the measures the facility will not allow the person access to the program and prohibit further contact with the resident. The investigation may be occurring; the police would be notified. For the safety of the residents the facility would request a different employee from the contracting company, and if it was a volunteer the facility would no longer utilize them. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal conversation with the Program Manager confirmed that if a contractor or volunteer engages in sexual misconduct with a resident, they will be prohibited from further contact with the residents until the investigation is completed. **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on

	analysis, the facility is compliant with all provision in this standard.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI Policy PREA: Client Sexual Relationships Policy and Procedure • TCI Policy PREA: Avenues of Reporting PREA Allegations Policy and Procedure • Informal Conversation • Pre-Audit Questionnaire (PAQ) • Disciplinary Sanctions • Medical and Mental Health Staff **Reasoning and Analysis by Provisions** **115.278 (a)** Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. **Review of Documents:** Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at that facility, facility reported 0. In the past 12 months, the number of criminal findings guilty of resident-on-resident sexual abuse that have occurred at the facility, facility reported 0. TCI Policy PREA: Client Sexual Relationships Policy and Procedure section 4.0, the program in conjunction with the referring agency reserves the right to discipline clients for violating this policy. Consensual, romantic relationships 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. The facility has a policy that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR**

Corrective Action: Not Required

Provision Findings:

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

115.278 (b)

Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses of other Residents with similar histories.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories; facility reported yes.

Practice indicated that disciplinary sanctions for residents are subject to following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse, the supervising agency would remove the client from the program and determine sanctions.

Program Manager – Q: 18

The Program Manager asked what disciplinary sanctions are residents subject to following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse? DOC would remove the client from the program and determine sanctions. When asked, are the sanctions proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories? Parole Officer would make this determination. Is mental disability or mental illness considered when determining sanctions? The Parole Officers would make this determination.

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

Informal conversation with the agency PREA coordinator confirmed that the agency resident's sanctions are commensurate with the nature and circumstances of the abuse committed, and the resident's disciplinary history. The disciplinary sanctions for residents can remove a resident from the program by sending them back to the funding agency or prosecution.

Corrective Action: Not Required

Provision Findings:

	A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.278 (c)** The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, in any, should be imposed. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior; facility reported yes. **Program Manager – Q: 18** The Program Manager asked what disciplinary sanctions are residents subject to following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse? DOC would remove the client from the program and determine sanctions. When asked, are the sanctions proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories? Parole Officer would make this determination. Is mental disability or mental illness considered when determining sanctions? The Parole Officers would make this determination. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During an informal conversation with the agency PREA coordinator, it was confirmed that the facility's disciplinary process takes into account whether a resident's mental disabilities or mental illness may have contributed to the behavior in question. This practice ensures that the facility is mindful of individual circumstances when determining disciplinary actions, reflecting a commitment to fair and considerate treatment within the disciplinary framework. **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.278 (d)** If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall

consider whether to require the offending innate to participate in such interventions as a condition of access to programming or other benefits.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits; facility reported yes.

Practice indicated that the facility would offer counseling or other interventions to help to correct underlying reasons or motivation for the abuse. They do have an option to refer the resident to the rape crisis center for emotional support services or additional services.

Medical and Mental Health Staff – Q: 6, 7

During the onsite visit and documentation review the facility does not hire medical staff to ask the following questions. If the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse, does the facility consider whether to offer these services to the offending residents. When they provide these services, do they require a resident's participation as a condition of access to programming or other benefits.

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

Informal conversations with the case manager confirmed that they would offer counseling or other interventions to help to correct underlying reasons or motivation for the abuse. They do have an option to refer the resident to the rape crisis center for emotional support services.

Corrective Action: Not Required

Provision Findings:

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

115.278 (e)

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not

consent to such contact; facility reported yes.

TCI Policy PREA: Client Sexual Relationships Policy and Procedure section 7.0, The PREA coordinator and/or PREA investigator will contact the proper authorities so that they can conduct a PREA investigation. These authorities include, but are not limited to, the State of Connecticut DOC, CT State Police, and CSSD. If sexual contact was coerced, the PREA coordinator will follow standardized PREA reporting, dissemination, and review procedures.

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to the act. This policy ensures that disciplinary measures are taken solely when it is determined that the staff member involved was not a willing participant. Such a standard is intended to protect both residents and staff, while maintaining clear guidelines for addressing incidents of sexual contact in the facility.

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

Information conversation with the PREA Coordinator confirmed that a resident could be disciplined for sexual contact with staff without staff consent.

Corrective Action: Not Required

Provision Findings:

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

115.278 (f)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: For 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 sufficient evidence to substantiate the allegation; facility reported yes.

TCI Policy PREA: Avenues of Reporting PREA Allegations Policy and Procedure section 4.0, Disciplinary action is prohibited for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The agency prohibits disciplinary action for a report of sexual abuse made in good

faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate that allegation.

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

Corrective Action: Not Required

Provision Findings:

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

115.278 (g)

An agency may, in its discretion, prohibit all sexual activity between Residents and may discipline Residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse; facility reported yes.

TCI Policy PREA: Client Sexual Relationships Policy and Procedure section 4.0, In accordance with PREA standards, the Connection establishes a prohibition of sexual activity between residents at designated PREA programs. The program in conjunction with the referring agency reserves the right to discipline clients for violating this policy. Consensual, romantic relationships 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.

The agency prohibits all sexual activity between residents. This policy is established to maintain a safe and secure environment within the facility. Any sexual activity between residents is considered a violation of facility rules and may result in disciplinary action in accordance with program guidelines. However, the agency differentiates between consensual and coerced activity and does not classify non-coercive sexual activity as sexual abuse under PREA standards. The agency’s approach is rooted in its commitment to the safety and well-being of all residents, and it ensures that staff are trained to address violations appropriately while respecting the rights of individuals involved.

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

Corrective Action: Not Required

Provision Findings:

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

115.282	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI Policy PREA: First Responders to a PREA Incident • State of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual assault • Informal Conversation • Pre-Audit Questionnaire (PAQ) • Medical and Mental Health Staff • Residents who Reported Sexual Abuse **Reasoning and Analysis by Provisions** **115.282 (a)** Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement; facility reported yes. TCI Policy PREA: First Responders to a PREA Incident Section 7: Provide the contact information below to client or if agreed to by the client, contact Connecticut Alliance to End Sexual Violence so that the victims (s) of sexual abuse shall receive timely

and unimpeded access to emergency medical treatment services These services will be provided to the at no cost, regardless of cooperation with the investigation. These services will be available on an on-going basis, until the client is released from the Connection run facility.

Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention service from outside of the facility.

The auditor reviews a copy of the State of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual assault review general medical care and treatment.

Medical and Mental Health Staff – Q: 8, 9, 10 / Residents who Reported a Sexual Abuse Q:4

During the onsite visit and documentation review the facility does not hire medical staff to ask the following questions. Do resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. How fast does this typically occur? Are the nature and scope of these services determined according to their professional judgement?

During the site visit there were no residents who reported sexual abuse to respond to the following question: Did they have the chance to see a medical or mental health doctor/nurse in a timely fashion after they reported the abuse?

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

Informal conversation with the agency PREA coordinator confirmed that the agency's facilities ensure that the residents receive timely, unimpeded access to emergency medical treatment and crisis intervention services through the local hospital. Local hospital is required to follow the State of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual assault. In accordance with Connecticut General Statutes Section 19a-112a.

Informal conversation with the Program Manager confirmed that the local hospital or the rape crisis center will provide timely access to emergency services.

Corrective Action: Not Required

Provision Findings:

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

115.282 (b)

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to standard 115.62 and shall immediately notify

	the appropriate medical and mental health practitioners. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to 115.262; facility reported yes. TCI Policy PREA: First Responders to a PREA Incident section76.0, First responding TCI staff members are responsible for the following: • Determine the safety of the client and, if need be, contact emergency medical services (911). • Emergency medical providers and/or law enforcement, if a potentially criminal act occurred (call 911). • When a physical assault has occurred on premises all clients will be transferred to the local hospital for forensic examinations. Policy practice is 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. This is done by determining the safety of the client and, if need be, contacting emergency medical services (911). Emergency medical providers and/or law enforcement, if a potentially criminal act occurred (call 911). And when a physical assault has occurred on premises all clients will be transferred to the local hospital for forensic examinations. **Security Staff and Non-Security Staff First Responders – Q: 1** Interview 1st Responder was asked can you describe the action you take as a first responder to an allegation of sexual abuse? Staff indicated they would separate the alleged victim and abuser; Preserve and protect the crime scene; Ask the alleged victim and abuser not to take any actions that could destroy physical evidence such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating, and immediately notifying medical and mental health practitioners. When probe all the staff indicated that they would notify the Program Manager and the Duty Officer, and Parole Officer. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard.

115.282 (C)

Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate; facility reported yes.

TCI Policy PREA: First Responders to a PREA Incident section76.0, First responding TCI staff members are responsible for the following:

- When a physical assault has occurred on premises all clients will be transferred to the local hospital for forensic examinations.

Resident victims of sexual abuse while incarcerated are offered timely information about any timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

The auditor reviews a copy of the State of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual assault review general medical care and treatment.

Medical and Mental Health Staff – Q: 11 / Residents who Reported a Sexual Abuse – Q: 6

During the site visit there were no residents who reported sexual abuse to respond to the following question. Were they provided information about, and access to emergency contraception (for female residents when appropriate) and/or sexually transmitted infection prophylaxis?

During the onsite visit and documentation review the facility does not hire medical staff to ask are victims of sexual abuse offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

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

Informal conversation with the agency PREA coordinator confirmed that the agency’s facilities ensure that the residents receive timely, unimpeded access to emergency medical treatment and crisis intervention services through the local hospital. Local hospital is required to follows the State of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual assault. In accordance with Connecticut General Statutes Section 19a-112a.

	Informal conversation with the Program Manager confirmed that the local hospital or the rape crisis center will provide timely access to emergency services. **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.282 (d)** Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident; facility reported yes. TCI Policy PREA: First Responders to a PREA Incident Section 7: Provide the contact information below to client or if agreed to by the client, contact Connecticut Alliance to End Sexual Violence so that the victims (s) of sexual abuse shall receive timely and unimpeded access to emergency medical treatment services These services will be provided at no cost, regardless of cooperation with the investigation. These services will be available on an on-going basis, until the client is released from the Connection run facility. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal conversation with the Program Manager confirmed that the residents are not charged for sexual abuse services. **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility

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

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI Policy PREA: First Responders to a PREA Incident • Informal Conversation • Pre-Audit Questionnaire (PAQ) • Medical and Mental Health Staff • Residents who Reported Sexual Abuse **Reasoning and Analysis by Provisions** **115.283 (a)** The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all Residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility; facility reported yes. TCI Policy PREA: First Responders to a PREA Incident Section 7: Provide the contact information below to client or if agreed to by the client, contact Connecticut Alliance to End Sexual Violence so that the victims (s) of sexual abuse shall receive timely and unimpeded access to emergency medical treatment services These services will be provided at no cost, regardless of cooperation with the investigation. These services will be available on an on-going basis, until the client is released from the Connection run facility. The agency/facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. These services are offered through the Connecticut Alliance to End Sexual Violence.

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

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

Corrective Action: Not Required

Provision Findings:

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

115.283 (b)

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or replacement in, other facilities, or their release from custody.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody; facility reported yes.

TCI Policy PREA: First Responders to a PREA Incident Section 7: Provide the contact information below to client or if agreed to by the client, contact Connecticut Alliance to End Sexual Violence so that the victims (s) of sexual abuse shall receive timely and unimpeded access to emergency medical treatment services These services will be provided at no cost, regardless of cooperation with the investigation. These services will be available on an on-going basis, until the client is released from the Connection run facility.

The agency/facility evaluation and treatment of such victims include, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or replacement in, other facilities, or their release for custody. This is done through the Connecticut Alliance to End Sexual Violence.

Medical and Mental Health Staff – Q: 12 / Residents who Reported a Sexual Abuse – Q: 5

During the onsite visit and documentation review the facility does not hire medical staff to ask what does evaluation and treatment of residents who have been victimized entail?

During the site visit there were no residents who reported sexual abuse to respond to the following questions. Did the medical or mental health doctor/nurse discuss with you follow-up services, treatment plans, or if necessary, referrals for continued

	care? **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.283 (c)** The facility shall provide such victims with medical and mental health services consistent with the community level of care. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: Does the facility provide such victims with medical and mental health services consistent with the community level of care? Facility reported yes. TCI Policy PREA: First Responders to a PREA Incident Section 7: Provide the contact information below to client or if agreed to by the client, contact Connecticut Alliance to End Sexual Violence so that the victims (s) of sexual abuse shall receive timely and unimpeded access to emergency medical treatment services These services will be provided at no cost, regardless of cooperation with the investigation. These services will be available on an on-going basis, until the client is released from the Connection run facility. The agency/facility provide victims with medical and mental health services consistent with the community level of care. This is done through the Connecticut Alliance to End Sexual Violence. **Medical and Mental Health Staff – Q:13** During the onsite visit and documentation review the facility does not hire medical staff to ask, are the medical and mental health services offered consistent with community level of care? **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies

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

115.283 (d)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? N/A if “all-male facility”.

The agency requires that resident victims of sexually abusive vaginal penetration while incarcerated be offered pregnancy tests. This will be done by the local hospital.

Residents who Reported a Sexual Abuse – Q:22

During the onsite review period there were no residents who reported sexual abuse to respond if they were offered a pregnancy test after you were sexually abused? This is a male facility.

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

Corrective Action: Not Required

Provision Findings:

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

115.283 (e)

If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: If pregnancy results from the conduct described in paragraph 115.283 (d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? N/A if “all male facility”.

The agency requires that if pregnancy results from the conduct described in the above provisions, such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. This will be done by the local hospital.

Medical and Mental Health Staff – Q: 14, 15 / Residents who Reported a Sexual Abuse – Q: 23

During the onsite visit and documentation review the facility does not hire medical staff to ask if pregnancy results from sexual abuse while incarcerated, are victims given timely information and access to all lawful pregnancy-related services? When, ordinarily, are such victims provided with this information and access to services

During the onsite review period there were no residents who reported sexual abuse for interview. Male facility.

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

Corrective Action: Not Required

Provision Findings:

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

115.283 (f)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate; facility reported yes.

Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate by the rape crisis center or local hospital.

Residents who Reported a Sexual Abuse – Q: 7

During the site visit there were no residents who reported sexual abuse to respond to the following question. Were you offered tests for sexually transmitted infections?

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

Corrective Action: Not Required

Provision Findings:

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

115.283 (g)

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident; facility reported yes.

TCI Policy PREA: First Responders to a PREA Incident Section 7: Provide the contact information below to client or if agreed to by the client, contact Connecticut Alliance to End Sexual Violence so that the victims (s) of sexual abuse shall receive timely and unimpeded access to emergency medical treatment services These services will be provided at no cost, regardless of cooperation with the investigation. These services will be available on an on-going basis, until the client is released from the Connection run facility.

Residents who Reported a Sexual Abuse – Q: 8

During the site visit there were no residents who reported sexual abuse to respond to the following question. Did you have to pay for any treatment related to this incident of sexual abuse (including any co-pays)?

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

Corrective Action: Not Required

Provision Findings:

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

115.283 (h)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the facility attempt to conduct a mental health evaluation of all known residents-on-resident abusers within 60 days of learning about such abuse history and offer treatment when deemed appropriate by mental health practitioners; facility reported yes.

Medical and Mental Health Staff – Q: 16

	During the onsite visit and documentation review the facility does not hire medical staff to ask do they conduct a mental health evaluation of all known resident-on-resident abusers and offer treatment if appropriate? After learning about the abuse history of such a resident, when do they typically conduct an evaluation? During the onsite review period there were no residents who reported sexual abuse for interview. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.286	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI Policy PREA Review Policy and Procedure • Pre-Audit Questionnaire (PAQ) • PREA Incident Review Reports • Program Manager • PREA Coordinator • Incident Review Team Member **Reasoning and Analysis by Provisions** **115.286 (a)** The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

Review of Documents:

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents, facility reported 2.

TCI Policy PREA Review Policy and Procedure section 7.0, the PREA coordinator will conduct an administrative review of the alleged incident within 10 days. The PREA coordinator and Review Team including but not limited to the Chief Program Officer, Program Manager, Program Manager, and Service Area Manager will complete a PREA Sexual Abuse Incident Review within 30 days of receiving an investigative report from the State of Connecticut Department of Correction or The Connecticut State Police for all “substantiated” and unsubstantiated finding.

The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded.

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

A review of one PREA Administrative Review Report (Investigation) included the following:

Section A:

- Reviewer Name
- Title
- Date of Report
- Administrative Review Team Member
- Review Timeline (include date, action steps taken and brief description)
- Staff Interviews
- Residents Interviews
- Findings
- Recommendations/Summary of Resolution
- Information regarding this report was given to

Section B: Sexual Abuse Incident Review.

Agency PREA Coordinator: Q: 21

The PREA coordinator confirmed that the agency does conducts reviews of sexual abuse incidents and prepares a report of its findings form the reviews, including any determinations and any recommendations for improvement. The agency completes sexual abuse incident reviews for all allegations with a substantiated or unsubstantiated outcome. The form includes the specific determinations noted in this standard and documents any recommendations for improvement. These reports are forwarded for review by the management team.

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

Corrective Action: Not Required

Provision Findings:

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

115.286 (b)

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

Review of Documents:

Based on a review of information that the facility provided in the PAQ, in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents, facility reported 2.

TCI Policy PREA Review Policy and Procedure section 7.0, the PREA coordinator will conduct an administrative review of the alleged incident within 10 days. The PREA coordinator and Review Team including but not limited to the Chief Program Officer, Program Manager, Program Manager, and Service Area Manager will complete a PREA Sexual Abuse Incident Review within 30 days of receiving an investigative report from the State of Connecticut Department of Correction or The Connecticut State Police for all “substantiated” and unsubstantiated finding.

The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

The auditor reviewed one PREA Incident Review Report that confirmed that the reports are being completed within the required timeframe.

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

Corrective Action: Not Required

Provision Findings:

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

115.286 (c)

The review team shall include upper-level management officials, with input from line

supervisors, investigators, and medical or mental health practitioners.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners; facility reported yes.

TCI Policy PREA Review Policy and Procedure section 7.0, the PREA coordinator will conduct an administrative review of the alleged incident within 10 days. The PREA coordinator and Review Team including but not limited to the Chief Program Officer, Program Manager, Program Manager, and Service Area Manager will complete a PREA Sexual Abuse Incident Review within 30 days of receiving an investigative report from the State of Connecticut Department of Correction or The Connecticut State Police for all “substantiated” and unsubstantiated finding.

The sexual abuse incident review team includes the CEO, HR Manager, PREA Coordinator, Area Manager and other pertinent individuals will conduct an incident review team with 30 days of the conclusion of all sexual abuse investigations including allegations that are found to be unsubstantiated

A review of the documents indicated that the agency Incident Review Team consists of the CEO, HR Manager, PREA Coordinator, Area Manager and other pertinent individuals

Program Manager – Q: 19

The Program Manager confirmed that the agency has a sexual abuse Incident Review Team, the Connection review team discusses the event, and a written report is done. The Incident review Team involves the Chief Operating Officer, the VP of the Service Area, PREA Coordinator, the VP of Quality, Risk and Information, the Program Manager, and the Program Manager. Additional members may be added depending on the incident.

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

Corrective Action: Not Required

Provision Findings:

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

115.286 (d)

The review team shall:

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

	• Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. • Assess the adequacy of staffing levels in that area during different shifts. • Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and • Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) of this section, and any recommendations for improvement and submit such a report to the facility head and PREA compliance manager. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to respond to sexual abuse; facility reported yes. A review of one PREA Administrative Review Report confirmed the following information: • Does the allegation or investigation indicate a need to change policy or practice to better prevent, detect, or respond to sexual abuse? • Does the area in the facility where the incident allegedly occurred have physical barriers that may enable abuse? • Was the staffing level adequate for the time and activities at the time of the incident? • Is monitoring technology sufficient to supplement supervision by staff? The report comprises detailed findings and recommendations for improvement. These recommendations are presented to guide the facility in enhancing its practices and ensuring compliance with relevant standards. Additionally, the implementation of these recommendations is documented within the report to demonstrate accountability and follow-through. The final page of the report features signatures from all pertinent parties, including the agency head. This attestation underscores the thorough review process and the commitment of leadership to the recommendations and actions outlined in the report. **Program Manager – Q: 20, 21 / PREA Coordinator - Q: 22, 23 / Incident Review Team – Q: 1, 2, 3, 4** The PREA Coordinator was asked are these reports forwarded to you for review? Have you noticed any trends? Staff indicated that she participates in the review as well. Regarding trends, it depends on the program. Unfortunately, she has seen an overall influx of staff having inappropriate relationships with clients that has been addressed through additional training over the past year.

What actions, if any, do you take after the report has been submitted? The agency includes the VP in the Service Area and the Chief Operating Officer, so they are aware of any improvements that need to be made to assist at their level whether financially or discussing with the funder.

The Program Manager confirmed that the information from the sexual abuse incident review is used to make changes and implement policies and training another related issue from the report.

Staff that are members of the Incident Review Team confirmed that they consider whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse, whether the incident or allegation was motivated by race, ethnicity. They look at physical barriers and the different shifts.

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

Corrective Action: Not Required

Provision Findings:

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

115.286 (e)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the facility implement the recommendations for improvement or document its reasons for not doing so? Facility reported yes.

The facility implements recommendations for improvement or documents its reasons for not doing so.

A review of the PREA Administrative Review Report confirmed that the findings are listed at the bottom of the page and the recommendations for improvement. There is a statement “will the recommendations of improvement be implemented?

A review of one PREA Administrative Review Report confirmed the following information: Findings & Recommendations were included within the report as well as recommendations for improvement and implementation. The last sheet of the report includes all signatures to include the agency head.

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

	Informal conversation with the PREA coordinator confirmed that the Team recommended is approval and implemented because the Team members are the upper level from the central office. **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.287	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • TCI Policy PREA Data Policy and Procedure • 2025 PREA Annual Report • Pre-Audit Questionnaire (PAQ) **Reasoning and Analysis by Provisions** **115.287 (a)** The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions; facility reported yes. TCI Policy PREA Data Policy and Procedure section 4.0, the Connection will collect accurate, uniform 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 will regularly review the PREA allegation data collected 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.

The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. This process ensures consistency in reporting and facilitates comprehensive review and analysis. By employing standardized tools and definitions, the agency maintains clarity in data collection, allowing for effective monitoring and evaluation of incidents across all controlled facilities.

A review of the 2025 PREA Annual Report has collected accurate, uniform data for every allegation of sexual abuse at all facilities. It has direct control using a standardized set of definitions.

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

Corrective Action: Not Required

Provision Findings:

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

115.287 (b)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency aggregate the incident-based sexual abuse data at least annually; facility reported yes.

TCI Policy PREA Data Policy and Procedure section 7.0, The PREA coordinator is responsible for ensuring that the PREA data is collected, reviewed, stored, published, and retained in a uniform matter. These measures include, but are not limited to:

- Collect PREA allegation data using the agency’s software management system, CAMIS, and comply with the SSV’s set of definitions.
- Aggregated PREA allegation data annually.
- Provide the Department of Justice with data from the previous calendar year upon request.
- Create an annual report which includes: a comparison of the current year’s data and corrective actions with those from prior years and assessment of the agency’s

progress in addressing sexual abuse.

- Ensure the annual report with aggregated PREA allegation data is published on the agency’s website annually.

The agency conducts an annual aggregation of incident-based sexual abuse data, which is documented in the PREA report. This process ensures that all relevant data regarding sexual abuse incidents is systematically collected and compiled each year. The annual PREA report provides a comprehensive overview of the agency's efforts to monitor, address, and prevent sexual abuse, supporting transparency and accountability within the organization.

A review of the agency 2025 PREA Annual Report confirmed that the agency has aggregated incident-based sexual abuse data.

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

Corrective Action: Not Required

Provision Findings:

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

115.287 (c)

The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of Sexual Violence conducted by the Department of Justice; facility reported yes.

TCI Policy PREA Data Policy and Procedure section 7.0, The PREA coordinator is responsible for ensuring that the PREA data is collected, reviewed, stored, published, and retained in a uniform matter. These measures include, but are not limited to:

- Collect PREA allegation data using the agency’s software management system, CAMIS, and comply with the SSV’s set of definitions.

The standardized instrument used by the facility is designed to ensure that, at a minimum, it captures all data required to answer every question posed in the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. This approach facilitates comprehensive and consistent data collection aligned with federal requirements.

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

Corrective Action: Not Required

Provision Findings:

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

115.287 (d)

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigations files, and sexual abuse incident reviews; facility reported yes.

TCI Policy PREA Data Policy and Procedure section 7.0, The PREA coordinator is responsible for ensuring that the PREA data is collected, reviewed, stored, published, and retained in a uniform matter. These measures include, but are not limited to:

- Collect PREA allegation data using the agency's software management system, CAMIS, and comply with the SSV's set of definitions.
- Aggregated PREA allegation data annually.
- Provide the Department of Justice with data from the previous calendar year upon request.
- Create an annual report which includes: a comparison of the current year's data and corrective actions with those from prior years and assessment of the agency's progress in addressing sexual abuse.
- Ensure the annual report with aggregated PREA allegation data is published on the agency's website annually.

The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. This process ensures comprehensive documentation and oversight of all incidents, facilitating ongoing assessment and improvement of practices related to sexual abuse prevention and response. By systematically handling these records, the agency demonstrates its commitment to transparency, accuracy, and accountability in addressing and evaluating incidents.

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

	Informal conversation with the PREA coordinator confirmed that the agency maintains, reviews, and collects data, investigation files and sexual abuse incident reviews. **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.287 (e)** The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its Residents. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents; facility reported yes. TCI Policy PREA Data Policy and Procedure section 7.0, The PREA coordinator is responsible for ensuring that the PREA data is collected, reviewed, stored, published, and retained in a uniform matter. These measures include, but are not limited to: • Collect PREA allegation data using the agency's software management system, CAMIS, and comply with the SSV's set of definitions. • Aggregated PREA allegation data annually. • Provide the Department of Justice with data from the previous calendar year upon request. • Create an annual report which includes: a comparison of the current year's data and corrective actions with those from prior years and assessment of the agency's progress in addressing sexual abuse. • Ensure the annual report with aggregated PREA allegation data is published on the agency's website annually. The agency does not obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The facility does not contract its residents for confinement at other facilities. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal conversation with the PREA coordinator confirmed that the agency does not contract with any private facilities to house its contract residents. **Corrective Action: Not Required**

	Provision Findings: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **115.287 (f)** Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. **Review of Documents:** The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30; facility reported yes. The agency will provide the Department of Justice with data from the previous calendar year upon request. This process ensures that the agency remains compliant with the requirement to make all pertinent data available to the Department of Justice by June 30, should such a request be made. The commitment to timely and accurate data submission is supported by responses documented in the Pre-Audit Questionnaire (PAQ), interviews and informal conversations with staff and residents, and a review of relevant policies. These sources collectively corroborate that the facility is adhering to the standards for data reporting and transparency as required. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in making Compliance Determinations:

- TCI Policy PREA Data Policy and Procedure
- 2025 PREA Annual Report
- Pre-Audit Questionnaire (PAQ)
- Agency Head
- PREA Coordinator

Reasoning and Analysis by Provisions

115.288 (a)

The agency shall review data collected and aggregated pursuant to standard 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:

- Identifying problem areas.
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings and corrective actions for each facility, as well as the agency.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency review data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas; facility reported yes.

TCI Policy PREA Data Policy and Procedure section 7.0, The PREA coordinator is responsible for ensuring that the PREA data is collected, reviewed, stored, published, and retained in a uniform matter. These measures include, but are not limited to:

- Collect PREA allegation data using the agency's software management system, CAMIS, and comply with the SSV's set of definitions.
- Aggregated PREA allegation data annually.
- Provide the Department of Justice with data from the previous calendar year upon request.
- Create an annual report which includes: a comparison of the current year's data and corrective actions with those from prior years and assessment of the agency's progress in addressing sexual abuse.
- Ensure the annual report with aggregated PREA allegation data is published on the agency's website annually.

The agency reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. This process involves an examination of incident-based sexual abuse data and risk assessments entered into the agency's software system. By routinely

analyzing this information, the agency is able to identify trends, problem areas, and opportunities for improvement. The annual review is a critical component, ensuring that feedback and observations are incorporated and that corrective actions are documented. Through ongoing evaluation, the agency enhances its ability to prevent, detect, and respond to incidents of sexual abuse, supporting continuous staff development and improved practices across all facilities.

Agency Head – Q: 9 / PREA Coordinator – Q: 24, 25

The Agency Head confirmed that the agency uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. Incident report data is routinely reviewed to look for trends and opportunities to make early detection of incidents of sexual abuse. By reviewing the incidents on a regular basis, the agency can make preemptive changes to improve overall practice related to prevention, detection and response to abuse.

The PREA coordinator confirmed that she reviews data collected and aggregated in standard 115.287 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The program enters all PREA risk assessments and allegations in the agency software system to allow for easy review of data. The data plays a huge role in the annual review. After any allegations, the PREA coordinator has a conversation with the Program Manager to request any concerns, comments, or questions so staff can always continue to improve.

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

Corrective Action: Not Required

Provision Findings:

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

115.288 (b)

Such a report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse; facility reported yes.

TCI Policy PREA Data Policy and Procedure section 7.0, The PREA coordinator is

responsible for ensuring that the PREA data is collected, reviewed, stored, published, and retained in a uniform matter. These measures include, but are not limited to:

- Create an annual report which includes: a comparison of the current year's data and corrective actions with those from prior years and assessment of the agency's progress in addressing sexual abuse.
- Ensure the annual report with aggregated PREA allegation data is published on the agency's website annually.

The annual report includes a comparison of the current year's data and corrective actions with those from prior years.

A review of the 2025 PREA Annual Report confirmed that the agency is preparing and reporting comparison PREA data for year 2024 and 2025. The data compares the findings, substantiated, unsubstantiated, unfounded, and total for the years 2019, 2020, 2021, 2022, 2023, 2024 and 2025 posted on the agency website.

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

Corrective Action: Not Required

Provision Findings:

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

115.288 (c)

The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Is the agency's report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means; facility reported yes.

TCI Policy PREA Data Policy and Procedure section 7.0, The PREA coordinator is responsible for ensuring that the PREA data is collected, reviewed, stored, published, and retained in a uniform matter. These measures include, but are not limited to:

- Ensure the annual report with aggregated PREA allegation data is published on the agency's website annually.

A review of the agency website confirmed that the agency publishes their Annual PREA report online.

This online publication ensures the report is accessible to the public, demonstrating transparency and compliance with regulatory requirements regarding the availability of PREA reports. The agency's commitment to making these reports available via its website supports the provision that the report must be approved by the agency head and made readily available for public review.

Agency Head – Q: 10

The Agency Head was asked, "do you approve annual reports written pursuant to 115.288? Staff indicated yes, the CEO signs off on the annual report.

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

Corrective Action: Not Required

Provision Findings:

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

115.288 (d)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility; facility reported yes.

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

A review of the agency 2025 Annual PREA report confirmed that the agency redaction is limited to specific materials where publication would be a clear and specific threat to the safety and security of the facility.

PREA Coordinator – Q: 28

The PREA coordinator confirmed that the types of material that are typically redacted from the annual report do include any resident and staff personal information or any major security issues.

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

Corrective Action: Not Required

Provision Findings:

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

Overall Findings:

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

115.289	Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in making Compliance Determinations:

- TCI Policy PREA Data Policy and Procedure
- 2025 Annual PREA
- Pre-Audit Questionnaire (PAQ)
- PREA Coordinator

Reasoning and Analysis by Provisions

115.289 (a)

The agency shall ensure that data collected pursuant to standard 115.87 is securely retained.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency ensure that data collection pursuant to 115.287 are securely retained; facility reported yes.

TCI Policy PREA Data Policy and Procedure section 7.0, Ensure the PREA allegation data is securely retained with our agency’s software management system, CAMIS, for at least 10 years. Retain the PREA Administrative Reviews within the T: Drive for at least 10 years from the date of the initial allegation.

The agency ensures that both incident-based and aggregated data are securely retained in accordance with established standards and policies. Data collected as part of PREA requirements, including individual incident data and aggregated

reports, are maintained using secure systems. This retention strategy incorporates both physical and electronic safeguards, such as locked storage areas for physical records and password-protected electronic systems for digital data. Access to these records is restricted to authorized personnel with a legitimate need to review the information, further supporting the integrity and confidentiality of all PREA-related data.

PREA Coordinator

When asked how the agency ensures that data collected is securely retained, the agency has a records retention policy. All information is stored in designated locked areas with access given to those on a need-to-know basis. All electronic systems are password protected.

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

Corrective Action: Not Required

Provision Findings:

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

115.289 (b)

The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least at least annually through its website or, if it does not have one, through other means.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means; facility reported yes.

A review of facility documentation confirms that the agency does not contract with private facilities for resident housing. This finding is supported by both formal document analysis and informal conversations with staff, indicating that all residents are housed within facilities directly operated by the agency. As a result, the agency maintains full oversight and control over resident placement and facility operations.

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

Informal conversation with the PREA coordinator confirmed that the agency does not contract any private facilities to house its residents.

Corrective Action: Not Required

Provision Findings:

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

115.289 (c)

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

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Facility reported yes.

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

An evaluation of the agency's 2025 Annual PREA report has verified that the agency takes appropriate measures to remove all personal identifiers before making aggregated sexual abuse data publicly available. This practice ensures the confidentiality and privacy of individuals are maintained in compliance with relevant standards and regulations.

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

Corrective Action: Not Required

Provision Findings:

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

115.289 (d)

The agency shall maintain sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Review of Documents:

The Pre-Audit Questionnaire (PAQ) Indicated: Does the agency maintain sexual abuse data collected pursuant to 115.287 for at least 10 years after the data of the initial collection, unless Federal, State, or local law requires otherwise? Yes.

TCI Policy PREA Data Policy and Procedure section 7.0, Ensure the PREA allegation

	data is securely retained with our agency's software management system, CAMIS, for at least 10 years. Retain the PREA Administrative Reviews within the T: Drive for at least 10 years from the date of the initial allegation. The documentation indicated that the PREA Coordinator is responsible for ensuring that PREEA allegation data is securely and initially collected using the agency software management system for at least 10 years. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • TCI Website • Agency PREA Coordinator **Reasoning and Analysis by Provisions** **115.401 (a)** During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or a private organization on behalf of the agency, is audited at least once. **Review of Documents:**

During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once; facility reported yes.

A review of the agency's website confirmed PREA audit according to cycles. Each facility is included in the agency's Annual PREA Report. The private facility produces its own annual PREA report.

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

Corrective Action: Not Required

Provision Findings:

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

115.401 (b)

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

Review of Documents:

Is this the first year of the current audit cycle? Yes.

A review of the agency's website confirmed PREA audit according to cycles. The agency has scheduled a third of its facilities to be audited within the required cycle.

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

Corrective Action: Not Required

Provision Findings:

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

115.401 (h)

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

Review of Documents:

Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes.

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

During the tour, the auditor reviewed PREA related documentation and materials located on bulletin boards and walls. The auditor observed camera surveillance, physical supervision, and electronic monitoring capabilities. Other areas of focus during the tour included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing. Housing units, visitation, intake area, administrative areas, Kitchen, dining, storage, work areas were toured.

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

Corrective Action: Not Required

Provision Findings:

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

115.401 (i)

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

Review of Documents:

Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes.

The PREA Coordinator and the facility provided the auditor with all relevant documents to include electronically stored information through the agency system.

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

Corrective Action: Not Required

Provision Findings:

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

115.401 (m)

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

Review of Documents:

Was the auditor permitted to conduct private interviews with residents? Yes.

During the pre-audit period, the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the on-site visit for confidential communications. The facility posted the notices in English and Spanish. The auditor received email and pictures confirming the posted notices and observed the posted notices on-site.

During the onsite visit, the auditor made a request to conduct resident interviews in a private setting. The facility accommodated this request by providing designated areas that ensured confidentiality for the interviews. This arrangement supported the auditor's ability to engage with residents without interruption or observation, thereby upholding the integrity and privacy required for such discussions.

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

Corrective Action: Not Required

Provision Findings:

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

115.401 (n)

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

Review of Documents:

Were inmates, residents, or detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes.

There was no confidential communication from residents and none from staff. The staff interview indicated that residents are permitted to send confidential information or correspondence in the same manner as if they were communicating with legal counsel.

The auditor reviews the MOU for Emotional Support Services for Survivors of Sexual Abuse.

- Documentation review of the Memorandum Agreement between TCI, and The Connecticut Alliance to End Sexual Violence. The Alliance to End Sexual Violence (The Alliance) is a coalition of Connecticut's nine (9) community based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community

	education and training programs. o Just Detention International (JDI) – is a health and human rights organization that seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the only organization in the U.S. – and the world – dedicated exclusively to ending sexual abuse behind bars. They hold government officials accountable for prisoner rape; challenge the attitudes and misperception that enable sexual abuse to flourish; and make sure that survivors get the help they need. This agency reported that they did not receive reports from the facility. • National Sexual Violence Resource Center (NSVRC) response: An email was sent to NSVRC, the return email states that they provide information and tools to prevent and respond to sexual violence. While they are happy to have our organization listed as a resource for people who are incarcerated, they do not receive reports or provide services in any capacity. They also are not able to disclose if anyone from the facility reached out for resources. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provision of this standard. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in making Compliance Determinations: • Pre-Audit Questionnaire (PAQ) • TCI Website • Agency PREA Coordinator

Reasoning and Analysis by Provisions

115.403 (f)

The agency shall ensure that the auditor's final report is published on the agency's website if it has one or is otherwise made readily available to the public.

Review of Documents:

The agency has published on its website 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 year Preceding this audit. The pendency of any agency appeals pursuant to 28 C.F.R. 115.405 does not excuse noncompliance with this provision? Yes.

The auditor reviewed the agency website and confirmed the final PREA reports are published on the agency website as well as CT Department of Corrections website. This ensures transparency and compliance with the requirement that audit findings be made accessible to the public. The availability of these reports allows for public review and reinforces the agency's commitment to meeting PREA standards.

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

Corrective Action: Not Required

Provision Findings:

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

Overall Findings:

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

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

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

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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,	yes

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

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

	interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	
115.217 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have	yes

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

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

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

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

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

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	**Employee training**	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	**Volunteer and contractor training**	

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

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

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

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	**Screening for risk of victimization and abusiveness**	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	and security of a facility?	
115.289 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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