

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: 08/17/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Adam T Barnett, Sr.	Date of Signature: 08/17/ 2023

AUDITOR INFORMATION	
Auditor name:	Barnett, Adam
Email:	adam30906@gmail.com
Start Date of On-Site Audit:	07/25/2023
End Date of On-Site Audit:	07/26/2023

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

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

Facility Director	
Name:	Anthony Corso
Email Address:	ancorso@theconnectioninc.org
Telephone Number:	475-224-6986

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

Facility Characteristics	
Designed facility capacity:	60
Current population of facility:	52
Average daily population for the past 12 months:	50
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	22-69
Facility security levels/resident custody levels:	Low
Number of staff currently employed at the	7

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

AGENCY INFORMATION	
Name of agency:	The Connection, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	100 Roscommon Drive, Suite 203, Middletown, Connecticut - 06547
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Elissa Viglione	Email Address:	elviglione@theconnectioninc.org

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-07-25
2. End date of the onsite portion of the audit:	2023-07-26

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor reached out to the following organizations: 1. Just Detention International (JDI), 2. National Sexual Violence Resource Center (NSVRC), 3. Connecticut Alliance to End Sexual Violence.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	60
15. Average daily population for the past 12 months:	53
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	53
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	5
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>12</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>1</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>13</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor requested resident roster with housing assignment, race, and ethnicity, and other documents.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

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

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor review documents such as the PAQ and facility intake, discussions with staff and other residents.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor review documents such as the PAQ and facility intake, discussions with staff and other residents.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor review documents such as the PAQ and facility intake, discussions with staff and other residents.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor review documents such as the PAQ and facility intake, discussions with staff and other residents.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor review documents such as the PAQ and facility intake, discussions with staff and other residents.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>8</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>6</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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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.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	1	1	1
Staff-on-inmate sexual harassment	3	2	3	2
Total	4	3	4	3

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	1	0	0	0
Total	0	1	0	0	0

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	1
Staff-on-inmate sexual harassment	0	1	1	2
Total	0	1	1	3

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

2

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. 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	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>2</p>
AUDITING ARRANGEMENTS AND COMPENSATION	
<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p>Identify the name of the third-party auditing entity</p>	<p>Diversified Correctional Services, LLC.</p>

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • DOC-Large Contract • The Connection Quality Improvement Chart • PREA - Prison Rape Elimination Act Policy and Procedures • Searches of Community Justice Clients and Client Property Policy and Procedure • American with Disabilities Policy and Procedures • Background Check Policy and Procedure • Hiring Contracted Services Policy and Procedure • PREA - First Responders to a PREA Incident Policy and Procedure • PREA Review Policy and Procedure • PREA - Training and Education Policy and Procedure • PREA - Avenues of Reporting PREA Allegations Policy and Procedures • Client Compliant/Grievance Policy and Procedure

- PREA – Protection and Retaliation Policy and Procedures
- PREA – Reporting to Victims Policy and Procedure
- PREA – Client Sexual Relations Policy and Procedure
- PREA Data Policy and Procedure
- Client Pat-Down Search Policy and Procedure
- Client Movement and Accountability Policy
- Client Movement and Accountability Procedure
- DOC - Administrative Directive 6.12- Sexual Assault Prevention Policy
- DOC – Administrative Directive 9.6 Inmate Administrative Remedies (Spanish and English)
- State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc.
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- CDOC Administrative Directive Number 11.4, Parole and Community Services
- CDOC Administrative Directive Number 3.13, Contracts Administration
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement

Interviews:

- Agency PREA Coordinator - 1
- Agency Head - 1
- Program Manager - 1

Compliance Determination by Provisions and Corrective Actions:

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The policies mandate a zero tolerance toward all forms of sexual abuse and sexual harassment. The policies outlined the approach to prevent, detect, and response to sexual abuse and sexual harassment.
- TCI Policy section 4.0, PREA- Prison Rape Elimination Act Policy and Procedure states, The Connection, Inc., in cooperation with the State of Connecticut Department of Corrections (DOC) and Court Support Services Division (CSSD) 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.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.211 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility has PREA policies which ensure the sexual safety of facility residents and staff. The policy includes zero-tolerance philosophy from the agency central office through the front-line staff in its facilities. The agency/facility PREA coordinator has direct access to the head of the agency and regular communication with the senior leadership team.
- 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.
- TCI Policy section 7.0, PREA - Prison Rape Elimination Act Policy and Procedures requires a program manager in each facility. They are responsible, according to policy, for ensuring that preventative measures include 1) Discussing PREA with Residents during intake and orientation; 2) Administering a sexual risk victimization survey during intake and again within thirty days; 3) Displaying PREA related material at program sites to encourage the vocalization of PREA incidents; 4) Routine monitoring of Residents while in the program; and 5) Ensuring all visitors and contractors have received PREA language and agree that they understand their role in upholding PREA standards of reporting and behavior.
- Central Office Staff: Agency head question, has the agency identified an agency PREA coordinator with enough time to manage all PREA related responsibilities? The agency/facility has a PREA coordinator that manages all the PREA related responsibilities for the agency in coordination with others. Staff are trained to serve as backup in the case of vacation or absence of the agency PREA coordinator.
- Central Office Staff: Agency coordinator question, do you feel that you have enough time to manage all your PREA-related responsibilities? “Yes”, she does feel that she has enough time to manage all my responsibilities as the PREA coordinator.

	<ul style="list-style-type: none"> • Central Office Staff: Agency PREA coordinator, discuss how you coordinate your agency’s efforts to comply with the PREA standards. All staff complete the PREA Training at orientation in-person and online. During the current pandemic, staff are only completing the training online. The coordinator completes a refresher training course with all current staff annually. The agency has a PREA on-call phone number that staff or residents can call to report an allegation. Most of the time, the coordinator is on call, however when not, her supervisor the Director of Quality Assurance (certified investigator) will handle the on-call and if she is unavailable then Savino (certified investigator) will take on-call. The coordinator created a cheat sheet for reporting, so the on-call staff is aware of who needs to be called depending on the program and what steps are required to take in response to an allegation. • Central Office Staff: Agency PREA Coordinator question, if you identify an issue with complying with a PREA standard, what actions or processes do you undertake to work toward compliance with that standard? The PREA coordinator will address the concern with Program Leadership and discuss steps to rectify the issue. If it is a concern with the agency funder, then she will have a discussion with her supervisor, the Service Area Director, to determine how to best communicate with the funder to rectify the situation. Depending on the issue, the coordinator may also complete another refresher training to ensure staff understand the program’s requirements for the PREA standards. Additionally, depending on the issue, the PREA coordinator will follow up after a certain period to make sure that whatever protocols we enacted or continued are current and accurate. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making the Compliance Determination:
	Documentation:
	<ul style="list-style-type: none"> • DOC-Large Contract

- PREA Prison Rape Elimination Act Policy and Procedure
- State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc.
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211

Interviews:

- Agency PREA Coordinator - 1

Compliance Determination by Provisions and Corrective Actions:

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 the entity’s obligation to adopt and comply with the PREA standards.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility does not contract with another entity for the confinement of its residents.
- The facility has ensured that all contract agreement required language for adoption of and compliance with the PREA standards have been reviewed, discussed, and agreed upon with the contracted entity/individual prior to entering or renewing the contract.
- Central Office Staff: Agency PREA coordinator, do your agency/facility contract with other private agencies or other entities, including other government agencies to house your residents? “No”. The agency/facility does not contract with another entity for the confinement of its residents.

Corrective Action:

N/A. There are no corrective actions for this provision.

115.212 (b)

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

Compliance Determinations:

The facility has demonstrated substantial compliance with this provision of the standard because:

	<ul style="list-style-type: none"> • The agency/facility does not contract with another entity for the confinement of its residents. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>115.212 (c)</p> <p>Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed, may the agency enter into a contract with an entity that fails to comply with these standards. In such a case, the public agency shall document its unsuccessful attempts to find an entity in compliance with the standards.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standards because:</p> <ul style="list-style-type: none"> • The facility has not had any emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed because the facility does not contract with other entities to house their residents. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>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.</p>
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Census Report • PREA Prison Rape Elimination Act Policy and Procedure • Client Movement and Accountability Procedure • DOC-Large Contract Staffing

- PREA Staff Training Full Revised 2023 – PowerPoint
- Employee Roster
- PREA Data Report (REP 449) /Facility Population (Census Report)
- Facility Layout (Diagram)
- Annual Community Program Staffing Schedule
- First Shift
- Second Shift
- Facility Tour/Observations
- State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc.
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Parole and Community Services 2018 Residential Audit 8/23/18
- Staff Directory
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211

Interviews:

- Agency PREA Coordinator - 1
- Facility Program Director - 1

Compliance Determination by Provisions and Corrective Actions:

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- 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 so the staff will always ensure that the minimum staffing is present on the floor. The facility has video monitoring in blind spots throughout the facility and continues to add cameras as money becomes

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

- 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.
- The facility has cameras to supplement supervision of residents. They are in and out of the facility to help eliminate blind spots and to assist in monitoring residents.
- State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract 21DOC01112AA section states, "The contractor shall provide 24/7 on-site supervision of Residents. The staffing matrix submitted with the contractor's proposal to the Department's REP #DOC-Res/Non-Res/PS-2021-SM, which is on file the Department, provides the staffing, patterns, and schedule to be maintained for the duration of this state fiscal year unless otherwise authorized by the Department.
- Central Office Staff: Agency PREA coordinator question, when assessing adequate staffing levels and the need for video monitoring, please explain if and how the facility staffing plan considers standard requirements. The staffing plan considers all the components of the facility's physical plant to include blind spots. The composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and any other relevant factors.
- Facility Staff: Program Director question, does your facility has a staffing plan? Yes. The agency submits a staffing plan to the funding source each fiscal year. The fiscal year is from July 1st to June 30th. Video Monitoring is a part of the staffing plan.
- Facility Staff: Program Director question, is the staffing plan documented, and if so, where? A staffing Matrix is submitted each year to the funding source and is updated as needed throughout the year.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.213 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

- 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.

- Central Office Staff: Agency PREA coordinator question, who reviews and follows up on deviations from the staffing plan? In situations in which a deviation is made from the staffing plan, written justification for such deviation is documented and sent to the PREA coordinator by the facility supervisors. The Program Manager, Director, and Administrative Director review the staffing plan annually and throughout the year to ensure there are no deviations from the staffing plan.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.213 (C)

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The staffing plan is reviewed annually. Per protocol, the PREA coordinator/compliance manager would be notified in advance if there were any adjustments made to the plan.
- The staffing plan is objective with the number and placement of staff and some video technology that is necessary to ensure the sexual safety of the resident population given the facility layout and characteristics, classifications of residents, and security needs and programming. The staffing plan considers sick leave, vacation, FMLA, callouts, training days, military leave, etc...
- The agency/facility makes its best efforts to comply on a regular basis with the staffing plan and the facility document deviations from the staffing plan. Annually the agency/facility adjusts as needed to resource available to ensure adherence to the staffing plan. The agency PREA coordinator/Facility Compliance Manager is a part of the annual review.
- The agency/facility intermediate-level and upper-level supervisors conduct unannounced rounds on all shifts to prevent, detect and respond to allegations of sexual abuse and sexual harassment. Staff are prohibited from alerting other staff members of PREA to unannounced rounds.

	<ul style="list-style-type: none"> • The facility has cameras located in and around the facility that are always monitored. The cameras in the facility cover the inside of the visiting room, rear, front, administration, inside front lobby, and recreation areas. There are no cameras in residents’ rooms. • The facility has identified blind spots within the facility that are accessible to residents, to ensure the safety of the Residents in the areas that maybe considered a blind spot. Staff are directed to be observant of those areas and are not allowed to have one-on-one contact outside of the camera’s view. Staff are briefed on the locations of all blind spots and those identified areas are checked during supervisory security checks and unannounced rounds. • Central Office Staff: Agency PREA coordinator question, if the staffing plan for the facility is reviewed at least once every year, are you consulted regarding any necessary adjustments? The staffing plan is reviewed annually. “Yes”, per protocol, the PREA coordinator/compliance manager would be notified in advance if there were any adjustments made to the plan. • Facility Staff: Program Director question, when assessing adequate staffing levels and the need for video monitoring explain if and how the facility staffing plan considers all components of the facility’s physical plan (including “blind spots” or areas where staff or residents may be isolated? The physical space is always taken into consideration and if improvements or additions can be added the agency make them. Adding cameras or changing the area they cover has been done. Regarding the prevalence of substantiated and unsubstantiated incidents of sexual abuse, each incident is carefully reviewed by the leadership team and when changes are necessary, they are completed. <p>Corrective Actions:</p> <ul style="list-style-type: none"> • N/A. There are no corrective actions for this provision. <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- Staff Transcripts
- Pat Search Techniques Contracted Residential Provides
- PREA Staff Training 2023 – Power Point
- PREA Staff Training Orientation Power Point
- PREA Prison Rape Elimination Act Policy and Procedure
- Client Pat Down Search
- Searches of Community Justice Client Property and Program Visitors
- Employee Data Sheet
- Staff Interview Numbers
- Staff Roster
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211

Interviews:

- Random Sample of Staff – 8
- Random Sample of Residents – 13 Random and 3 Target
- Non-Medical Staff Cross Gender Strip or Visual Searches - 0

Compliance Determination by Provisions and Corrective Actions:

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does not conduct strip searches or body cavity searches at all. Staff are also prohibited from conducting any form of search that involves “touching” by either gender staff. Residents are afforded the utmost privacy in restroom/shower areas where the restroom has stalls and doors, and the showers have stalls and curtains and the doors to the restroom/shower areas may be closed as well. Staff are respectful of residents living areas and their privacy.
- There have been no strip search or body cavity searches, and these are prohibited, nor have there been any searches involving “touch”. Residents have privacy while changing clothing because of doors on their rooms. Policy requires residents and staff to be subject to hands-off searches that will be conducted in a manner that avoids force, embarrassment or indignity to the person being searched.

It also requires that pat downs, body cavity and strip searches are prohibited regardless of the gender of the staff or resident, even in exigent circumstances.

- 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 downs, body cavity, and strip searches are prohibited regardless of the gender of the staff or resident, even in exigent circumstance.

Corrective Actions:

- N/A. There are no corrective actions for this provision.

115.215 (b)

As of August 20, 2015, or August 20, 2017, for a facility whose rated capacity does not exceed 50 residents, the facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities shall not restrict female residents' access to regularly available programming or other out-of-cell opportunities to comply with this provision.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does not permit cross-gender part-down searches and has a policy against this practice. This facility is males only.

Corrective Actions:

- N/A. There are no corrective actions.

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does not conduct cross-gender strip searches and cross-gender visual body cavity searches and has a policy against these practices. This facility is males only.

Corrective Actions:

- N/A. There are no corrective actions for this provision.

115.215 (d)

The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of

the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- TCI Policy Searches of Community Justice Residents and Resident Property Policy and Procedures section 4.0 states, all staff announce their presence prior to entering a resident room. Staff of the opposite gender only enter a bathroom for exigent circumstances and announce their presence prior to entering a bathroom. Residents have the right to shower, perform bodily functions, and change clothing without staff viewing the resident.
- Facility Staff: Staff discussion, when resident who identity as transgender, the Program Manager meets with the resident upon intake to discuss safety concerns and preferences. Residents are either housed in an individual room or consideration is taken on who the resident’s roommates will be to ensure safety.
- Regarding pat-downs and urine collection, the transgender resident is asked their preference on the gender of the staff conducting the pat-down and the urine collection. If a discrepancy arises where staff would feel unsafe conducting a pat-down (i.e. to female transgender with male genitalia requesting female staff pate-down and urines) then the Program Manager would have a conversation with the funder to determine if this is the best fit for the resident. A solution is easier to identify for toxicology testing is providing the alternative to urine collection could also be oral swab collection.

Onsite Review/Observations:

- During the site review, 1. 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 of clothing. The areas observed were housing, intake, showers, bathrooms, and recreation areas. 2. The auditor observed the facility critical function of cross-gender announcements. The auditor observes staff announcing their present when entering housing unit/living areas of the opposite gender. 3. The auditor observed the facility critical function of cross-gender viewing. The auditor viewed the placement and angle of electronic surveillance monitoring in the main control room. The cameras do not show residents naked, using the showers or toilets on camera monitors. 4. 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 cabinet and rooms. There was no confidential resident information located in places where other residents or staff can review. 5. The auditor informally interviewed residents regarding staff of the opposite gender announcing the present when enter the living

units. All residents indicated yes that staff announced their present.

- Facility Staff: Total of eight (8) random staff were interviewed from different shifts. Two (2) males and Six (6) females. Five Black, One White and Two others. Staff were asked, are residents able to dress, shower, and use the toilet without being viewed by staff of the opposite gender? All eight staff indicated that residents are allowed to dress, shower, and use the toilet without being viewed by the opposite gender.

- Facility Staff: Total of eight (8) random staff were interviewed from different shifts. Two (2) males and Six (6) females. Five Black, One White and Two others. Staff were asked, do you or other staff announce your presence when entering a housing unit that houses residents of the opposite gender (from yourself)? All eight staff indicated that female staff announce their presence when entering the residents' rooms and entering the floor.

- Resident Interviews: Sixteen (16) resident interviewed. Thirteen (13) Random and Three (3) Target. Five Black, Six White, Four Hispanic and One other. They were asked: Are you and other residents ever naked in full view of female staff (not including medical staff such as doctors, nurses)? Sixteen (16) of the interviewed residents related they were never naked in full view of female staff while showering, dressing, or while using the restroom.

- Resident Interviews: Sixteen (16) resident interviewed. Thirteen (13) Random and Three (3) Target. Five Black, Six White, Four Hispanic and One other. They were asked: Do female staff announce their presence when entering your housing area? Sixteen said female staff announce their presence, by knocking on the door.

Correction Actions:

- N/A. There are no corrective actions for this provision.

115.215 (e)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

- The auditor, Program Manager and the Agency PREA Coordinator discuss what

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

- Facility Staff: Total of eight (8) random staff were interviewed from different shifts. Two (2) males and Six (6) females. Five Black, One White and Two others. Staff were asked, are you aware of the policy prohibiting staff from searching or physically examining a transgender or intersex resident for the purpose of determining that resident's genital status? Eight staff indicated that they were aware of the policy prohibiting staff from searching or physically examining a transgender or intersex resident for the purpose of determining that resident's genital status.

- Target Resident: One (1) Transgender was interviewed. She was asked, do the staff consider your own view with respect to your safety? She responds yes. The auditor asked how do staff do this? She indicated that staff give her choices which she likes, chooses in room assignments and who she preference on the gender of staff conducting pat-down searches. As well as being able to shower alone.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.215 (f)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility provided the auditor copies of staff training power points that include slides on conducting cross-gender pat down searches, and searches of transgender and intersex Residents in a respectful manner.
- TCI Policy Searches of Community Justice Residents and Resident Property Policy and Procedure section 6.0 states, all staff members at any Community Justice Residential programs will be trained to perform hands off searches as described in policy. The program manager is responsible for: 1. Ensuring that necessary searches are conducted and that the program is compliant with funder requirements. 2.

	<p>Ensuring that their programs search procedures are current and provided to staff. 3. Ensuring all program staff are trained at the start of employment and at least annually thereafter on how to perform: (“hands-off” searches of persons, Searches of resident possessions, Room searches, and Searches of mail.)</p> <ul style="list-style-type: none"> • The clinical supervisor is responsible for scheduling and ensuring that clinical binder searches are completed by clinical staff. • The agency/facility prohibit cross-gender pat-down searches of female resident, absent exigent circumstances. If an exigent circumstance occurs the facility will document the process. The facility does not restrict access to programming and other opportunities to comply with this provision. • The facility also has a policy prohibiting cross-gender strip searches and cross-gender visual body cavity searches. Again, if an exigent circumstance occurs the facility will document the process. • The facility policy, procedures and practices allow residents to shower, perform bodily functions, and change clothes without being viewed by non-medical staff of the opposite gender. Staff of the opposite gender announce their presence when entering a resident housing unit, room, bathroom, or shower; thus, allowing the Resident to cover up. • Central Office Staff: Agency PREA coordinator question, do security staff receive training on how to conduct cross-gender pat down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? If yes, when do they receive this training. “Yes”, all staff in residential programs funded by the Department of Corrections receive pat down training at orientation and annually thereafter. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- PREA Client Acknowledgment Intake (English)
- PREA Client Acknowledgement Intake (Spanish) - None
- Residents with a Physical Disability
- Residents who are Blind, Deaf, or Hard of Hearing
- Residents who are LEP
- Client Guide to PREA (English)
- Client Guide to PREA (Spanish)
- DOC-Large Contract Staffing
- CONNSACSMAP - 2016
- Connection: American with Disabilities Policy and Procedure
- Connection: Contract Interpreters and Translators
- DOC PREA Update Posters
- Parole and Community Services 2018 Residential Audit
- Policy: Prison Rape Elimination Act (PREA) Synopsis
- State of Connecticut Department of Correction Administrative Directive: 6.12 - Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention.
- State of Connecticut Department of Correction Division of Parole and Community Services
- American with Disabilities Policy and Procedure
- Contract: Contract, Grant, Lease, and Loan Agreement Review Form
- PREA Poster: Break the Silence (Spanish and English)
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211

Interviews:

- Agency Head/Designee - 1
- Random Sample of Staff - 8
- Target Resident LEP - 1

Compliance Determination by Provisions and Corrective Actions:

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- To ensure effective communication with residents or residents who are deaf or hard of hearing, the agency provide access to interpreters who can interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary.
- The agency also provides written materials in formats or through methods that ensure effective communication with residents, who have intellectual disabilities, limited reading skills or who are blind or have low vision.
- The agency/facility has established procedures to ensure residents who are LEP or have disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's/facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
- The agency has documents in Spanish and English, signs in the program are in Spanish, Spanish speaking Case Managers in some of the programs, and would use a translating service if needed. If residents are unable to read, a staff member reads and review all PREA information with the residents in person.
- State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract #21DOC01112AA Section 2 Americans with Disabilities Act (ADA). "The contractor shall be and remain in compliance with the Americans with Disabilities Act of 1990 as amended from time to time to the extent applicable, during the term of this contract. The agency may cancel or terminate this contract if the contractor fails to comply with the ADA. The contractor represents that it is familiar with the terms of this Act and that it follows the law. The contractor warrants that it shall hold the state harmless from any liability which may be imposed upon the state because of any failure of the contractor to follow this ADA."
- The Connection, American with Disabilities Policy, and Procedure, asserts and affirms the agency will comply with the Americans with Disability Act (ADA). 7.0, Responsibilities and Procedures requires that staff, to ensure effective communication with residents who are deaf or hard of hearing, The Connection Inc. (TCI) will provide access to interpreters who can interpret both effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary. The agency is also required, as stated in paragraph 3., to ensure written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.
- The State of Connecticut Purchase of Service Contract Original Contract #18DOC0121AA page Section 15. Staffing Requirements provision (e) page 13

Multilingual and Multicultural Competency states, TCI recruits and retains culturally and linguistically competent and diverse staff that is reflective of the population we serve.

- Central Office Staff: Agency head question, has the agency established procedures to provide residents with disabilities and residents who are English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment? "Yes, we have all our 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, we have staff read and review all PREA information with them in person.

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

Corrective Actions:

N/A. There are no corrective actions.

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

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

harassment. Residents that require the staff to read the paperwork to them will receive this from staff and can ask questions. The agency utilizes a service through Interpreters and Contractors that provide TTY services and translation services for residents who are limited English proficient (unless a staff speaks this language then they will conduct the intake).

Corrective Actions:

N/A. There are no corrective actions.

115.216 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The program has not relied on resident interpreters, resident readers, or other types of resident assistants.
- All staff indicated that they would not let residents serve as interpreters. The facility has staff interpreters.
- The agency/facility has access to professional translations services. Prior to entry into the facility/program, residents are screened out about certain disabilities because of the nature of the program, which is work release, however when a disabled resident is admitted the facility "meets them at the point of their needs".
- Facility Staff: Total of eight (8) random staff were interviewed from different shifts. Two (2) males and Six (6) females. Five Black, One White and Two others. Staff were asked, does the agency ever allow the use of resident interpreters, resident readers, or other types of resident assistant to assist disabled residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment? All staff indicated that they would not let residents serve as interpreters. The facility has staff interpreters and a language line.
- Target Resident: One LEP resident was interviewed, the auditor asked to use the same process as the facility use to translate PREA information from English to Spanish. The facility provided a staff translator, which did an excellent job. We discuss all random questions and target questions. The overall response from the resident was good.

Corrective Actions:

N/A. There are no corrective actions for this provision.

	<p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Applicant Authorization and Consent for Release of Information • PREA Prior Employer Letter (Example) • Visitor Confidentiality Agreement • Hiring Contracted Services Policy and Procedure • DOC-Large Contract Staffing • Employee Background Checks • Employee Data Sheet • Staff Interview Numbers • Staff Roster • Background Check Policy and Procedure • Hiring Contracted Services Policy and Procedures • PREA: Prison Rape Elimination Act Policy and Procedure • Employee Handbook pages 23 and 24 • Contractual Services Policy and Procedures • Employee Handbook • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • Parole and Community Services 2018 Residential Audit • Staff Directory • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211 <p>Interviews:</p> <ul style="list-style-type: none"> • Human Resources (HR) Administrator - 1 <p>Compliance Determination by Provisions and Corrective Actions:</p>

115.217 (a)

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract 21DOC01112AA section 15 Criminal History, page 16 states, "The contractor shall provide written notification to the CTDOC Director of Parole and Community Services prior to hiring staff who are currently under any type of criminal justice supervision (that is, state or federal probation or parole, or under the care, custody, and/or supervision of the Connecticut Judicial Branch, CTDOC or the Board of Pardons and Paroles). CTDOC reserves the right to prohibit the contractor from allowing such individual to work in a CTDOC funded program with CTDOC offenders".
- The Connection Policy, Criminal Records Check for Staff Policy, and Procedure, affirms the Connection Inc. strives to provide the safest possible environment for residents, visitors, staff, and physical resources. Policy requires a criminal background check on all employees, volunteers, and contracted professionals. It also requires that TCI will not hire or promote anyone who may have contact with residents and shall not enlist the services of any contractor who may have contact with residents and will not enlist the services of any contractor who may have contact with residents who: 1. has engaged in sexual abuse in a prison, jail, lockup, or community confinement facility. 2. Who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or coercion, if the victim did not consent or was unable to consent or refuse? 3. Has been civilly or administratively adjudicated to have engaged in the activity described in 1 and/or 2. Policy provides for performing background checks appropriate to the position being filled.
- The agency/facility process includes a requirement for background checks at least every five years for current employees and contractors who have contact with residents. Paragraph 4 of the policy also requires that unless prohibited by law, the agency will provide information on substantiated allegations of sexual abuse and sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied to work.

- TCI Policy Hiring Contracted Services Policy and Procedure section 6.0 states, Human Resources (HR) Department will perform background and criminal background checks as per policy. The Vice President of Human Resources enforces this policy.

- Central Office Staff: Administrative HR staff question, does the facility perform criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with resident, who are considered for promotions?

Do you do this for any contractor who may have contact with residents as well? "Yes", background checks are performed for all new hires (FT, PT and per diem) via Paycom. Periodic criminal and driving checks are done for existing staff.

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

- Central Office Staff: Administrative HR staff question, does the facility consider prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with Residents? The HR staff indicated yes that they consider any prior incidents of sexual abuse or sexual harassment.

Corrective Actions:

N/A. There are no corrective actions.

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- HR staff indicated that a background check is conducted on every new hire and contractor who is brought in to provide services to Residents. The agency/facility engaged with Employee Reference Source (ERS) to conduct background checks. Annually a state criminal, motor vehicle and sex offender background check are completed on all employees.
- TCI Policy Background Check Policy and Procedure section 4.0 states, to determine the appropriateness of prospective employees and fitness of current employees who will be working with children and/or other vulnerable populations, The Connection's screening procedures shall include appropriate, legally permissible, and mandated reviews of the following: Federal and state criminal history records; Civil child abuse and neglect registries; and Confidential consumer reports.
- Records will be reviewed for prospective employees prior to hire, and for current employees every five years or as deemed appropriate.
- Central Office Staff: Administrative HR staff question, what system does the agency/facility presently have in place to conduct criminal record background checks of current employees and contractors who may have contact with residents? HR staff indicated that a background check is conducted on every new hire and contractor who is brought in to provide services to the residents through the Paycom system.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.217 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- HR staff indicated that a background check is conducted on every new hire and contractor who is brought in to provide services to the residents. The agency/facility engaged with Employee Reference Source (ERS) to conduct background checks. Annually a state criminal, motor vehicle and sex offender background check are completed on all employees.

Corrective actions:

N/A. There are no corrective actions for this provision.

115.217 (e)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility also acknowledges that background checks are conducted every five (5) years.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.217 (f)

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

Compliance Determinations:

The facility has demonstrated compliance with this provision of the standard because:

- The Connection Background Check Policy and Procedure, requires as a part of its screening process for prospective new staff members, employees, contracted professionals, volunteers and interns, the Connection extensive background checks, in full compliance with all relevant employment laws and regulations. The Connection will also verify credentials, as education training, relevant experience, competence in required role, recommendations of peers and former employers, and state registration, licensing, and/or certification in the appropriate discipline(s).
- Central Office Staff: Administrative HR staff question, does the agency/facility ask all applicants and employees who may have contact with residents about previous misconduct described in section (a) in written applications for hiring or promotions, and in any interviews or written self—evaluations conducted as part of reviews of current employees? The HR staff indicated “yes”. This information can be found in the employment application.
- Central Office Staff: Administrative HR staff question, does the agency/facility impose upon employees a continuing affirmative duty to disclose any such previous misconduct? HR staff indicated “yes”, employees are required to notify their supervisors of any federal, state, or local arrest of conviction no later than five days

after such arrest or conviction.

Corrective Actions:

N/A. There are no corrective actions.

115.217 (g)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.217 (h)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Staff indicated that information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request is address on a case-by-case bases.
- The agency/facility verify their process of receiving and responding to the background check results. Agency/facility provided a spreadsheet that covers NCIC, MV, etc. and clear status.
- Central Office Staff: Administrative HR staff question, when a former employee applies for work at another institution, upon request from that institution, does the agency/facility provide information on substantiated allegations of sexual harassment involving the former employee, unless prohibited by law? "Yes". The HR staff indicated that without written authorization from the former employee, policy only allows sharing dates of employment and position.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

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

	documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA Prison Rape Elimination Act Policy and Procedure • Facility Tour/Observations • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • Statement for Facility Director regarding facility Upgrades and Technologies • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head/Designee - 1 • Agency PREA Coordinator - 1 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.218 (a)</p> <p>When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The agency/facility ensures PREA standards are considered when designing or acquiring or upgrading facilities and technologies. When making substantial modifications or designing any space to be occupied by residents 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.

- Central Office Staff: Agency head question, when designing, acquiring, or planning substantial modifications to facilities, how does the agency consider the effects of such changes on its ability to protect residents from sexual abuse? “When making substantial modifications or designing any space to be occupied by residents, 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 facilities director, PREA coordinator and would be submitted to DOC prior to modification.”

- Facility Staff: Program Director question, how has the facility considered the effect of the expansion or modification upon the facility’s ability to protect residents from sexual abuse? When there are expansions, the agency would look at all space, what technology would assist with blind spots in the physical layout of the programs and staffing patterns. If modifications can be made this agency is very proactive in their response.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.218 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency has video monitoring in all facility spaces occupied by residents. When opportunities for upgrades arise, the facility consistently takes advantage of these times by making upgrades and adding cameras to spaces that may not be monitored by a camera.
- The PREA coordinator or designee is responsible for ensuring PREA is considered whenever the agency/facility designs, acquires or requests specific upgrades to facility and technologies. The recipient of such requests depends on the nature of the request.
- There have been no upgrades or modifications to the physical plant nor have there been any upgrades to the monitoring technology.
- Central Office Staff: Agency head question, how does the agency use monitoring technology to enhance the protection of residents from incidents of sexual abuse? “The agency has video monitoring in our spaces occupied by residents. When

	<p>opportunities for upgrades arise, we consistently take an advantage of these times by making upgrades and adding cameras to spaces that may not be monitored by a camera.”</p> <ul style="list-style-type: none"> • Facility Staff: Program Director question, when installing or updating monitoring technology, such as a video monitoring system or electronic surveillance, how has the facility considered using such technology to enhance residents’ protection from sexual abuse? Adding to area not previously covered. The agency has also recently upgraded the systems in many of the programs. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Facility Investigations for the Past 12 Months Packages:6 • PREA First Responders to A PREA Incident • PREA Letter to State Police • The Alliance MOU (Connecticut Alliance to End Sexual Violence) • Hospital Response to Sexual Assault Victims State Technical Guidelines • TCI PREA Page Screenshot • Client Guide to PREA English • Client Guide to PREA Spanish • CONNSACSMaP-2016 • Connecticut Alliance To End Sexual Violence • National Sexual Violence Resource Center (NSVRC) • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • CDOC Directive Number 1.10 Investigations

- MOU: PREA Investigations conducted by the State Police Guidelines
- Connecticut Alliance To End Sexual Violence – Support, Advocate, Prevention (24-Hour, Toll-Free Hotline and Addresses)
- PREA Poster: Break the Silence (Spanish and English)
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211

Interviews:

- Agency PREA Coordinator - 1
- Random Sample of Staff - 8
- Residents who Reported Sexual Abuse - 0
- Residents who Reported Sexual Harassment - 0
- SANE/SAFE Staff - 0

Compliance Determination by Provisions and Corrective Actions:

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy states, The Connection, Inc. will not conduct PREA criminal investigations. All PREA allegations will be referred to the Connecticut State Police for criminal investigation or the CT Department of Corrections.
- TCI Policy PREA Review Policy and Procedure section 4.0 states, The PREA coordinator will conduct an administrative review of 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), Court Support Services Division (CSSD), Probation, and/or Parole for review and potential sanctions for alleged perpetrators.
- The Connection Policy, PREA First Responders to a PREA Incident, addresses first responding to an incident of sexual abuse/assault and affirms when a physical assault has occurred on the premises residents will be transferred to the local hospital for forensic examination. Policy requires first responders to immediately separate the alleged victim from the alleged abuser; determine the safety of the resident and if need be contact emergency services, call 911, preserve and protect the crime scene until appropriate steps can be taken to collect evidence, if the abuse occurred within a time frame that allows for the collection of physical evidence, staff will request that the alleged victim and abuser not take any actions

that could destroy the evidence and this includes washing, brushing teeth, changing clothes, defecating, urinating, smoking, drinking and/or eating and immediately begin the notification to appropriate parties.

- Facility Staff: Total of eight (8) random staff were interviewed from different shifts. Two (2) males and Six (6) females. Five Black, One White and Two others. Staff were asked, "Do you know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse? Separate the victim from the abuser, protect the crime scene, protect the DNA by not letting victim or abuser brush their teeth, drink water, shower, wash, urinate, changing clothes or eating.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.221 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Investigations following the required protocol as appropriate and adapted from or otherwise based on the most recent editions of the US Department of Justice's Office on Violence for Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents", or similarly comprehensive and authoritative protocols developed after 2013.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.221 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The staff acknowledges the agency offers all victims of sexual abuse access to

forensic medical examination, without financial cost, where evidentiary or medically appropriate. Exams are required to be performed by Sexual Assault Forensic Examiners (SAFES) or Sexual Assault Nurse Examiners (SANES) and if not, by a qualified medical practitioner. The agency documents its efforts to provide SAFES or SANES. However, if there was a need for forensic medical examination the facility refers to the local hospital for services.

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

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

Onsite Review/Observations:

- During the site review, the auditor observed the facility signages regarding access to outside confidential (emotional support services) information were posted in all areas frequented by Residents in the facility, including housing/living units. This information is posted in hallways. The information is provided in English and Spanish and is legible.

- During the site review, the auditor observed the facility signages regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in resident's housing/living units, programming areas and visitation area. The information is provided in English and Spanish and is legible.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.221 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

- Memorandum of Agreement between The Connection, Inc., and The Connecticut Alliance to End Sexual Violence,
The Alliance agrees to the following: 1. Identify and assign a point of contact at each organization to establish coordinator between agencies and access to Sexual Assault Crisis Services (SACS) for TCI residents. Response to the residents' request to work with SACS will be made and executed within a reasonable amount of time. 2. Display sexual assault crisis hotline posters in English and Spanish at TCI and The Alliance. TCI will share information with residents about SACS program and the availability of sexual assault crisis counselors and community-based services. 3. At TCI resident's request, allow for a sexual assault crisis counselor to accompany and support the victim throughout the forensic medical exam process and investigatory interviews, and provide emotional support, crisis intervention, information, and referrals, as requested by the victim throughout the resident's placement in the TCI facility. 4. At the Alliance and TCI there will be a dedicated and confidential space for SACs to meet with residents. 5. To develop site specific protocol and procedure for maintaining PREA standards. 6. To collaborate for the continuity of care and discharge planning for residents who are victims of sexual assault and/or abuse. 7. To identify and assign designated staff to establish a cohesive and seamless delivery of services to residents in TCI facilities.

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.221 (e)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.221 (f)

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

Compliance Determinations:

The facility has demonstrated compliance with this provision of the standard because:

- All staff indicated that the PREA coordinator handles the PREA investigations and the PREA Coordinator indicated that she works with state police for criminal investigations.
- Facility Staff: Total of eight (8) random staff were interviewed from different shifts. Two (2) males and Six (6) females. Five Black, One White and Two others. Staff were asked, "Do you know who is responsible for conducting sexual abuse investigations? All staff indicated the PREA Coordinator, and some said local Police Department.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.221 (g)

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility request that all outside entity that comes in to investigate PREA cases meet the requirements of PREA.
- The Department or Justice has not investigated any allegations of sexual abuse or sexual harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.221 (h)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility,

	<p>facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Investigation Cases---6 • State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract #18DOC0121AA • PREA First Responder to A PREA Incident • PREA Review Policy and Procedure • TCI PREA Website Screenshot • State of Connecticut Department of Correction Administrative Directive: 6.12 - Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • Connecticut Alliance To End Sexual Violence - Support, Advocate, Prevention (24-Hour, Toll-Free Hotline and Addresses) • Connecticut Alliance to End Sexual Violence (formerly CONNSACS) • PREA Poster: Break the Silence (Spanish and English) • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head/Designee - 1 • Investigator - 1 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.222 (a)</p> <p>The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>Compliance Determinations:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p>

- The agency has a designated PREA coordinator who monitors all administrative and criminal investigations regarding sexual abuse and sexual harassment. At the end of all investigations the PREA coordinator submits a detailed report of the entire incident including the investigation outcome.
- Policy requires the PREA Coordinator to conduct an administrative review of all allegations of sexual abuse and sexual harassment, regardless of the origin of the allegation, at all designated PREA programs. This information is forwarded to pertinent parties, including but not limited to State of Connecticut Department of Correction (DOC), Court Support Services Division (CSSD), Probation, and/or Parole for review and potential sanctions for alleged perpetrators.
- The funder may investigate to determine whether the alleged perpetrator needs to be removed from the program. When the investigation is complete the resident, if still within program, will be made aware of whether it was substantiated or unsubstantiated, whether there was a charge made.
- The Connection Policy, PREA Review, Policy, and Procedure, 1.0, states that the purpose of this policy is to establish a protocol for a timely, thorough, and objective review of alleged PREA incidents. 4.0 of that policy require that The Connection, in cooperation with the State of Connecticut Department of Corrections (DOC) and Court Support Service Division (CSSD), will follow a specific protocol when allegations of Prison Rape Elimination Act (PREA) incidents within The Connection Incorporated facilities. Those protocols are to ensure that all necessary parties are made aware of the allegation, to minimize risk, emphasize resident safety and secure all potential evidence.
- The policy requires The Connection, Inc., will not conduct PREA Criminal Investigations. All PREA allegations will be referred to the Connecticut State Policy for criminal investigation. Facility policy ensures that an administrative/criminal investigation is completed as required. Allegations that are criminal in nature are reported to the Connecticut State Police.
- State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract #18DOC0121AA page Section 13 states, TCI has a PREA coordinator that is point of contact for staff a liaison with our funders to ensure that PREA allegations are handled in a timely and compliant manner. In cases in which a sexual assault just occurred, staff is trained to call the emergency department and secure the scene to preserve evidence as much as possible until the State Police arrive. Additionally, staff contacts their supervisors, including the Program Manager, Program Director, and Director of Community Justice, and the PREA coordinator when a PREA allegation is brought to staff's attention. The PREA coordinator will contact the funders within 24 hours to notify them of the allegation. After an allegation has been made, residents are informed of the agency's zero tolerance policy on retaliation and offered services through the Connecticut Alliance to End Sexual Violence. The staff will complete an Incident Review that is submitted to their supervisors and the PREA coordinator. The PREA coordinator will document the process through an Administrative Review

which is then provided to the funders and staff.

- Central Office Staff: Agency head question, does the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment? The agency has a designated PREA coordinator who monitors all administrative and criminal investigations into sexual abuse. At the end of all investigations the PREA coordinator submits a detailed report of the entire incident including the investigation portion.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.222 (b)

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

Compliance Determinations:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility does not conduct criminal investigations. Criminal investigations are conducted by the state or local police department. Criminal investigations are handed off to the controlling police departments of the area where the incident occurs. Administrative investigations are done as an internal collaborative effort. These investigations include the Human Resource department, the agency leadership and the PREA coordinator.
- Local or CT State Police Department, unless the allegation does not involve potentially criminal behavior; then it is referred to agency internal PREA investigator and the Department of Correction (Parole Residents) or Court Support Services Division (Probation Residents).
- Central Office Staff: Agency head question, describe how an administrative or criminal investigation is completed for allegations of sexual abuse or harassment? "Criminal investigations are handed off to the State Police or controlling police departments of the area where the incident occurs. Administrative investigations are done as an internal collaborative effort. These investigations include our Human Resource Department, the agency leadership and the PREA coordinator."
- Central Office Staff: PREA coordinator question, does the agency require sexual abuse be referred for investigation to an agency with the legal authority to conduct criminal investigations? Yes, what agency? Local or CT State Police Department, unless the allegation does not involve potentially criminal behavior; then it is referred to agency internal PREA investigator and the Department of Correction

(Parole Residents) or Court Support Services Division (Probation Residents).

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

- Sexual Abuse, Sexual Harassment Allegations, and Investigations Overview: Total number of investigations for the past 12 months = 6. Total number of sexual abuse investigations = 2. Total number of sexual harassment investigations = 4 and the number of criminal sexual abuse referred for prosecution - 1.

- The PREA Coordinator reported the below numbers in the PAQ as 1 allegation for each allegation that was reported, instead of breaking out the number of investigations involved in each allegation and the number of victims within each allegation. Below are the actual details of each allegation. Total there were 6 allegations, 9 perpetrators (8 staff/1 client), and 19 victims which includes approximately 19 investigations into the allegation for each victim. Some of these staff had multiple allegations. Three staff were terminated for these allegations: Staff #1 - Terminated and referred to prosecution/ arrested on July 10, 2023. Staff #2 - Terminated and Staff #3 - Terminated on 5/12/2023.

- None of these staff were licensed in any way so there was no reporting made to a licensing body.

- At the time of the PREA audit, all victims involved in these allegations were released from the program prior to the audit and were not present during the audit. One staff member that had two unfounded allegations is still present in the program. The allegations made against this staff member were by a client that was making allegations in bad faith. He admitted to making PREA allegations due to knowing that staff would be sent home until the investigation was completed.

- The agency provided a copy of the PREA 2022 Annual Report. The report includes but is not limited to 1. Background, 2. Year in Review: 2022, 3. Total Allegations by Programs, 4. Allegations by Outcome per Program 2022, 5. Total Allegations by Category and Results 2018 - 2022, 6. Category Definitions, 6. Identified Problems Areas and Corrective Actions for 2021 and, 7. Assessment of Progress.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.222 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The local entity that may conduct administrative or criminal investigations of sexual abuse or sexual harassment are govern by state regulations and the agency/facility request that they follow the PREA standards.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.222 (e)

Any department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

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

115.231	Employee training
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 344 1295 378">Evidence Relied Upon in Making the Compliance Determination:</p> <p data-bbox="280 412 536 445">Documentation:</p> <ul data-bbox="280 479 1401 1144" style="list-style-type: none"> • Staff Transcripts • PREA Staffing Completion Report • PREA Refresher-Boundaries & Client Manipulation • Employee Handbook • PREA Staff Training – Orientation Power Point • Example: PREA Final Exam • PREA Client Sexual Relationships Policy • PREA Policy and Procedures • PREA Staff Training Revised – Power Point • PREA Training and Education Policy and Procedure • Policy Statement: Employee, Volunteer and Contractor Training • Employee Data Sheet • Staff Interview Numbers • Staff Roster • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211 <p data-bbox="280 1178 459 1211">Interviews:</p> <ul data-bbox="280 1245 695 1279" style="list-style-type: none"> • Random Sample of Staff - 8 <p data-bbox="280 1323 1308 1357">Compliance Determination by Provisions and Corrective Actions:</p> <p data-bbox="280 1391 446 1424">115.231 (a)</p> <p data-bbox="280 1458 1391 1491">The agency shall train all employees who may have contact with residents on:</p> <ul data-bbox="280 1525 1471 2074" style="list-style-type: none"> • Its zero-tolerance policy for sexual abuse and sexual harassment. • How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. • Residents’ right to be free from sexual abuse and sexual harassment. • The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. • The dynamics of sexual abuse and sexual harassment in confinement. • The common reactions of sexual abuse and sexual harassment victims. • How to detect and respond to signs threatened and actual sexual abuse. • How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and • How to comply with relevant laws related to mandatory reporting of sexual abuse

to outside authorities.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The PREA coordinator is responsible for enforcing the policy by ensuring that staff, contractors, volunteers, visitors, and residents receive PREA training and education.
- Program Managers, in compliance with policy, are responsible for ensuring that program staff, contractors, volunteers, and visitors receive PREA training and education necessary to the level of interaction with Residents.
- The Connection Policy, PREA: Training and Education, states that The Connection, Inc. will support a zero-tolerance policy towards sexual abuse and sexual harassment. The PREA coordinator is required, by policy, to ensure that staff, contractors, volunteers, visitors, and Residents receive PREA training and education. The level and type of training provided to them is based on the services they provide and the level of contact they have with residents.
- Facility Staff: Total of eight (8) random staff were interviewed from different shifts. Two (2) males and Six (6) females. Five Black, One White and Two others. Staff were asked, have you received PREA training? All staff indicated that they received PREA training. When ask regarding topics that were included in the training, staff indicated agency's zero tolerance policy, responsibilities, residents' right to be free from sexual abuse and sexual harassment, inappropriate relationship with residents, etc...

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.231 (b)

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

Compliance Determination:

- The agency/facility has incorporated in their training topic that are tailored to gender.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.231 (C)

All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide

each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The frequency with which employees who may have contact with residents receive refresher training on PREA requirements are met every year.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.231 (d)

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

Compliance Determinations:

The facility has demonstrated compliance with this provision of the standard because:

- The PREA coordinator provided multiple pages of training rosters with staff signatures documenting that they received and understood the PREA training they received.
- The agency/facility trains all employees who may have contact with residents on PREA training topics. Employees receive this training prior to having contact with residents. The agency/facility provides the PREA training as a part of pre-service/ orientation. Training is also reinforced and enhanced by on-the-job training, shift briefings, staff meetings and management meetings where experienced and knowledgeable staff members work with new hires to educate them further about PREA practices. The PREA training is documented through rosters (staff signatures or electronic verification), meeting minutes, shift briefing notes.
- Refresher training occurs every year when the certified PREA audit is not conducted. This is provided for staff meetings, shift briefing, and management meetings.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on

analysis, the facility is compliant with all provisions in this standard.

115.232 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- Visitor Confidentiality Agreement
- Visitor Log
- Facility Volunteers who have contact with Residents---
- PREA Training and Education Policy and Procedures
- Visitors Guide to PREA (Spanish and English)
- State of Connecticut Department of Correction Administrative Directive: 6.12 - Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211

Interviews:

- Volunteers - 0
- Contractors - 1

Compliance Determination by Provisions and Corrective Actions:

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The PREA coordinator is responsible for enforcing the policy by ensuring that staff, contractors, volunteers, visitors, and Residents receive PREA training and education.
- Program Managers, in compliance with policy, are responsible for ensuring that program staff, contractors, volunteers, and visitors receive PREA training and

education necessary to the level of interaction with Residents.

- The Visitors Guide to PREA explains what PREA is; asserts that residents have the right to a safe environment, free from sexual abuse and harassment; defines sexual abuse and sexual harassment; tells the visitor what to do if a resident has disclosed sexual abuse or harassment to the visitor; how to and to whom to report (with contact information provided for the PREA Coordinator and the State Department of Correction Investigation Unit.)
- The Connection Policy, PREA: Training and Education, states that The Connection, Inc. will support a zero-tolerance policy towards sexual abuse and sexual harassment. The PREA coordinator is required, by policy, to ensure that staff, contractors, volunteers, visitors, and residents receive PREA training and education. The level and type of training provided to them is based on the services they provide and the level of contact they have with Residents.
- TCI Policy PREA: Training and Education Policy and Procedure section 7.0 pages 2-3, requires the PREA coordinator to be responsible for ensuring that all staff, contractors, volunteers, visitors, and Residents receive PREA training and education.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.232 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The level and type of training provided to contractors are based on the services they provided and the level of contract they have with residents.
- The facility does not have volunteers or contractors.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.232 (c)

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

Compliance Determination:

	<p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The agency/facility ensure that volunteers and contractors who have contact with residents are trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, response policies and procedures at the agency/facility in which they are working. • The agency/facility also ensures that everyone in the facility, including volunteers and contractors, understand the agency's zero-tolerance policy toward sexual abuse and sexual harassment, that the agency prohibits them from engaging in sexual relations with residents and that sexual abuse and sexual harassment is always reported. • During the audit period, the facility did not have any volunteers or contractors. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Number of Residents Interviewed • Resident Data Sheet • Resident PREA Acknowledgements • Resident Roster • PREA Policy and Procedure • DOC Updated Poster • TCI PREA Page Screenshot • Intake Packet Single Acknowledgments • Client Zero Tolerance Acknowledgements & Reporting • Resident Handbook (English) • Resident Handbook (Spanish)

- Contract Interpreters & Translators
- CONNSACSMaP-2016
- American with Disabilities Policy and Procedure
- Client Guide to PREA (Spanish)
- Client Guide to PREA (English)
- PREA Training and Education Policy and Procedure
- PREA: Community Client Files/Records
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Post PREA Audit Notices in English and Spanish
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211

Interviews:

- Random Sample of Residents – 13 Random and 3 Target
- Intake Staff - 1

Compliance Determination by Provisions and Corrective Actions:

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- 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.
- The agency PREA coordinator is required to ensure resident education by 1. At the time of intake provide residents information about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. 2. Document and maintain signature confirmation that each resident understands the training and education received. 3. Residents receive

the pamphlet "The Resident Guide to PREA" affirms that Residents have the right to a safe environment, free from sexual abuse and harassment; what PREA is; What sexual abuse and sexual harassment is; what to do if the Resident has been sexually abused or harassed; and contact information for the Agency's PREA Coordinator, the State of Connecticut Department of Correction PREA Investigation Unit and the Connecticut Alliance to End Sexual Violence (formerly CONNSACS). 4. Page 3 of the policy requires program managers and program staff to be responsible for ensuring that residents receive PREA training and education. They are required to ensure residents receive education by providing information at intake related to the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents and to maintain signature confirmation that each resident understands the training and education. 5. The PREA: Prison Rape Elimination Act Policy and Procedure, requires in paragraph 7.0, that the Program Manager is responsible for discussing PREA with residents during intake and orientation; administering the sexual risk victimization survey during intake and again within 30 days.

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

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

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

Onsite Review/Observations:

- During the site review, the auditor observed the facility signages regarding the PREA Audit Notices which were posted throughout the facility and were visible to staff, residents in the facility, and visitors. The notice was posted in the living units, common areas, facility entrance and visitation areas, and staff break areas. The information is provided in English and Spanish and is legible.

- During the site review, the auditor observed the facility signages regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in residents in the facility housing/living units, programming areas and visitation area. This information is posted throughout the facility. The information is

provided in English and Spanish and is legible.

- Testing of Critical Functions/Internal Reporting Methods: During the site review, the auditor tested the facility systems by which residents in the facility can report sexual abuse and/or sexual harassment. Residents can use phones, and internal grievance process or written formats. The auditor requested that a resident demo the steps of reporting by phones (cell phone). It was also discussed where and who received the reports.
- The facility has critical information continuously available to residents through posters, PREA handouts and meetings/sessions with case managers or counselors.
- During the facility tour, residents that were pull to the side for an informal interview, stated that they received sexual abuse and sexual harassment information from PREA papers, PREA information is posted in the living unit and from staff.
- Resident Interviews: Sixteen (16) resident interviewed. Thirteen (13) Random and Three (3) Target. Five Black, Six White, Four Hispanic and One other. They were asked: When you came here, were you told about: 1. Your right to not be sexually abused or sexually harassed? Sixteen residents stated they had been made aware of their rights. 2. How to report sexual abuse or sexual harassment? Sixteen stated they had been made aware of how to report. 3. Your right not to be punished for reporting sexual abuse or sexual harassment? Sixteen residents stated they are aware of their rights not to be punished for reporting.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.233 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.233 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- During the intake process the paperwork is carefully reviewed by the Case manager and resident. Ensuring that the resident understands the material.
- The facility provides PREA information to the residents regarding sexual safety and PREA information is accessible regardless of ability and language. Residents who are limited English proficient, are deaf, visually impaired, disabled, including residents with mental illness, or have limited reading skills can get both the information provided at intake and the more complete education in a manner they can understand.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.233 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.233 (e)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

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

	documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Employee Data Sheet • PREA: Investigating Sexual Abuse in Confinement Setting Certificates NIC --- 4 • Facility Investigations for the Past 12 Months Packages --- 6 • PREA: Audit Process and Instrument • CONNSACMap - 2016 • PREA: Coordinator’s Role and Responsibilities • PREA: Your Role Responding to Sexual Abuse • State of Connecticut Department of Correction Division of Parole and Community Services • National Institute of Corrections (NIC) Online (e-Learning Course) • PREA: Prison Rape Elimination Act Policy and Procedure • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211 <p>Interviews:</p> <ul style="list-style-type: none"> • Investigator - 1 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.234 (a)</p> <p>In addition to the general training provided to all employees pursuant to standard 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The agency PREA investigator completed the PREA: Investigating Sexual Abuse in a Confinement Setting presented by the National Institute of Corrections (NIC).

- The facility does not conduct criminal investigations.
- The investigators who handle sexual abuse and sexual harassment incidents has training in sexual abuse investigations. Investigators are responsibility of gathering and preserving evidence in the case; interviewing all parties to include victims, perpetrators, witnesses, etc.; and reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator.
- 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.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.234 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- PREA investigator question, what topics were included in your training? Miranda rights, Garrity warnings, understanding ways to interview sexual abuse victims, collection of evidence, and the criteria required to substantiated on allegation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.234 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

	<p>because:</p> <ul style="list-style-type: none"> • The facility maintains documentation of investigations. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>115.234 (d)</p> <p>Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The facility indicates that the Department of Justice does not investigate sexual abuse at this facility. The local police Department investigate criminal cases, or the CT Department of Corrections may investigate. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Employee Data Sheet • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211 <p>Interviews:</p> <ul style="list-style-type: none"> • Specialized Staff: Medical - 0

- Specialized Staff: Mental Health - 0

Compliance Determination by Provisions and Corrective Actions:

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility does not have hired or contract with medical and mental health staff.
- However, the facility has two nurses that “drop-in) per client physician. The nurses that are currently entering the program are referred by the client’s Primary Care Physician and not by the program. They manage and administer medication for the one client receiving these services. The nurses entering the facility sign into the program and acknowledge that they receive PREA information and understand their role as it pertains to PREA, they receive the Visitors Guide to PREA, and the Visitor Confidentiality Agreement. If the nurses are providing a higher level of care, then they will receive PREA training that staff completes in addition to receiving and signing the above paperwork.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.235 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does not conduct forensic examinations. Forensic examinations if needed will be conducted at the local hospital.

Corrective Actions:

N/A. There are no corrective actions for this provision.

	<p>115.235 (C)</p> <p>The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The program does not have any medical or mental health staff. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>115.235 (d)</p> <p>Medical and mental health care practitioners shall also receive the training mandated for employees under standard 115.31 or for contractors and volunteers under standard 115.32, depending upon the practitioner’s status at the agency.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The program does not have any medical or mental health staff. If a resident needs the services of medical, they will be transferred to the local hospital. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making the Compliance Determination:
	Documentation:

- PREA Client Self-Assessment Questionnaire
- Initial Risk for Sexual Victimization or Abusiveness
- Re-Assessments Risk for Sexual Victimization or Abusiveness
- Resident Data Sheet
- Resident Roster
- Staff Follow Up Questions
- PREA Assessments - Excel
- PREA: Community Client Files/Records
- PREA: Prison Rape Elimination Act Policy and Procedure
- PREA Introduction Script
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211

Interviews:

- Random Sample of Residents - 13 Random and 3 Target
- Staff who Perform Screening for Risk of Victimization and Abusiveness - 1

Compliance Determination by Provisions and Corrective Actions:

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility has a policy governing the practice and procedures for screening residents. The screening process occurs in a setting that ensures privacy given the potentially sensitive information that is discussed. The screening location has adequate space, privacy, and time to conduct a quality screening of the resident for the desired information.
- A review of the paper Risk for Sexual Victimization or Abusiveness Tool (PREA Screenings), there were several screenings that staff did not complete the scoring process. The agency PREA Coordinator and the facility Program Manager provided the auditor with the following: Staff complete the PREA Assessment on paper and then enter this information into the Client Management Database (CAMIS) which calculates the outcome of the assessment. Staff have not been consistently completing the outcome/findings on the paper document to identify the known predators and know victims due to CAMIS calculating it for them. However, this has been addressed with staff and moving forward the entire written assessment will be completed. The PREA Coordinator provided the auditor with examples directly from the CAMIS to show that the system calculates the findings for the Case Manager when they enter it to show which clients are known predators and which clients are known victims.

- Staff receive LGBTI training on effective and professional communication during the staff PREA training.
- Policy requires that the resident's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Policy prohibits disciplining residents for refusing to answer (or not for disclosing complete information) the questions during the assessment.
- Housing and program assignments for transgender or intersex residents are based on a case-by-case basis.
- 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.

Corrective Actions:

N/A. There were no corrective actions for this provision.

115.241 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.241 (c)

Such assessments shall be conducted using an objective screening instrument.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- 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 a PREA Introduction Script to guide the instruction process

and to explain the purpose of the assessment.

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.241 (d)

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

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The Risk for Victimization or Abusiveness Tool addresses Potential Victim Factors and Potential Predatory Factors. The Potential Victim Factors address the following that is based on a review of the resident's file: 1. (Youthful age (under 25 or elderly age (over 65)). 2. Physical size. 3. First incarceration. 4. Physical, Mental or Intellectual Disability; and 5. Criminal history is exclusively non-violent crimes.
- These factors are addressed based on an interview and review of the resident self-assessment: 1. Former victim of rape or sexual assault. 2. Gay, Lesbian, Bi-sexual, Intersex or Transgender. 3. History of sexually abusing others. 4. History of institutional sexual activity. 5. History of suicidal ideation; and 6. Victimizing vulnerable individuals.
- The score guide provides that if an individual answers yes to question #6 they are scored as a Known Victim. Also, if the resident scores a score of 7 or more, they are rated as a potential victim and if they score 6 or less, they are scored as low victimization risk.
- The Potential Predatory Factors include these based on a review of the resident's

file: 1. Criminal history includes sexual abuse and/or assault. 2. Criminal history includes violent crimes. 3. History of institutional disciplinary segregation/tickets. 4. Criminal history includes domestic violence; and 5. Gang Affiliation.

- These factors are based on an interview and review of the resident self-assessment: 1. History of institutional sexual assaultive behavior. 2. History of institutional extortion. 3. History of Institutional sexual activity. 4. History of being sexually assaulted (as the victim); and 5. History includes victimizing vulnerable individuals.
- If the respondent endorses question #1, the resident is scored as a known predator. If he scores 6 or more total points, he is scored as a potential predator and if he scores 5 or less, he is scored as a low predatory risk.
- The facility screening considers all criteria listed in the standard and more. The facility instrument considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse if known to the facility or agency.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.241 (e)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Resident Interviews: Sixteen (16) resident interviewed. Thirteen (13) Random and Three (3) Target. Five Black, Six White, Four Hispanic and One other. They were asked: when you first came here, do you remember whether you were asked any questions like whether you had been in jail or prison before, whether you have ever been sexually abused, whether you identify with being gay, lesbian, or bisexual, and whether you think you might be in danger of sexual abuse here? All residents recalled being asked the PREA related questions.

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Staff also consider during the process: 1. Body language. 2. Perceptions of being gay, bi-sexual, gay, or transgender. 3. Age. 4. Any mental health or other background information; and 5. Any past victimization.

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.41 (g)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

- N/A. There are no corrective actions for this provision.

115.241 (h)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Residents are not required to answer questions that they are not ready to disclose or share information. The Residents are not disciplined for not answering any of the sensitive questions.

- Facility Staff: Staff who perform PREA screening for risk of victimization response to, are residents disciplined in any way for refusing to respond to (or for not disclosing complete information related to) the following requirements in the

standards. No.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.241 (I)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The sensitive information from the screening information is protected. The information is controlled and is disseminated to key staff and any additional staff on a case-by-case basis or as needed.
- Central Office Staff: Agency PREA coordinator question, has the agency/facility outlined who should have access to a resident's risk assessment within the facility to protect sensitive information from exploitation? "Yes". The agency/facility has confidentiality protocols which outline who should have access to a resident's risk assessment within the facility to protect sensitive information from exploitation. Protocols ensure sensitive information is not exploited to the resident's detriment by staff or other residents. The agency has an agency Resident Rights and Confidentiality Policy and Procedure and Records and Documentation Procedure for each program. The resident files are securely locked and only staff have a key to the cabinet.
- Facility Staff: Staff who perform PREA screening for risk of victimization response to, has the agency outlined who can have access to a resident's risk assessment within the facility to protect sensitive information from exploitation? "Yes". The agency/facility has outlined who can have access to the Residents' risk assessment within the facility to protect sensitive information from exploitation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

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

115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA Client Self-Assessment Questionnaire • Resident Roster • Staff Follow Up Questions • Residents Who Identify as Transgender and Intersex --- 1 • Residents Who Identify as Lesbian, Gay, or Bisexual --- 0 • Residents Who Reported Prior Sexual Victimization During Risk Screening --- 6 • PREA: Prison Rape Elimination Act Policy and Procedure • PREA Assessment Results (Spread Sheet) • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator - 1 • Transgender and Intersex Residents - 1 • Gay, Lesbian and Bisexual Residents - 0 • Staff who Perform Screening for Risk of Victimization and Abusiveness - 1 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.242 (a)</p> <p>The agency shall use information from the risk screening required by standard 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • 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 physical layout also considers in the determinations of housing assignments. • The Program Manager is charged with the responsibility of ensuring that know victims and know predators are not roomed together. Staff are also required to

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

- Program assignments and housing assignments for transgender or intersex residents are made on a case-by-case basis.
- 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.
- Facility Staff: Staff who perform PREA screening for risk of victimization response to, how does the agency/facility use information from risk screening during intake to keep residents safe from being sexually victimized or from being sexually abused? The agency uses the information collected during intake to house residents in a safe manner. This way a known predator will not be housed with a known victim. This included education and programming.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.242 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- 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 facility uses the PREA screening information from standard 115.41 to make individualized determinations for all residents regarding housing, bed work, education, and program assignments. These determinations are made to maintain separation between residents at risk of being sexually victimized and residents likely to commit sexual abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.242 (c)

In deciding whether to assign a transgender or intersex resident to a facility for

male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the residents health and safety, and whether the placement would present management or security problems.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The program completes a PREA Risk Assessment which looks at both protective and risk factors and the outcome determines housing. A known predator will not be housed with a known victim. Prior to a resident identified above arriving at the program, program leadership and the funding agency have a discussion to confirm that this is the best fit and safest location for the Resident. When the resident arrives, program staff have a conversation with the resident to find out how the program can accommodate the resident so that the resident is and feels safe. If the accommodation is not possible then program leadership will discuss with DOC a solution or transfer to another program for the resident.
- If the resident is a Transgender or intersex the program ensures the resident can shower alone and if the resident requests it, use the bathroom facilities by themselves. In programs that have single bed bedrooms, the resident will be assigned to these rooms and if there are no single bed bedrooms, then consideration is made on who the Resident's roommate will/ be based on the screening tool.
- Abusive residents will not be housed with a known victim or a vulnerable resident. Prior to a resident identified above arriving at the program, program leadership and the funding agency have a discussion to confirm that this is the best fit and safest location for the resident. When the resident arrives, the program can accommodate the resident so that the resident is and feels safe. If the accommodation is possible then the program will comply and if the accommodation is not possible then program leadership will discuss with DOC a solution or transfer to another program for the resident. The program ensures that the resident can shower alone and if the resident requests it, use the bathroom facilities by themselves.
- Staff were asked, where does the facility place vulnerable or abusive resident in open housing units? Staff indicated that residents are at risk of being sexually abused and those who are likely to abuse other residents are bunked on opposite sides of the dormitory/housing unit. The vulnerable resident is bunked near the door that enters the housing unit or closest to the staff location.
- Central Office Staff: Agency PREA coordinator question, how does the agency or facility determine housing and program assignments for transgender or intersex residents? The facility ensures all residents are screened to assess their risk of being sexually abused or being sexually abusive toward other residents using an objective assessment/screening instrument.
- Target Resident: One Transgender was interviewed, she indicated that feel safety

in this facility and in the two-man room which she was housed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.242 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- As a part of the housing and programming determinations involving a transgender or intersex Resident, staff indicated that they would consider the residents' own views regarding his or her safety.
- Central Office Staff: Agency PREA coordinator question, are a transgender or intersex resident's own view with respect to his or her own safety given sincere consideration in placement and programming assignments? "Yes". Residents who identify as transgender or intersex views discussed when making all decisions about their personal safety.
- Facility Staff: Staff who perform PREA screening for risk of victimization response to, are a transgender or intersex Resident's own view of his or her own safety given sincere consideration in placement and programming assignments? Yes. Transgender or intersex residents' own views of his or her safety are given sincere consideration in placement and programming assignments.
- Target Resident: One (1) Transgender was interviewed. She was asked, do the staff consider your own view with respect to your safety? She responds yes. The auditor asked how do staff do this? She indicated that staff give her choices which she likes, chooses in room assignments and who she preference on the gender of staff conducting pat-down searches. As well as being able to shower alone.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.242 (e)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

closed to all residents or use another part of the facility.

- Central Office Staff: Agency PREA coordinator question, are transgender and intersex residents given the opportunity to shower separately from other residents? If yes, how are they given the opportunity? Yes, the resident will use the shower that can be monitored by staff to ensure that no other person is going in the location if the resident is showering. The resident is informed to notify staff prior to showering so staff can monitor. Most of the facilities have at least one single bathroom. If so, transgender or Intersex may request to use that bathroom.

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

- Target Resident: One (1) Transgender was interviewed. She was asked, do the staff consider your own view with respect to your safety? She responds yes. The auditor asked how do staff do this? She indicated that staff give her choices which she likes, chooses in room assignments and who she preference on the gender of staff conducting pat-down searches. As well as being able to shower alone.

- Facility Staff: Staff discussion, when resident who identity as transgender, the Program Manager meets with the resident upon intake to discuss safety concerns and preferences. Residents are either housed in an individual room or consideration is taken on who the resident's roommates will be to ensure safety.

- Regarding pat-downs and urine collection, the transgender resident is asked their preference on the gender of the staff conducting the pat-down and the urine collection. If a discrepancy arises where staff would feel unsafe conducting a pat-down (I.e. to female transgender with male genitalia requesting female staff pate-down and urines) then the Program Manager would have a conversation with the funder to determine if this is the best fit for the resident. A solution is easier to identify for toxicology testing is providing the alternative to urine collection could also be oral swab collection.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.242 (f)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency does not place lesbian, gay, bisexual, transgender, or intersex

	<p>residents in dedicated facilities, units, or wings solely based on identification or status.</p> <ul style="list-style-type: none"> • Observation: During the site review, the auditor observed the facility critical function where cross-gender viewing of Transgenders and Intersex residents may occur. • The auditor requested any consent decree, legal settlement, or legal judgement requiring the facility to establish a dedicated facility, unit, or wing for LGBTI residents, and any documentation of housing if there were a consent decree, legal settlement, or legal judgement. The facility reported none. • The auditor also researches the internet regarding any consent decree, legal settlement, or legal judgement requiring the facility to establish a dedicated facility, unit, or wing for LGBTI Resident. No information was found by the auditor. • Central Office Staff: Agency PREA coordinator question, how does the agency/ facility ensure against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wing solely based on their sexual orientation, genital status, or gender identity? The facility does not place lesbian, gay bisexual, transgender, or intersex residents in dedicated housing. The facility is not subject to a consent decree, legal settlement, or legal judgement requiring that it establish a dedicated housing. The facility programs are not big enough to designate separate units or wings, but our program staff are trauma informed and work with the resident to ensure the comfort and safety of the resident. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p>

- Resident Data Sheet
- Resident Roster
- Client Guide to PREA (Spanish and English)
- TCI PREA Page Screenshot
- Resident Handbook English
- Resident Handbook Spanish
- Employee Handbook Pages 23-24
- Facility Tour/Observations
- Connecticut Alliance To End Sexual Violence – Support, Advocate, Prevention (24-Hour, Toll-Free Hotline and Addresses)
- Connecticut Alliance to End Sexual Violence (formerly CONNSACS)
- PREA Poster: Break the Silence (Spanish and English)
- PREA: Avenues of Reporting PREA Allegations Policy and Procedure
- Zero Tolerance Policy for Sexual Harassment & Sexual Abuse Acknowledgement (All Residents)
- MOU: The Connection, Inc., and The Connecticut Alliance to End Sexual Violence
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211

Interviews:

- Agency PREA Coordinator - 1
- Random Sample of Staff - 8
- Random Sample of Residents - 13 and 3 Target
- Residents who Reported Sexual Abuse - 0
- Residents who Reported Sexual Harassment - 0

Compliance Determination by Provisions and Corrective Actions:

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- During the facility tour, residents that were pulled to the side for an informal interview stated that they can report sexual abuse and sexual through a grievance, call the hotline number listed on the posters or tell staff.

Onsite Review/Observations:

- During the site review, 1. The auditor observed the facility signages regarding the PREA Audit Notices which were posted throughout the facility and were visible to staff, residents in the facility, and visitors. The notice was posted in the living units,

common areas, facility entrance and visitation areas, and staff break areas. The information is provided in English and Spanish and is legible. 2. The auditor observed the facility signages regarding access to outside confidential (emotional support services) information were posted in all areas frequented by residents in the facility, including housing/living units. This information is posted throughout the facility. The information is provided in English and Spanish and is legible. 3. The auditor observed the facility signages regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in residents in the facility housing/living units, programming areas and visitation area. The information is provided in English and Spanish and is legible. 4. The auditor observed the facility provides resident access to writing instruments, paper, and forms to report with. 5. The auditor observed how mail moves from resident to outside the facility. It starts with the resident placing the mail in a lock drop box. Which was located where residents have access. The drop box is only accessible by designated staff. 6. The auditor evaluated the facility systems by which residents in the facility can report sexual abuse and/or sexual harassment. Resident can report by using the internal grievance process or written format or using the phone (cell phone). The auditor requested that a resident demonstrate the steps of reporting by phone. It was also discussed where and who received the reports.

- The resident can file a written report without giving his/her name or the name of the abuser (s). This information could also include an assault that occurred at any Correctional Facility, Detention Center, County Facility or while under community supervision, prior to or during his/her commitment to this program.
- The agency/facility has multiple internal ways for residents to privately report sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff violated their responsibilities that may have contributed to the sexual abuse.
- Residents are informed of the different ways to report, and how to access the internal and external reporting process.
- During the facility onsite inspection, the auditor observed intake process/location, where the PREA screening occurred, the location of the drop boxes and whether they were locked. The resident mail process was discussed, on how resident mail is sent and received.
- The facility has toll-free hotline numbers available to residents.
- 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, Connection, Inc.'s website provides contact for the PREA coordinator and third-party avenues for reporting.

- Externally, residents may contact the Connecticut Alliance to End Sexual Violence and that information is provided and displayed in high traffic areas of the program as is additional PREA material.
- TCI staff members are required by policy to ensure reasonable communication between residents and third-party organizations in a confidential manner.
- Residents are informed, in compliance with policy, that staff members are mandatory reporters as well as reporting rules that apply to disclosure of sexual abuse, made to third party organizations, including limits to confidentiality under relevant federal, state, or local law.
- TCI staff are required to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. If a verbal report is made to staff, they must complete an incident report and classify the incident as a Violation of Boundaries/Ethics (Level I) or Sexual Assault Alleged (Level I).
- Residents are given a copy of the brochure entitled, "The Resident Guide to PREA". The brochure covers topics including: What is PREA? What is Sexual Abuse? What is Sexual Harassment. Information you need to know, and Information on reporting.
- Residents are told they may report abuse to all program staff and the PREA coordinator, either in person, over the phone, or in a letter. Contact information for the PREA coordinator is provided. Other ways to report are provided as well and these included the State of Connecticut Department of Correction PREA Investigations Unit, the local Police Department, and the Connecticut Alliance to End Sexual Violence.
- Information sheets with contact numbers are provided and posted. Posters are located throughout the facility providing information on reporting sexual abuse or sexual harassment.
- The Break the Silence Poster informs residents of the following ways to report: 1. To any staff member. 2. Verbally or in writing. 3. Calling the PREA hotline. 4. Writing a resident request. 5. Writing an anonymous note; and 6. Calling the state police hotline.
- Facility Staff: Total of eight (8) random staff were interviewed from different shifts. Two (2) males and Six (6) females. Five Black, One White and Two other. Staff were asked, how can residents privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment? 100% said through the PREA hotline, writing a grievance or note, telling staff or reporting outside the facility and through third party.
- Resident Interviews: Sixteen (16) resident interviewed. Thirteen (13) Random and

Three (3) Target. Five Black, Six White, Four Hispanic and One other. They were asked: Have you ever reported to the authorities, either in person or in writing, that you were sexually abused or sexually harassed while in this facility? Sixteen stated they have never reported that they were sexual abused or sexually harassed while in this facility. Several residents, during the interviews reported that they have not heard of any allegations of either sexual abuse or sexual harassment at this facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.251 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Externally, residents may contact the Connecticut Alliance to End Sexual Violence and that information is provided and displayed in high traffic areas of the program as is additional PREA material.
- The following are ways resident can report sexual abuse or sexual harassment to public or private entity. 1. By Reporting to the Division of Investigations. 2. By writing to the agency PREA Coordinator or the PO Officers. 3. Tell a friend or family member to use the facility Anonymous PREA Tips website. 4. Legal Counsel. 5. Attorney Visits. 6. Legal Correspondences. 7. Grievance Process (send to family members)
- Residents detailed solely for civil immigration purposes are provided contact information regarding the consular officials.
- The facility has no civil immigration residents.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.251 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Facility Staff: Total of eight (8) random staff were interviewed from different shifts.

Two (2) males and Six (6) females. Five Black, One White and Two others. Staff were asked, when a resident alleges sexual abuse, can he or she do so verbally, in writing, anonymously, and from third parties? 100% said yes.

- Resident Interviews: Sixteen (16) resident interviewed. Thirteen (13) Random and Three (3) Target. Five Black, Six White, Four Hispanic and One other. They were asked: Do you know if you are allowed to make a report without having to give your name? Sixteen said they knew they could make an anonymous report.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.251 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Resident or third parties may also report to the Department of Correction PREA Investigation, the Agency PREA Coordinator, or the Connecticut Alliance to End Sexual Violence. The form acknowledges that all allegations of sexual abuse and sexual harassment are taken seriously and investigated by the proper authorities and that there are no negative consequences for reporting.
- Most of the residents of the program have cell phones and can communicate with anyone at any time. The resident has access to the community either looking for work, on pass, or during work. Residents have access to their families using their cell phones, during visitation or through writing. They would also have access to their attorneys if they had one.
- Residents sign an acknowledgment form confirming they have been provided information related to reporting. The Zero Tolerance Policy for Sexual Harassment and Sexual Abuse Acknowledgment, affirms that resident understands reporting allegations of sexual abuse. The statement encourages residents to report.
- Facility Staff: Total of eight (8) random staff were interviewed from different shifts. Two (2) males and Six (6) females. Five Black, One White and Two others. Staff were asked, how can staff privately report sexual abuse and sexual harassment of residents? 100% said they report to their supervisor or if the supervisor was involved, they report to the agency PREA coordinator.
- Sexual Abuse, Sexual Harassment Allegations, and Investigations Overview: Total number of investigations for the past 12 months = 6. Total number of sexual abuse investigations = 2. Total number of sexual harassment investigations = 4 and the number of criminal sexual abuse referred for prosecution - 1.
- The PREA Coordinator reported the below numbers in the PAQ as 1 allegation for

each allegation that was reported, instead of breaking out the number of investigations involved in each allegation and the number of victims within each allegation. Below are the actual details of each allegation. Total there were 6 allegations, 9 perpetrators (8 staff/1 client), and 19 victims which includes approximately 19 investigations into the allegation for each victim. Some of these staff had multiple allegations. Three staff were terminated for these allegations: Staff #1 - Terminated and referred to prosecution/ arrested on July 10, 2023. Staff #2 - Terminated and Staff #3 - Terminated on 5/12/2023.

- None of these staff were licensed in any way so there was no reporting made to a licensing body.

- At the time of the PREA audit, all victims involved in these allegations were released from the program prior to the audit and were not present during the audit. One staff member that had two unfounded allegations is still present in the program. The allegations made against this staff member were by a client that was making allegations in bad faith. He admitted to making PREA allegations due to knowing that staff would be sent home until the investigation was completed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

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

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Sexual Abuse and Harassment Overview • Client Grievance Policy and Procedures (English and Spanish) • Complaint/Grievance Process – Client Acknowledgement (Example) English • Complaint/Grievance Process – Client Acknowledgement (Example) Spanish • Client Grievance Form (Example) English • Client Grievance Form (Example) Spanish • Grievance Summary Process Poster English and Spanish

- Facility Tour/Observations
- DOC Policy: Inmate Administrative Remedies – Directive Number 9.6 (English)
- DOC Policy: Inmate Administrative Remedies – Directive Number 9.6 (Spanish)
- Client Compliant/Grievance Policy and Procedure
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211

Interviews:

Compliance Determination by Provisions and Corrective Actions:

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- TCI, CTDOC, and CSSD have a formal grievance process, however, according to The Connection Policy, PREA: Avenues of Reporting PREA Allegations Policy and Procedure, sexual assaults and/or sexual harassment are not grievable offenses. All alleged incidents of sexual abuse and sexual harassment must be reported and investigated.
- When a resident submits a grievance alleging sexual abuse and/or sexual harassment, the grievance coordinator immediately submits the grievance to the PREA investigator or the office responsible for investigating PREA allegations.
- The facility Program Manager indicated that all PREA issues that come through the formal grievance process are sent directly to the investigator for immediate processing.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.252 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

because:

- Staff indicated that all PREA issues that come through the formal grievance process are sent directly to the investigator for immediate processing and investigation. This process eliminates all grievance timelines.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.252 (c)

The agency shall ensure that:

- A Resident who alleges sexual abuse may submit a grievance with without submitting it to a staff member who is the subject of the compliant, and
- Such grievance is not referred to a staff member who is the subject of the complaint.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility does not require residents who alleges sexual abuse or sexual harassment to submit a grievance to staff member who is the subject of the compliant and grievances are not referred to a staff member who is the subject of the compliant. The facility has drop boxes.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.252 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor found this provision in compliance because policy requires a copy of

any grievance alleging PREA violations to be immediately submitted to the Agency PREA Coordinator which the investigator provides recommended response.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.252 (e)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility permits the following to assist residents in filing request for administrative remedies related to sexual abuse: 1. Outside Advocates. 2. Attorneys. 3. Staff Members and 4. Family Members.
- 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 - 0.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.252 (f)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

because:

- Staff indicated that they would protect residents that are subject to substantial risk of imminent sexual abuse by immediately reporting to their supervisor and monitoring the residents’.
- After the agency/facility receives an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse the emergency grievance is immediately submitted for a PREA investigation which meets of required timeframes.
- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months:0.
- The number of those grievances in 115.252 -3 that has an initial response within 48 hours:0.
- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months reached final decisions within 5 days:0.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.252 (g)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Staff indicated that the agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the Residents filed the grievance in bad faith. The facility had not used this process within the past 12 months.
- When a resident submits a grievance alleging sexual abuse and/or sexual harassment, the grievance coordinator immediately submits the grievance to the PREA investigator or the office responsible for investigating PREA allegations.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

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

115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Client Guide to PREA (Spanish and English) • CT Alliance to End Sexual Violence Contract • DOC Update Poster • PREA Avenues of Reporting Policy • The Alliance MOU • Facility Tour/Observations • Connecticut Alliance to End Sexual Violence (formerly CONNSACS) • CONNSAACSMAP 2016 • PREA Poster: Break the Silence (Spanish and English) • PREA: Avenues of Reporting PREA Allegations Policy and Procedure • Zero Tolerance Policy for Sexual Harassment & Sexual Abuse Acknowledgement (All Residents) • PREA: First Responders to PREA Incident • Resident Handbook • MOU: The Connection, Inc., and The Connecticut Alliance to End Sexual Violence • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211 <p>Interviews:</p> <ul style="list-style-type: none"> • Random Sample of Residents - 13 and 3 Target • Residents who Reported Sexual Abuse - 0 • Residents who Reported Sexual Harassment - 0 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.253 (a)</p> <p>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.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p>

- During the facility tour, residents that were pulled to the side for an informal interview, stated that outside sexual abuse and sexual harassment information is on the PREA brochure and posters, however, they never had to use it, so they did not know the process.

Onsite Review/Observations:

- During the site review, 1. The auditor observed the facility signages regarding the PREA Audit Notices which were posted throughout the facility and were visible to staff, residents in the facility, and visitors. The notice was posted in the living units, common areas, facility entrance and visitation areas, and staff break areas. The information is provided in English and Spanish and is legible. 2. The auditor observed the facility signages regarding access to outside confidential (emotional support services) information were posted in all areas frequented by residents in the facility, including housing/living units. This information is posted throughout the facility. The information is provided in English and Spanish and is legible. 3. The auditor observed the facility signages regarding how to report sexual abuse and/or sexual harassment (external and internal reporting) posted in residents in the facility housing/living units, programming areas and visitation area. The information is provided in English and Spanish and is legible. 4. The auditor observed the facility provides resident access to writing instruments, paper, and forms to report with. 5. The auditor observed how mail moves from resident to outside the facility. 6. The auditor evaluated the facility systems by which residents in the facility can report sexual abuse and/or sexual harassment. Resident can report by using the internal grievance process or written format or using the phone (cell phone). The auditor requested that a resident demonstrate the steps of reporting by phone. It was also discussed where and who received the reports.
- The resident can file a written report without giving his/her name or the name of the abuser (s). This information could also include an assault that occurred at any Correctional Facility, Detention Center, County Facility or while under community supervision, prior to or during his/her commitment to this program.
- The agency/facility has multiple internal ways for residents to privately report sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff violated their responsibilities that may have contributed to the sexual abuse.
- Residents are informed of the different ways to report, and how to access the internal and external reporting process.
- During the facility onsite inspection, the auditor observed intake process/location, where the PREA screening occurred, the location of the drop boxes and whether they were locked. The resident mail process was discussed, on how resident mail is sent and received.
- The facility has toll-free hotline numbers available to residents.
- 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.

- Externally, residents may contact the Connecticut Alliance to End Sexual Violence and that information is provided and displayed in high traffic areas of the program as is additional PREA material.
- TCI staff members are required by policy to ensure reasonable communication between residents and third-party organizations in a confidential manner.
- A review of documentation indicated that outside information regarding services was available to residents at intake, PREA brochures, and posters.
- The facility has determined which rape crisis center that are available to provide emotional support services to residents. The facility has an agreement/MOU with the Connecticut Alliance to End Sexual Violence.
- If a resident is placed in some type of restricted housings, they will have access to emotional support services.
- The facility does not house residents solely for civil immigration purposes. However, if they did, the facility would notify any persons detained solely for civil immigration purposes about how they can access immigrant services agencies and provide mailing addresses and regular and toll-free telephone numbers.
- Central Office Staff: Agency PREA coordinator question, does the agency/facility maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that can provide Residents with confidential emotional support services related to sexual abuse? "Yes". The agency/facility has an active MOU with the Connecticut Alliance to End Sexual Violence. These services are offered to Residents free of charge.
- Resident Interviews: Sixteen (16) resident interviewed. Thirteen (13) Random and Three (3) Target. Five Black, Six White, Four Hispanic and One other. They were asked: Does the facility give you mailing addresses and telephone numbers for these outside services? Interviewed residents reported that there are numbers and mailing addresses posted on the facility walls. Most of the residents said they don't know the details of the services but feel they could confidentially communicate with the services if needed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.253 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Residents are informed, in compliance with policy, that staff members are mandatory reporters as well as reporting rules that apply to disclosure of sexual abuse, made to third party organizations, including limits to confidentiality under relevant federal, state, or local law.
- A review of documentation indicated that outside information regarding services was available to resident at intake, PREA brochures, and posters.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.253 (c)

The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Memorandum of Agreement between The Connection, Inc., and The Connecticut Alliance to End Sexual Violence,
The Alliance agrees to the following: 1. Identify and assign a point of contact at each organization to establish coordinator between agencies and access to Sexual Assault Crisis Services (SACS) for TCI residents. Response to the residents' request to work with SACS will be made and executed within a reasonable amount of time. 2. Display sexual assault crisis hotline posters in English and Spanish at TCI and The Alliance. TCI will share information with residents about SACS program and the availability of sexual assault crisis counselors and community-based services. 3. At TCI resident's request, allow for a sexual assault crisis counselor to accompany and support the victim throughout the forensic medical exam process and investigatory interviews, and provide emotional support, crisis intervention, information, and referrals, as requested by the victim throughout the resident's placement in the TCI facility. 4. At the Alliance and TCI there will be a dedicated and confidential space for SACS to meet with residents. 5. To develop site specific protocol and procedure for maintaining PREA standards. 6. To collaborate for the continuity of care and

discharge planning for residents who are victims of sexual assault and/or abuse. 7. To identify and assign designated staff to establish a cohesive and seamless delivery of services to residents in TCI facilities.

- The auditor reached out to the following organizations: 1. Just Detention International (JDI) – is a health and human rights organization that seeks to end sexual abuse in all forms of detention. Founded in 1980, JDI is the only organization in the U.S. – and the world – dedicated exclusively to ending sexual abuse behind bars. They hold government officials accountable for prisoner rape; challenge the attitudes and misperception that enable sexual abuse to flourish; and make sure that survivors get the help they need. Contact: Just Detention International (JDI) / Wilshire Blvd., Suite 340 Los Angeles, CA 90010 / Email sent: 6/21/23 at 6:45 pm.
- National Sexual Violence Resource Center (NSVRC) – is the leading nonprofit in providing information and tools to prevent and respond to sexual violence. NSVRC translates research and trends into best practices that help individuals, communities and service providers achieve real and lasting change. NSVRC also work with the media to promote informed reporting. Contact: National Sexual Violence Resources Center (NSVRC) /2101 N. Front Street Governor’s Plaza North, building #2 Harrisburg, PA 17110 / Email sent: 6/21/23 at 6:45pm.
- Resident Interviews: Sixteen (16) resident interviewed. Thirteen (13) Random and Three (3) Target. Five Black, Six White, Four Hispanic and One other. They were asked: Do you know if there are services available outside of this facility for dealing with sexual abuse, if you needed it? Sixteen said they never had a need to use the outside services. Continuing to probe regarding PREA information, residents said they were given PREA information and/or they saw PREA information on the walls or the PREA hotline numbers, but they never used it.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

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

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- TCI PREA Page Screenshot
- CONNSACSMAP-2016
- Client Guide to PREA English
- Client Guide to PREA Spanish
- Third Party Reporting
- Verbal reports to staff
- Writing an anonymous note
- Informing CTDOC
- Calling the Connecticut State Police
- PREA Coordinator
- Website
- The Visitation Guide to PREA (English and Spanish)
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211

Interviews:**Compliance Determination by Provisions and Corrective Actions:**

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Interviews with staff confirmed they have been trained to take all allegations of sexual abuse and sexual harassment seriously and to report them immediately, including those reported by third parties. The verbal reports are to be followed up with a written report before the end of the shift.
- Agency policy, PREA: First Responders to a PREA Incident, Facility House, 4.0, provides for all third-party allegations of sexual abuse and sexual harassment, including third-party and anonymous reports will be reported to the PREA Coordinator and all PREA allegations will be referred to the State of Connecticut DOC PREA Investigation Unit and/or the Connecticut State Police for investigation.
- The agency website provides information for third parties to report allegations of sexual abuse and sexual harassment. The site says to report a PREA allegations through a third party, call the State of Connecticut DOC, PREA Investigations Unit via the hotline (number provided) or to the Connecticut Alliance to End Sexual Violence (numbers are provided for English and Spanish).

	<ul style="list-style-type: none"> • Posters and information for third party reporting are posted and available throughout the program. Interviews with staff confirmed they have been trained to take all allegations and reports seriously and to report them immediately, including those reported by third parties. The verbal reports are to be followed up with a written report before the end of the shift. • The agency/facility has established a method for receiving reports of sexual abuse and sexual harassment from third parties and ensure that the reports are handle the same way as other reports of sexual abuse or sexual harassment, including ensuring that any identified or potential victims are safe and receive necessary support services, and that reports are thoroughly investigated. • The agency/facility publicizes information on third-party reporting, through websites; by posting in public areas of the facility lobby or visitation area and pamphlets. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • State of Connecticut Department of Correction Administrative Directive: 6.12 - Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • PREA: First Responders to a PREA Incident • PREA: Prison Rape Elimination Act Policy and Procedure • PREA: Protection and Retaliation Policy and Procedure • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211 <p>Interviews:</p>

- Agency PREA Coordinator - 1
- Random Sample of Staff - 8
- Specialized Staff: Medical - 0
- Specialized Staff: Mental Health - 0

Compliance Determination by Provisions and Corrective Actions:

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Facility Staff: Total of eight (8) random staff were interviewed from different shifts. Two (2) males and Six (6) females. Five Black, One White and Two others. Staff were asked, does the agency require all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation? 100% said they are required to report everything.
- The various ways staff indicated that they could make a report included but was not limited to: Report to supervisor; Report to the PREA “person” and Facility Director; and complete an incident report.
- Staff consistently described a process for reporting any information related to sexual abuse incidents as: reporting immediately, isolate the resident from other residents, don’t allow the resident to bath, shower, or brush teeth, preserve evidence; and report to someone else for the investigation.
- The Connection PREA Policy, First Responders to a PREA Incident section 4 requires all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, will be reported to the PREA Coordinator. It requires that all PREA allegations are referred to the State of Connecticut Department of Correction’s PREA Investigation Unit and/or the Connecticut State Police for investigation.
- Policy requires staff first responders to immediately contact the Program Manager, Program Director, and PREA Coordinator and externally to the Emergency medical providers, the agency CEO, and staff are required to comply with the mandatory reporting laws. Staff are to reveal information on a need-to-know basis only.

- Policy PREA: Protection and Retaliation Policy provides protection from retaliation for reporting allegations of sexual abuse or sexual harassment.
- The Connection, Inc. and the facility have a zero-tolerance for all forms of sexual abuse, sexual misconduct, sexual harassment, and retaliation for reporting. Facility staff are required to report all allegations of sexual abuse, sexual misconduct, and sexual harassment or retaliation regardless of how they came to have knowledge of the alleged incident. They are also required to report even a suspicion. Interviews with staff indicated they understand they must report all allegations, reports, knowledge and suspicions of sexual abuse, sexual misconduct, sexual harassment, and retaliation.
- Facility Staff: The Program Manager question, are all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) reported directly to designated facility investigators? Yes. All reports of sexual abuse and sexual harassment that are received from third-party, and anonymous sources must be received, responded to, and investigated according to policies. They are all immediately reported to whomever the PREA on call staff member is.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.261 (b)

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

Compliance Determination:

The facility has demonstrated compliance with provision of the standard because:

- Policy required all staff to maintain confidentiality of any PREA related issues.
- TCI Policy PREA: First Responders to a PREA Incident section 7 states, staff will only reveal PREA information to the Program Manager and PREA coordinator. Any other information will only be disseminated to individuals necessary to make treatment, investigation, and other security or management decisions.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.261 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Staff interviews and documentation requires all staff that have 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 must be reported.
- The agency/facility does not hire medical and mental health staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.261 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Central Office Staff: Agency PREA coordinator question, how do you respond when an allegation of sexual abuse or sexual harassment is made by someone under the age 18 or someone considered a vulnerable adult under state or local law? The agency only house individuals that are at least 18 years of age, but if the agency were to receive a report of child abuse or neglect, the facility is mandated reports and complete a report to DCF. Further, if the alleged victim is considered a vulnerable adult, then as mandated reporters, the agency notify the appropriate agency of the allegation.
- Facility Staff: Program Director question, how do you respond when an allegation of sexual abuse or sexual harassment is made by someone under the age of 18 or someone considered a vulnerable adult under state or local law? When the allegation is brought to any of the staff's attention, they immediately begin following the PREA protocols established by policy.
- The facility does not house residents under the age of 18.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility complies with the state or local mandatory reporting laws and reports sexual abuse allegations concerning any victim considered to be vulnerable adults.
- Agency policy, PREA: First Responders to a PREA Incident, Facility House, 4.0, provides for all third-party allegations of sexual abuse and sexual harassment, including third-party and anonymous reports will be reported to the PREA Coordinator and all PREA allegations will be referred to the State of Connecticut DOC PREA Investigation Unit and/or the Connecticut State Police for investigation.
- The agency website provides information for third parties to report allegations of sexual abuse and sexual harassment. The site says to report a PREA allegations through a third party, call the State of Connecticut DOC, PREA Investigations Unit via the hotline (number provided) or to the Connecticut Alliance to End Sexual Violence (numbers are provided for English and Spanish).
- Posters and information for third party reporting are posted and available throughout the program. Interviews with staff confirmed they have been trained to take all allegations and reports seriously and to report them immediately, including those reported by third parties. The verbal reports are to be followed up with a written report before the end of the shift.
- The agency/facility is aware of reporting and receiving timely information about sexual abuse, sexual harassment, retaliation, and staff neglect, or violations of responsibilities that may have contributed to an incident or retaliation.
- The agency/facility has a reporting policy. The policy requires staff members, including medical and mental health staff to immediately report any knowledge, suspicion, or information of any incident in any facility, even in a facility that is not a part of the agency.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

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

115.262	Agency protection duties
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1295 376">Evidence Relied Upon in Making the Compliance Determination:</p> <p data-bbox="280 416 536 452">Documentation:</p> <ul data-bbox="280 488 1455 810" style="list-style-type: none"> • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • Policy Statement: Agency Protection Duties • PREA: First Responders to a PREA Incident Policy and Procedure • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211 <p data-bbox="280 851 459 887">Interviews:</p> <ul data-bbox="280 922 695 994" style="list-style-type: none"> • Random Sample of Staff - 8 • Agency Head/Designee - 1 <p data-bbox="280 1034 1308 1070">Compliance Determination by Provisions and Corrective Actions:</p> <p data-bbox="280 1106 446 1142">115.262 (a)</p> <p data-bbox="280 1178 1442 1254">When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the Resident.</p> <p data-bbox="280 1290 715 1326">Compliance Determination:</p> <p data-bbox="280 1335 1366 1411">The facility has demonstrated compliance with this provision of the standard because:</p> <ul data-bbox="280 1447 1474 2087" style="list-style-type: none"> • When a resident is identified as being at risk for sexual abuse in his current housing unit, the screening staff will request that the supervisor on duty immediately move the resident to an alternate unit. If alternative placement cannot be arranged, the Facility Director and/or PREA Coordinator will develop a written plan of action that will provide a safe and secure environment for the victim and ensure the plan is implemented. • The facility screens all newly admitted residents for potential for victimization or for potential sexual abusiveness. This process is in place to ensure that a known victim and known abuser are not housed together in the same bedroom. • TCI Policy PREA: Protection and Retaliation Policy and Procedure section 6 states, TCI, as an agency, reserves the right to employ the following measures, in case of retaliations: 1. Housing Changes/Transfers for resident victims and/or abusers, 2. Removal of alleged staff or resident abusers from 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.

- Central Office Staff: Agency head question, when you learn that a resident is subject to a substantial risk of imminent sexual abuse what protective action does the agency take? “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 this 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 made on them. We may also speak with the funder to see if there are more appropriate housing options for these residents.”

- Facility Staff: The Program Director question, when you learn that a resident is subject to a substantial risk of imminent sexual abuse, what protective action does the facility take? If there is a person or person’s posing imminent risk they would be removed from access to the resident, for staff it could be administrative leave or transfer to another program until the risk assessment is completed. If it’s another resident, it can be a transfer to another program within the agency, but it could also include removal from the agency completely based on the risk level and protection required.

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

- Facility Staff: Total of eight (8) random staff were interviewed from different shifts. Two (2) males and Six (6) females. Five Black, One White and Two others. Staff were asked, if you learn a resident is at risk of imminent sexual abuse, what actions do you take to protect the resident? Staff stated they would protect the residents by removing them from the alleged abuser, contacting supervisor for additional instructions.

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

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

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA: Investigating Sexual Abuse in Confinement Setting Certificates (4) NIC • Facility Investigations for the Past 12 Months Packages: 6 • Policy Statement: Reporting to other Confinement facilities • PREA: First Responders to a PREA Incident Policy and Procedure • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head/Designee - 1 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.263 (a)</p> <p>Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • Policy requires that any resident alleging sexual abuse occurring while confined at another facility be reported to the Facility Director or PREA Coordinator of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. • Agency Policy PREA: First Responders to a PREA Incident section 4.0, requires all PREA allegations to be referred to the State of Connecticut Department of Correction's PERA Investigation Unit and/or the Connecticut State Police for investigation: • This policy requires if the alleged incident occurred while the resident resided in another facility not run by The Connection, the PREA Coordinator will immediately notify that facility and document that notification of the alleged incident has been communicated. The communication will occur no longer than 72 hours after the PREA Coordinator was made aware of the alleged incident. • The facility head or agency office that receives such notification is responsible for ensuring the allegation is investigated in accordance with PREA Standards.

- Central Office Staff: Agency head question, if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred, is there a designated point of contact? “Yes, our agency PREA coordinator. All allegations go through our PREA coordinator who then make appropriate collateral contacts to those needing to be informed of the situation.”
- Central Office Staff: Agency head question, what happens when your agency receives such allegations? All appropriate staff would be notified. If an allegation came from another agency/facility, staff would notify the PREA coordinator designated person from that agency.
- Facility Staff: The Program Director question, what happens when your facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in your facility? The PREA coordinator for the agency will begin the investigation process immediately. The PREA coordinator will coordinate with leadership within the agency and work with the DOC PREA team, if this is coming from outside the DOC network.
- Facility Staff: Program Director question, are there examples of another facility or agency reporting such allegations? There have not been any incidents where another facility or agency or residents reported sexual abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.263 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility refer reports of sexual abuse that occurred in another facility back to that facility and receive report from other agency/facilities about sexual abuse reported to have occurred in this facility and they ensure that the allegation is investigated administrative or/and criminal as necessary.
- Policy requires if the alleged incident occurred while the resident resided in another facility, the PREA Coordinator immediately notify that facility and document that notification of the alleged incident has been communicated. The communication will occur no longer than 72 hours after the PREA Coordinator was made aware of the alleged incident.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.263 (c)

<p>The agency shall document that it has provided such notification.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • This process of notifying facilities comes from the agency PREA coordinator’s office and documented through investigations. • Number of Notifications: 1. Reporting from another Facility – 0. 2. Reporting to another Facility – 0. <p>115.263 (d)</p> <p>The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The agency/facility will refer reports of sexual abuse that occurred in another facility back to that facility and receive report from other agency/facilities about sexual abuse reported to have occurred in this facility and they ensure that the allegation is investigated. • Central Office Staff: Agency head question, what happens when your agency receives such notification of allegations? All allegations go through the PREA coordinator who then makes appropriate collateral contacts with those needing to be informed of the situation. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>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.</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- Sexual Abuse and Harassment Overview
- PREA: Investigating Sexual Abuse in Confinement Setting Certificates NIC ---4
- Facility Investigations for the Past 12 Months Packages ---6
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- PREA Staff Training Full Revised 2023
- PREA Staff Training – Orientation Power Point
- PREA: First Responders to a PREA Incident Policy and Procedure
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211

Interviews:

- Random Sample of Staff - 8
- Residents who Reported Sexual Abuse - 0
- Residents who Reported Sexual Harassment - 0
- First Responder Security Staff - 0
- First Responder Non-Security Staff - 1

Compliance Determination by Provisions and Corrective Actions:

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 occurred 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

for the following: 1. Immediately separate the victim and the alleged abuser. 2. Determine the safety of the resident and, if necessary, contact emergency medical services (call 911). 3. Preserve and protect any crime scene until appropriate steps can be taken to collect evidence. 4. IF the abuse occurred within a time 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.
- When a physical assault has occurred on premises all Residents will be transferred to local hospital for forensic examinations.
- The policy requires that staff only reveal PREA information as a need-to-know bases. Any other information will only be disseminated to individuals necessary to make treatment, investigation, and other security or management decisions. Specific actions are identified for the PREA Coordinator as well and described in Policy.
- Facility Staff: Total of eight (8) random staff were interviewed from different shifts. Two (2) males and Six (6) females. Five Black, One White and Two others. Staff were asked, if you are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, what is your responsibility in the situation? Separate the victim from the abuser, protect the crime scene, protect the DNA by not letting victim or abuser brush their teeth, drink water, shower, wash, urinate, changing clothes or eating.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.264 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency/facility through training distinguishes the roles of first responders from investigators. First responders do not conduct any part of the investigation and their role is to protect the victim, separate the victim and alleged abuser, to protect and preserve the scene and any evidence that may exist at the scene or evidence on the victim and alleged abuser.
- The first responder for non-security follows the same process and the security staff.

	<p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • PREA: First Responders to a PREA Incident Policy and Procedure • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.265 (a)</p> <p>The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The coordinated response plan is described in detail in The Connection PREA Policy, First Responders to a PREA Incident. • Actions to take in the coordinated response plan include the activities described in Standard 115. 264, First Responding. • When a physical assault has occurred on premises all residents will be transferred

	<p>to local hospital for forensic examinations.</p> <ul style="list-style-type: none"> • The policy requires that staff only reveal PREA information on a need-to-know bases. Any other information will only be disseminated to individuals necessary to make treatment, investigation, and other security or management decisions. Specific actions are identified for the PREA Coordinator as well and described in Policy. • The agency uses the TCI policy PREA: First Responders to a PREA Incident section 6 above as the coordinated response. The facility does not have medical or mental health staff therefore their responsibilities in the plan are not included. The criminal investigations are not included. • Facility Staff: Program Director question, does the facility have a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse? Yes, the agency has a detailed plan in place to help the coordination of a response to an incident of sexual abuse. The PREA coordinator acts as the point person in the process and keeps all informed of the next steps and outcomes. • The facility does not have medical or mental health staff therefore their responsibilities in the plan are not included. The criminal investigator is not included. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<p>115.266</p>	<p>Preservation of ability to protect residents from contact with abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Collective Bargaining Agreements --- None

- State of Connecticut Department of Correction Administrative Directive: 6.12 - Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211

Interviews:

- Agency Head/Designee - 1

Compliance Determination by Provisions and Corrective Actions:

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- There are no current agreements that limit the agency's ability to remove alleged staff sexual abusers from contact with Residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. There have not been any collective bargaining agreements since August 20, 2012.
- The Connection is not involved in any form of collective bargaining and can remove any staff alleged to have violated an agency sexual abuse or sexual harassment policy.
- Central Office Staff: Agency head question, has your agency, or any governmental entity responsible for collective bargaining on agency behalf, entered or renewed any collective bargaining agreements or other agreements since August 20, 2012? "No". This is not applicable. The facility does not enter into any collective bargaining agreements.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.266 (b)

Nothing in this standard shall restrict the entering into or renewal of agreement that govern:

	<ul style="list-style-type: none"> • 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. <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The agency/facility is not involved in any form of collective bargaining and can remove any staff alleged to have violated an agency sexual abuse or sexual harassment policy. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>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.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Sexual Abuse and Harassment Overview • PREA: Investigating Sexual Abuse in Confinement Setting Certificates NIC ---4 • Facility Investigations for the Past 12 Months Packages ---6 • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • PREA: Protection and Retaliation Policy and Procedure • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211 <p>Interviews:</p>

- Agency Head/Designee - 1
- Residents who Reported Sexual Abuse - 0
- Residents who Reported Sexual Harassment - 0
- Retaliation Monitoring Staff - 1

Compliance Determination by Provisions and Corrective Actions:

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency has a system in which the staff follow up with residents who report allegations of abuse. The agency also monitors any residents closely following reports of sexual abuse. They have managers closely watch staff overseeing these residents to ensure there is no retaliation taking place. The facility informs the residents of the facility retaliation policy and notifies staff immediately if they feel they are being retaliated against. Staff can report any retaliation to the Human Resource department, the PREA coordinator or agency leadership at any time.
- The Connection Policy addressing retaliation in PREA: Protection and Retaliation Policy and Procedure, 1.0 and 4.0. Section 1.0 Purpose indicates the purpose of the policy is to ensure the protection of all Residents and staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation. The policy is required to document which staff members are responsible for monitoring potential retaliation stemming from a PREA allegation. 4.0, Policy, asserts that The Connection, Inc, in cooperation with the State of Connecticut Department of Corrections (DOC) and Court Support Service Division (CSSD), will follow a specific guideline to ensure that all staff and residents are safe from any potential retaliation stemming from a PREA allegation. Also, it affirms the agency's obligation to monitor terminates if the agency determines that allegation is unfounded.
- In section 6.0, Responsibilities, policy asserts that the PREA Coordinator is responsible for enforcing this policy. 7.0, Procedures require the PREA Coordinator to ensure that the alleged victim, witness and/or staff member feel safe during and after the conclusion of the PREA Investigation by the following: 1. During interviews, determining if victim(s) and witness(es) feel safe in the program. 2. Discussing retaliation with key members of the investigation. 3. In the case of retaliation, ensuring the potential victims of retaliation can notify the investigators.
- The following protective actions are employed by the agency/facility: 1. Residents

involved are always kept separated. 2. If it's against a staff member that staff member is sent home until we have completed our investigation. 3. Staff keeps a close eye on residents and the program manager keeps an eye on Residents and staff to ensure there are no increases in chores, tickets, etc. d. 4. Staff notify the resident that we have zero tolerance for retaliation, and they should notify staff immediately if they feel that they are being retaliated against.

- Central Office Staff: Agency head question, how do you protect residents and staff from retaliation for sexual abuse or sexual harassment allegations? (a) The agency has a system that follows up with residents who report allegations of abuse. The agency also monitors any residents closely following reports of sexual abuse. The agency has managers closely watch staff overseeing residents to ensure there is no retaliation taking place. The agency informs the residents of the agency of the retaliation policy and notifies staff immediately if they feel they are being retaliated against. (b) Staff can report any retaliation to the agency Human Resources Department, the PREA coordinator or agency leadership at any time. (c) When making considerations on program changes, or movement, the agency ensures that the individual perpetrated against is given preference or is included in discussions surrounding any changes to programming. (d) The agency informs victims of victim services and behavioral health supports available to him or her.

- Facility Staff: Program Director question, for allegations of sexual abuse or sexual harassment, can you describe the different measures you take to protect residents and staff from retaliation? There are a variety of ways to provide protection from housing changes, room changes, staff, or resident transfers. Emotional support is always offered to allay fears of retaliation for reporting an incident or cooperating with investigations.

- Facility Staff: The Program Director question, what measures do you take when you suspect retaliations? What measures do you take when you suspect retaliation? The Program Director will monitor the staff and residents for up to 90 days, focusing on Disciplinary Reports, Housing status changes, any programmatic changes, performance reviews or reassignments. The PREA coordinator will be notified immediately if there are any of these issues occurring.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.267 (b)

The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

because:

- The agency reserves the right to take the following measures, in case of retaliations, as it sees fit: 1. Housing Changes/Transfers for resident victims and/or abusers, 2. Removal of alleged staff or resident abuser from 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.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.267 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency PREA coordinator will monitor the conduct and treatment of residents and staff who have reported sexual abuse and of the victim for no less than 90 days after the report of sexual abuse. Staff are to ensure that no changes, which may indicate potential retaliation, have transpired. This includes but is not limited to: 1. Disciplinary reports, 2. Housing status, 3. Program Changes, 4. Negative performance reviews or 5. Staff reassignments.

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.267 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Policy requires on site staff members to perform periodic status checks on the alleged victim.
- Staff interviews indicated that off duty management team members conduct unannounced visits to the facility to monitor retaliation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.267 (e)

If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall respond appropriately to protect that individual against retaliation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Employees will not be subjected to any kind of retaliation for reporting of any wrongdoings.
- If a resident or staff member cooperates with investigators and expresses a fear of retaliation, the agency responds appropriately to protect that individual against retaliation.
- Central Office Staff: Agency head/designee question, if an individual who cooperates with an investigation expresses a fear of retaliation, how does the agency take 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.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.267 (f)

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

	<p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The agency/facility has a policy that protect residents and staff who report sexual abuse or sexual harassment from retaliation. The agency has designated a staff member that are charged with monitoring retaliation. • Some protection measures that the agency/facility has on hand are, housing changes or transfers for resident victims or abusers; Removal of alleged staff or resident abusers from contact with victims; Provide emotional support services for resident who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations. • The agency/facility PREA coordinator/facility compliance manager serves as the PREA monitor. The monitoring lasts for at least 90 days. The agency’s obligation to monitor terminate if the agency determines that the alleged allegation is unfounded. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>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.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Facility Investigations for the Past 12 Months Packages ---6 • Referred for Prosecution --1 • PREA Review Policy and Procedure • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services

- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211

Interviews:

- Agency PREA Coordinator - 1
- Investigator - 1
- Residents who Reported Sexual Abuse - 0
- Residents who Reported Sexual Harassment - 0

Compliance Determination by Provisions and Corrective Actions:

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- All allegations of sexual abuse and sexual harassment, including third-party, threats and attempts, are immediately, aggressively, promptly, thoroughly, and objectively investigated.
- The investigation begins immediately upon receiving an allegation and the funding agency is notified immediately and the CT State Police if needed.
- Allegations that are criminal in nature are reported immediately to the Connecticut State Police who will conduct the criminal investigation.
- Policy requires the PREA coordinator to conduct an administrative review of all allegations of sexual abuse and sexual harassment, regardless of the origin of the allegation, at all designated PREA programs. This information is then forwarded to pertinent parties, including the State of Connecticut Department of Correction, Court Support Division, Probation, and/or Parole for review and potential sanctions for alleged perpetrators.
- The Connection PREA Review Policy and Procedure section 1.0 states the purpose of this policy is to establish a protocol for a timely, thorough, and objective review of all alleged PREA incidents. 4.0, Policy, requires The Connection, Inc., in cooperation with the State of Connecticut Department of Corrections and Court Support Division (CSSD), to follow a specific protocol when allegations of PREA incidents are made within TCI facilities. The protocols will ensure that all necessary parties are made aware of the allegation, to minimize risk, emphasize resident safety, and secure all potential evidence.
- Central Office: PREA investigator question, how do you handle anonymous or third-party reports of sexual abuse or sexual harassment? Are they investigated

differently? All allegations of sexual assault or sexual harassment are investigated regardless of method or source of reported. All third-party reports are handed the same as any other report. They are not investigated differently.

- Central Office: PREA investigator question, how long does it take to initiate an investigation following an allegation of sexual abuse or sexual harassment? And what would be the first steps in initiating and investigation and how long would they take? 1. Staff immediately notify their supervisor or on-call when they discover something, or an allegation is made. 2. Staff will determine the safety of the client and, if need be, contact emergency medical services (call 911). 3. If needed, staff will preserve and protect any crime scene until appropriate steps can be taken to collect evidence. 4. If the abuse occurred 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. 5. Program Manager will then call Program Director, VP of Service Area, and PREA Coordinator, and Supervising Officers or Parole On-Call. 6. The PREA Coordinator contacts the Supervisors of the Supervising Officer. 7. Emergency medical providers and/or law enforcement, if a potentially criminal act occurred (Call 911).

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.271 (b)

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to standard 115.34.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The PREA investigator who has completed the National Institute of Corrections, Specialized Training, PREA: Conducting Sexual Abuse Investigations in Confinement Settings.
- The National Institute of Corrections (NIC) online training “PREA: Investigating Sexual Abuse in a Confinement Setting” includes the following topics: 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.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.271 (c)

Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The investigators who handle sexual abuse and sexual harassment incidents has training in sexual abuse investigations. Investigators are responsibility of gathering and preserving evidence to include the protecting of the DNA in the case; reviewing electronic monitoring data, interviewing all parties to include victims, perpetrators, witnesses, etc.; and reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.271 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- According to staff, if allegations of conduct that appears to be criminal are substantiated, referral are made to the appropriate solicitor for prosecution. Additionally, staff will be subject to Agency corrective action up to and including termination, and residents may be charged through the Agency Disciplinary System.
- The agency will not conduct PREA criminal investigations. All PREA allegations within funded programs will be referred to the Connecticut State Police for investigation. All PREA allegations in DOC funded programs will be referred to the State of Connecticut Department of Correction's PREA Investigation Unit for investigation or the local Police Department.
- Central Office: PREA investigator question, when you discover evidence that a prosecutable crime may have taken place, do you consult with prosecutors before

you conduct compelled interviews? The agency refers to CT State Police for any allegations that involve a crime.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.271 (e)

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual as is and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.271 (f)

Administrative Investigations:

- Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
- Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- All administrative investigations are 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.
- Administrative investigations utilize preponderance of the evidence as the standard for determining whether an allegation of sexual abuse or sexual harassment is substantiated.
- Central Office: PREA investigator question, what efforts do you make during an administrative investigation to determine whether staff actions or failures to act

contributed to the sexual abuse. The agency/facility will make every effort to determine whether staff actions or failures to act contributed to the abuse. These efforts will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.271 (g)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Local Police Services gather and preserve circumstantial evidence, including available physical evidence, and any available electronic monitoring data, interview alleged victim (s), perpetrator (s), and witnesses, and review prior complaints and reports of sexual abuse involving the alleged or suspected perpetrator.
- All criminal investigations are 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.
- Central Office: PREA investigator question, are criminal investigations documented? What is contained in that report? "Yes", criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The outside entity that is conducting the criminal investigation made add additional documentations.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.271 (h)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- According to staff, if allegations of criminal are substantiated, referral will be made to the appropriate solicitor for prosecution. Additionally, staff will be subject to agency corrective action up to and including termination, and residents may be

charged through the Agency Disciplinary System.

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

Corrective Actions

N/A. There are no corrective actions for this provision.

115.271 (i)

The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Compliance Determination:

The facility has demonstrated compliance with provision of the standard because:

- The agency/facility ensure that all allegations of sexual abuse and sexual harassment are investigated thoroughly and properly. The agency/facility when investigated can deter sexual abuse and sexual harassment by ensuring that investigations are documented and documentary evidence is preserved; investigations are completed regardless of the status of the victim or perpetrator, and all substantiated allegations that rise to the level of a criminal offense are referred for prosecution.
- The administrative investigations try to determine whether staff action or failures to act contributed to the abuse. The investigations documented in a written report that describes the physical and testimonial evidence if any, the reasoning behind assessments, and investigative facts and findings.
- The criminal investigations are also documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence. The agency/facility retains the investigations for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
- When investigations are conducted outside of the agency/facility, the facility cooperates with the outside investigator and remains informed about the progress of the investigations.
- The investigators who manage sexual abuse incidents have training in sexual abuse investigations. Investigators are responsible for gathering and preserving evidence in the case; interviewing all parties to include victims, perpetrators, witnesses, etc.; and reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator.
- The agency retains all written reports regarding investigations.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.271 (j)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Central Office: PREA investigator question, how do you proceed when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct? The investigation proceeds the same as any other allegation – it is reported to the criminal investigator to continue regardless of employees' status with the agency/facility.
- Central Office: PREA investigator question, how do you proceed with a victim who alleges sexual abuse or sexual harassment, or an alleged abuser leaves the facility prior to a completed investigation into incident? The investigator proceeds the same as any other allegation – the review continues and is reported to the authorities if needed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.271 (k)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.271 (l)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- When investigations are conducted outside of the agency/facility, the facility cooperates with the outside investigator and remains informed about the progress of the investigations.
- The agency receives a case number at the time of a report from the CT State Police Officer and follow-up with the specific police officer requesting any updates.
- The criminal investigations are also documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence. The agency/facility retains the investigations for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
- Central Office: PREA investigator question, when an outside agency investigates an incident of sexual abuse in the facilities, what role do you play? The investigator provides any information requested and assists in any way they can as requested. When an outside agency investigates sexual abuse, the facility fully cooperates with the investigating authority. Additionally, the agency/facility would make every effort to stay informed as to the status of the investigation.
- Central Office Staff: Agency PREA coordinator question, if an outside agency investigates allegations of sexual abuse, how does the agency remain informed of the progress of a sexual abuse investigation? The PREA coordinator is responsible for maintaining regular contact with the outside agency that is investigating the allegations.
- Sexual Abuse, Sexual Harassment Allegations, and Investigations Overview: Total number of investigations for the past 12 months = 6. Total number of sexual abuse investigations = 2. Total number of sexual harassment investigations = 4 and the number of criminal sexual abuse referred for prosecution - 1.
- The PREA Coordinator reported the below numbers in the PAQ as 1 allegation for each allegation that was reported, instead of breaking out the number of investigations involved in each allegation and the number of victims within each allegation. Below are the actual details of each allegation. Total there were 6 allegations, 9 perpetrators (8 staff/1 client), and 19 victims which includes approximately 19 investigations into the allegation for each victim. Some of these staff had multiple allegations. Three staff were terminated for these allegations: Staff #1 - Terminated and referred to prosecution/ arrested on July 10, 2023. Staff #2 - Terminated and Staff #3 - Terminated on 5/12/2023.
- None of these staff were licensed in any way so there was no reporting made to a licensing body.
- At the time of the PREA audit, all victims involved in these allegations were released from the program prior to the audit and were not present during the audit. One staff member that had two unfounded allegations is still present in the program. The allegations made against this staff member were by a client that was making allegations in bad faith. He admitted to making PREA allegations due to knowing that staff would be sent home until the investigation was completed.

	<p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA: Investigating Sexual Abuse in Confinement Setting Certificates NIC ---4 • Facility Investigations for the Past 12 Months Packages ---6 • PREA: Review Policy and Procedure • State of Connecticut Department of Correction Administrative Directive: 6.12 - Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • PREA Review Policy and Procedure • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211 <p>Interviews:</p> <ul style="list-style-type: none"> • Investigator - 1 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.272 (a)</p> <p>The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The agency's PREA review, requires no standard higher than a preponderance of

	<p>the evidence in determining whether PREA related allegations of sexual abuse and sexual harassment are substantiated.</p> <ul style="list-style-type: none"> • Central Office: PREA investigator question, what standards of evidence do you require to substantiate allegations of sexual abuse or sexual harassment? The agency/facility uses the preponderance of evidence. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA: Investigating Sexual Abuse in Confinement Setting Certificates NIC ---4 • Facility Investigations for the Past 12 Months Packages---6 • PREA: Reporting to Victims Policy and Procedure • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211 <p>Interviews:</p> <ul style="list-style-type: none"> • Investigator - 1 • Residents who Reported Sexual Abuse - 0 • Residents who Reported Sexual Harassment - 0 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.273 (a)</p> <p>Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>Compliance Determination:</p>

The facility has demonstrated compliance with this provision of the standard because:

- The Connection Policy, PREA: Reporting to Victims, Policy, and Procedure section 1.0, states the purpose of the policy is to ensure that the alleged victim of a PREA incident is notified of the results of the PREA investigation. And 4.0, Policy, asserts that in accordance with the PREA standards, The Connection, Inc., will ensure that the alleged victim of a PREA incident is notified of the results of the PREA investigation. And 6.0, Responsibilities places the responsibility for enforcing the policy with the PREA Coordinator.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.273 (b)

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the resident.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The PREA coordinator requests the relevant information from the investigative entity to inform the alleged victim of the outcome of the investigation. At the conclusion of a PREA investigation, the PREA coordinator or program staff will notify the alleged victim, verbally or in writing whether the allegation was determined to be substantiated or unsubstantiated whenever: 1. The staff member is no longer posted within the unit. 2. The staff member is no longer employed with the agency. 3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.273 (c)

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The PREA coordinator requests the relevant information from the investigative entity to inform the alleged victim of the outcome of the investigation. At the conclusion of a PREA investigation, the PREA coordinator or program staff will notify the alleged victim, verbally or in writing whether the allegation was determined to be substantiated or unsubstantiated whenever:
- The staff member is no longer posted within the unit.
- The staff member is no longer employed with the agency.
- The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
- Central Office: PREA investigator question, do your agency procedures require that a resident who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation? The agency/facilities procedures require notification to be made to any current Resident when the outcome is substantiated, unsubstantiated, or unfounded. The agency does not report to Residents the outcomes of allegations against staff that are unfounded.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.273 (d)

Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

- The agency learns that the alleged abuser has been indicated on a charge related to sexual abuse within the facility; or
- The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- In the event of a resident-on-resident PREA allegation, the PREA coordinator or program staff, is required to inform the alleged victim whenever: 1. The agency learns that the alleged abuser has been indicated on a charge related to sexual abuse within the facility; or 2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

	<p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>115.273 (e)</p> <p>All such notifications or attempted notifications shall be documented.</p> <p>Compliance Determination: The facility has demonstrated compliance with provision of this standard because:</p> <ul style="list-style-type: none"> • Notifications to alleged victims are documented by the PREA coordinator and outside investigators. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>115.273 (f)</p> <p>An agency’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The agency PREA coordinator indicated that the agency’s obligation to report under this standard is terminated if the resident is released from custody. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p>

- Facility Investigations for the Past 12 Months Packages---6
- Documentation of Termination, Resignations, other Sanctions Against Staff---3
- PREA: Prison Rape Elimination Act Policy and Procedure
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211

Interviews:

Compliance Determination by Provisions and Corrective Actions:

115.276 (a)

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- According to staff, if allegations appear to be criminal are substantiated, referral are made to the appropriate solicitor for prosecution. Additionally, staff be subject to agency corrective action up to and including termination.
- The Connection PREA policy, requires that all substantiated allegations of sexual abuse and sexual harassment will result in sanctions, including but not limited to, termination and referral for criminal prosecution.
- 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.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.276 (b)

Termination shall be the presumptive disciplinary sanction for who have engaged in sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Per interview with the agency PREA coordinator termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.276 (c)

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Central Office Staff: The agency PREA coordinator indicated that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment and be commensurate with the nature and circumstances of the acts committed, disciplinary history and comparable offenses by other staff with similar histories.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.276 (d)

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency PREA coordinator indicated that all terminations for violations of sexual abuse or sexual harassment policies or resignations by staff who would have been terminated if not for their resignation are reported to law enforcement agencies.
- During the audit period, the agency/facility did not have any disciplinary sanctions of staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

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

	online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Facility Investigations for the Past 12 Months Packages --- 6 • Documentation of Termination, Resignations, other Sanctions Against Staff ---0 • State of Connecticut Department of Correction Administrative Directive: 6.12 - Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • Hiring Contracted Services Policy and Procedure • PREA: Prison Rape Elimination Act Policy and Procedure • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211 <p>Interviews:</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.277 (a)</p> <p>Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The Agency’s PREA Policy, PREA: Prison Rape Elimination Act, Policy, and Procedure, 4.0, Policy, requires that all substantiated allegations will result in sanctions, including but not limited to termination and referral for prosecution. The facility does not have any contractors or volunteers however staff indicated if they did have a contractor or volunteer who had violated an agency sexual abuse or sexual harassment policy the services would be suspended, and they would be allowed back into the program pending an investigation. If the allegations were substantiated the contractor or volunteer would be referred to prosecution and barred from coming back into the facility.

	<ul style="list-style-type: none"> • The facility staff indicated that all substantiated allegations would result in sanctions, including but not limited to termination and referral for prosecution. The facility does not have any volunteers however staff indicated if they did have a contractor or volunteer who had violated an agency sexual abuse or sexual harassment policy the services would be suspended, and they would be allowed back into the program pending an investigation. If the allegations were substantiated the contractor or volunteer would be referred to prosecution and barred from coming back into the facility. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>115.277 (b)</p> <p>The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with Residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • During this PREA audit period, there was no corrective action of volunteer and contract staff. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Resident with PREA Disciplinary Sanctions---0 • State of Connecticut Department of Correction Administrative Directive: 6.12 -

Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention

- State of Connecticut Department of Correction Division of Parole and Community Services
- PREA: Avenues of Reporting PREA Allegations Policy and Procedure
- PREA: Client Sexual Relationships Policy and Procedure
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211

Interviews:

- Specialized Staff: Medical - 0
- Specialized Staff: Mental Health - 0

Compliance Determination by Provisions and Corrective Actions:

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Sanctions for these violations take into consideration many aspects of the resident's history and assessments conducted by the staff at the facility. This also includes the Residents' mental health status.
- The agency will not sanction residents who have made an allegation in good faith, even if the investigation cannot substantiate the allegation.
- The Agency Policy, PREA: Resident Sexual Relationships Policy and Procedure, 1.0, Purpose, states the purpose of the policy is to prohibit sexual activity between residents at designated PREA programs. Policy also asserts and affirms the program reserves the right to discipline residents for violating this policy. Consensual, romantic relationship between residents 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 PREA coordinator and/or PREA investigator will contact the proper authorities include, but are not limited to, Connecticut DOC, State Police, CSSD, Probation and Parole. Interviews indicated if a resident alleged to have violated a facility/program sexual abuse policy will be disciplined if the allegations against a resident are substantiated. Depending on the severity of the incident, either the resident will be disciplined within the program or referred for prosecution if the allegation is criminal in nature. Interviews indicated the resident will be removed from the program and the decision would be made by the funding source who referred the Resident.

- 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 evidence sufficient to substantiate the allegation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.278 (b)

Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses other residents with similar histories.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Central Office Staff: The agency PREA coordinator indicated, sanctions are commensurate with the nature and circumstances of the abuse committed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.278 (c)

The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, in any, should be imposed.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Central Office Staff: The agency PREA coordinator indicated, the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to the behavior.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.278 (d)

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

• Central Office Staff: The agency PREA coordinator indicated the facility does not evaluate and treat victims on site. The facility refers to local hospital and residents are referred to other agencies for mental health counseling or therapy.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.278 (e)

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

• Central Office Staff: The agency PREA coordinator indicated that the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. However, all sexual activity is prohibited.

Corrective Actions:

N/A. There are no corrective actions for this provision.

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 evidence sufficient to substantiate the allegation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.278 (g)

An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

	<ul style="list-style-type: none"> • Central Office Staff: The agency PREA coordinator indicated, the agency policy prohibits all sexual activity between residents and will discipline resident for sexual activities. • During this audit period, there were no disciplinary sanctions for residents regarding sexual abuse or sexual harassment. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • Facility Investigations for the Past 12 Months Packages ---6 • Documentation of Residents Receiving Access to Emergency Medical Services (PREA Only) ---0 • State of Connecticut Department of Correction Administrative Directive: 6.12 - Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • Hospital Response to Sexual Abuse State Technical Guidelines • The Client Guide to PREA (English) • The Client Guide to PREA (Spanish) • Connecticut Alliance To End Sexual Violence - Support, Advocate, Prevention (24-Hour, Toll-Free Hotline and Addresses) • Connecticut Alliance to End Sexual Violence (formerly CONNSACS) • CONNSAMap 2016 • PREA Poster: Break the Silence (Spanish and English) • PREA: Avenues of Reporting PREA Allegations Policy and Procedure • Zero Tolerance Policy for Sexual Harassment & Sexual Abuse Acknowledgement (All Residents) • PREA: First Responders to PREA Incident

- Resident Handbook
- MOU: The Connecticut Alliance to End Sexual Violence
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211

Interviews:

- Residents who Reported Sexual Abuse - 0
- Residents who Reported Sexual Harassment - 0
- Specialized Staff: Medical - 0
- Specialized Staff: Mental Health - 0
- First Responder Security Staff - 0
- First Responder Non-Security Staff - 1

Compliance Determination by Provisions and Corrective Actions:

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.282 (b)

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to standard 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

Compliance Determination:

The facility had demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.282 (C)

Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Compliance Determination:

The facility had demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.282 (d)

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

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

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • Parole and Community Services 2018 Residential Audit • Connecticut Alliance To End Sexual Violence – Support, Advocate, Prevention (24-Hour, Toll-Free Hotline and Addresses) • Connecticut Alliance to End Sexual Violence (formerly CONNSACS) • CONNSACSMAP - 2016 • PREA: First Responders to a PREA Incident Policy and Procedure • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211 <p>Interviews:</p> <ul style="list-style-type: none"> • Residents who Reported Sexual Abuse – 0 • Residents who Reported Sexual Harassment - 0 • Specialized Staff: Medical - 0 • Specialized Staff: Mental Health - 0 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.283 (a)</p> <p>The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • On-going medical and mental health services are afforded to any resident who has been the victim of sexual abuse. Although there are no on-site medical or mental health staff, these services are available through community providers. On-going services related to sexual abuse are at ‘no cost’ to the victim and any services not provided at the hospital are provided through community healthcare practitioners. • The facility refers to local hospital and residents are referred to other agencies for

mental health counseling or therapy.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.283 (b)

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or replacement in, other facilities, or their release from custody.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does not evaluate and treat victims on site. The facility refers to local hospital and residents are referred to other agencies for mental health counseling or therapy.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.283 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does not evaluate and treat victims on site. The facility refers to local hospital and residents are referred to other agencies for mental health counseling or therapy.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.283 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does not evaluate and treat victims on site. The facility refers to local hospital crisis and residents are referred to other agencies for mental health counseling or therapy. Male Facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.283 (e)

If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Compliance Determination:

The facility had demonstrated compliance with this provision of the standard because:

- The facility does not evaluate and treat victims on site. The facility uses a local hospital and residents are referred to other agencies for mental health counseling or therapy. Male Facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.283 (f)

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

Compliance Determination:

The facility had demonstrated compliance with this provision of the standard because:

- The facility does not evaluate and treat victims on site. The facility uses a local hospital and residents are referred to other agencies for mental health counseling or therapy.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.283 (g)

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does not evaluate and treat victims on site. The facility uses a local hospital and residents are referred to other agencies for mental health counseling or therapy.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.283 (h)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The facility does not evaluate and treat victims on site. The facility uses local hospital and residents are referred to other agencies for mental health counseling or therapy.

- Memorandum of Agreement between The Connection, Inc., and The Connecticut Alliance to End Sexual Violence,

The Alliance agrees to the following: 1. Identify and assign a point of contact at each organization to establish coordinator between agencies and access to Sexual Assault Crisis Services (SACS) for TCI residents. Response to the residents' request to work with SACS will be made and executed within a reasonable amount of time. 2. Display sexual assault crisis hotline posters in English and Spanish at TCI and The Alliance. TCI will share information with residents about SACS program and the availability of sexual assault crisis counselors and community-based services. 3. At TCI resident's request, allow for a sexual assault crisis counselor to accompany and support the victim throughout the forensic medical exam process and investigatory interviews, and provide emotional support, crisis intervention, information, and referrals, as requested by the victim throughout the resident's placement in the TCI facility. 4. At the Alliance and TCI there will be a dedicated and confidential space for SACS to meet with residents. 5. To develop site specific protocol and procedure for maintaining PREA standards. 6. To collaborate for the continuity of care and discharge planning for residents who are victims of sexual assault and/or abuse. 7. To identify and assign designated staff to establish a cohesive and seamless delivery of services to residents in TCI facilities.

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

- The facility does not have medical staff on site.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

	<p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA Review Policy and Procedure • State of Connecticut Department of Correction Administrative Directive: 6.12 - Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • Agency Annual Report 2022 • Department of Justice SSV Reports 2022 (Summary) • Review Team Meetings (30 Days) After Completing Investigations ---2 • Facility Investigations for the Past 12 Months Packages ---6 • PREA Incident Reports • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency PREA Coordinator - 1 • Incident Review Staff Member - 1 <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.286 (a)</p> <p>The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • TCI Policy PREA Review Policy and Procedure section 7 states, The PREA coordinator will conduct an administrative review of the alleged incident within 10

days. The PREA coordinator will complete a PREA Sexual Abuse Incident Review within 30 days of the conclusion of the investigation for all substantiated and unsubstantiated findings.

- Policy requires, when needed, the administrative review will offer recommendations for improvements and documented once complete or reasons for not doing so will be documented.
- Central Office Staff: Agency PREA coordinator question, if the agency/facility conducts sexual abuse incident reviews, does the facility prepare a report of its findings from the reviews, including any determinations per standard 115.286 (d) 1-5 and any recommendations for improvement? "Yes". The review team includes upper-level management officials with input from line supervisors, and investigators if available and applicable. "Section B" of the agency Administrative Review form that is completed for any allegation where the finding is unsubstantiated or substantiated.
- The agency review and receives signatures of upper agency leadership to ensure they are aware of the follow-up after the findings. If a meeting is required to discuss further, then I will facilitate scheduling a meeting to discuss changes that need to be made. The agency PREA coordinator sent the final report to the funding agency.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.286 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.286 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Staff indicated that when a PREA investigation is completed, the review team includes Agency PREA Coordinator, Facility Program Director, Facility Administrative Investigator, Agency HR staff and first responder.
- The facility does not have medical and mental health staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.286 (d)

The review team shall:

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

Compliance Determinations:

The facility has demonstrated compliance with this provision of the standard because:

- The PREA coordinator indicated that the review team follows the PREA standard regarding all recommended consideration in completing required documents and meets with the review team.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.286 (e)

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

Compliance Determination:

	<p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The agency indicated that they would implement the recommendations for improvement or document its reason for not doing so. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA Data Policy and Procedure • State of Connecticut Department of Correction Administrative Directive: 6.12 - Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • Parole and Community Services 2018 Residential Audit • Facility PREA Outcome Report (Investigations Packages) ---6 • Agency Annual PREA Report 2022 • Department of Justice SSV Reports 2022 (Summary) • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211 <p>Interview:</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.287 (a)</p> <p>The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of</p>

definitions.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The Connection, Inc., PREA Data, 1.0, states the purpose of the policy is to establish procedures for PREA allegation data collection, review, and storage. 4.0 requires that The Connection, In., will collect accurate data for every allegation of sexual abuse and sexual harassment at all PREA programs using a standardized form and set of definitions which will be periodically updated as required by the Department of Justice.
- The Connection Inc. will regularly review the PREA allegation data collected 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.
- Policy requires that the PREA coordinator is responsible for implementing this policy and for ensuring the PREA data is securely retained within the T/Drive. MIS is responsible for ensuring the PREA Data is securely retained within our agency's software management system, CAMIS.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.287 (b)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- Documentation review and interview with the agency PREA coordinator has aggregated incident based sexual abuse data annually.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.287 (c)

The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

• The PREA coordinator is responsible for ensuring that the PREA Data is collected, reviewed, stored, published, and retained in a uniform manner. These measures include but are not limited to 1. Collect PREA allegation data using the agency's software management system and comply with the SSV's set of definitions. 2. Aggregate PREA allegation data annually. 3. Provide the Department of Justice. 4. Create an annual report which includes a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse. 5. Ensure the annual report with aggregated PREA allegation data is published on the agency's website annually.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.287 (d)

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.287 (e)

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

• The agency does not contract with other private facilities for the confinement of its residents.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.287 (f)

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

	<p>Compliance Determination: The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> • The agency provided data from the previous calendar year to provide the DOJ requested information. The agency provided the auditor with the agency Annual PREA Report 2022. • The agency provided a copy of the PREA 2022 Annual Report. The report includes but not limited to 1. Background, 2. Year in Review: 2022, 3. Total Allegations by Programs, 4. Allegations by Outcome per Program 2022, 5. Total Allegations by Category and Results 2018 - 2022, 6. Category Definitions, 6. Identified Problems Areas and Corrective Actions for 2021 and, 7. Assessment of Progress. <p>Corrective Actions: N/A. There are no corrective actions for this provision.</p> <p>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.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Relied Upon in Making the Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> • PREA Data Policy and Procedure • TCI PREA Website • State of Connecticut Department of Correction Administrative Directive: 6.12 - Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • State of Connecticut Department of Correction Division of Parole and Community Services • Agency Annual PREA Report 2022 • PREA Outcome Report (Investigations)---6 • Online PREA Audit: Pre-Audit Questionnaire Community Confinement • Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211 <p>Interviews:</p>

- Agency Head/Designee - 1
- Agency PREA Coordinator - 1

Compliance Determination by Provisions and Corrective Actions:

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency PREA coordinator are responsible for reviewing each allegation of sexual abuse and sexual harassment reports.
- The Connection, Inc., PREA Data, 1.0, states the purpose of the policy is to establish procedures for PREA allegation data collection, review, and storage. 4.0 requires that The Connection, Inc., will collect accurate data for every allegation of sexual abuse and sexual harassment at all PREA programs using a standardized form and set of definitions which will be periodically updated as required by the Department of Justice.
- The Connection Inc. will regularly review the PREA allegation data collected 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.
- Policy requires, as well, that the PREA coordinator is responsible for implementing this policy and for ensuring the PREA data is securely retained within the T/Drive. MIS is responsible for ensuring the PREA Data is securely retained within our agency's software management system, CAMIS.
- 7.0 of the policy requires that the PREA coordinator is responsible for ensuring that the PREA Data is collected, reviewed, stored, published, and retained in a uniform manner. These measures include but are not limited to 1. Collect PREA allegation data using the agency's software management system, CAMIS, and comply with the SSV's set of definitions. 2. Aggregate PREA allegation data annually. 3. Provide the Department of Justice. 4. Create an annual report which includes a comparison of the current year's data and corrective actions with those from prior years and an assessment of the agency's progress in addressing sexual abuse. 5.

Ensure the annual report with aggregated PREA allegation data is published on the agency's website annually.

- The policy requires the Management Information Staff to ensure the PREA allegation data is securely retained within the agency's software management system, CAMIS, for at least 10 years.
- Central Office Staff: Agency head question, how do you use 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.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.288 (b)

Such a report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.288 (c)

The agency's report shall be approved by the agency heard and made readily available to the public through its website or, if it does not have one, through other means.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- A review of the website contained PREA related statistics. Each Connection facility was listed (each PREA program). Data for each program included: resident on resident allegation, resident on staff allegations, staff on resident allegations,

substantiated cases, unsubstantiated cases, unfounded cases, investigations pending, and policy changes.

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.288 (d)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- A review of the agency PREA 2022 Annual Report did not have any personal identifiers. All personal identifiers were removed from the Annual report.
- Central Office Staff: Agency PREA coordinator question, what types of material are typically redacted from the annual report? Does the agency/facility indicate the nature of material redacted? Yes. The agency/facility redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the program. Staff and Resident names would be redacted from the report as well to protect the confidentiality of each person.
- The agency provided a copy of the PREA 2022 Annual Report. The report includes but not limited to 1. Background, 2. Year in Review: 2022, 3. Total Allegations by Programs, 4. Allegations by Outcome per Program 2022, 5. Total Allegations by Category and Results 2018 - 2022, 6. Category Definitions, 6. Identified Problems Areas and Corrective Actions for 2021 and, 7. Assessment of Progress.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making the Compliance Determination:

Documentation:

- PREA Data Policy and Procedure
- State of Connecticut Department of Correction Administrative Directive: 6.12 - Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- State of Connecticut Department of Correction Division of Parole and Community Services
- Parole and Community Services 2018 Residential Audit
- Retention Policy and Procedure
- Online PREA Audit: Pre-Audit Questionnaire Community Confinement
- Additional CT DOC Policies and TCI Policies are Uploaded in Standard 115.211

Interviews:

Compliance Determination by Provisions and Corrective Actions:

115.289 (a)

The agency shall ensure that data collected pursuant to standard 115.87 are securely retained.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The Connection, Inc., PREA Data Policy, requires the agency to retain the PREA Administrative Reviews within the T: Drive for at least 10 years from the date of the initial allegation. The PREA Coordinator, Director of Quality Improvement and IT can view, add, edit, and delete the PREA Administrative Reviews from the T: Drive. MIS, Quality Improvement Specialist for Behavioral Health, and Quality Improvement Specialist for Family Support Services have "view only" access.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.289 (b)

The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- A review of the website contained PREA related statistics. Each Connection facility was listed (each PREA program). Data for each program included: resident on resident allegation, resident on staff allegations, staff on resident allegations, substantiated cases, unsubstantiated cases, unfounded cases, investigations pending, and policy changes. The website includes past PREA reports.

- The agency provided a copy of the PREA 2022 Annual Report. The report includes but not limited to 1. Background, 2. Year in Review: 2022, 3. Total Allegations by Programs, 4. Allegations by Outcome per Program 2022, 5. Total Allegations by Category and Results 2018 - 2022, 6. Category Definitions, 6. Identified Problems Areas and Corrective Actions for 2021 and, 7. Assessment of Progress.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.289 (c)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- A review of the agency website did not have any personal identifiers. All personal identifiers were removed from the Annual report.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.289 (d)

The agency shall maintain sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The agency complies with this provision by maintaining at least 10 years of initial data collection.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on

analysis, the facility is compliant with all provisions in this standard.

115.401	Frequency and scope of audits
	<p data-bbox="274 360 983 394">Auditor Overall Determination: Meets Standard</p> <p data-bbox="274 439 564 472">Auditor Discussion</p> <p data-bbox="274 510 1299 544">Evidence Relied Upon in Making the Compliance Determination:</p> <p data-bbox="274 584 536 618">Documentation:</p> <ul data-bbox="274 658 1198 815" style="list-style-type: none">• PREA (Prison Rape Elimination Act) Policies and Procedures• CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance• Notices of PREA Audit - Upload Notices Pics of Postings• Facility Last DOJ PREA Certified Audit Report <p data-bbox="274 855 459 889">Interviews:</p> <ul data-bbox="274 929 695 996" style="list-style-type: none">• Agency PREA Coordinator 1• Facility Director 1 <p data-bbox="274 1037 1310 1070">Compliance Determination by Provisions and Corrective Actions:</p> <p data-bbox="274 1111 448 1144">115.401 (a)</p> <p data-bbox="274 1184 1453 1296">During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or a private organization on behalf of the agency, is audited at least once.</p> <p data-bbox="274 1337 716 1370">Compliance Determination:</p> <p data-bbox="274 1379 1366 1447">The facility has demonstrated compliance with this provision of the standard because:</p> <ul data-bbox="274 1487 1469 1599" style="list-style-type: none">• A review of the agency's website provided PREA audit reports according to cycles.• The facility PREA reports are included on the agency website. <p data-bbox="274 1639 584 1673">Corrective Actions:</p> <p data-bbox="274 1682 1038 1715">N/A. There are no corrective actions for this provision.</p> <p data-bbox="274 1756 448 1789">115.401 (b)</p> <p data-bbox="274 1830 1453 1942">During each one-year period starting on August 20, 2013, the agency shall ensure that at least one third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.</p> <p data-bbox="274 1982 716 2016">Compliance Determination:</p> <p data-bbox="274 2024 1366 2058">The facility has demonstrated compliance with this provision of the standard</p>

because:

- A review of the agency's website provided PREA audit reports according to cycles.
- The facility PREA reports are included on the agency website.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (c)

The Department of Justice may send a recommendation to an agency for an expedited audit if the department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA-related issues.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The PREA coordinator and the facility acknowledge this provision.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (d)

The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor uses the required Prison Rape Elimination Act (PREA) Audit Prison and Jails standards audit instrument to enter collected information online, 28 C.F.R Part 115 Docket No. OAG-131 RIN 1105-AB34 May 17, 2012.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (e)

The agency shall bear the burden of demonstrating compliance with the standards.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The PREA coordinator and facility acknowledge this provision. The agency and the facility provided requested information to bear the burden of demonstrating

compliance with the standards.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (f)

The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditation for each facility type.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (g)

The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor sample size is based on the number of residents at the facility on the first day. The random staff sample size is based on a minimum of twelve or more based on interview outcomes and facility size.

Corrective Actions:

N/A. There are no corrective Actions for this provision.

115.401 (h)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

- During the site review the auditor made numerous observations, including the posting of Notices of PREA Audits, PREA Related Posters, and TIP Posters (with phone numbers to call to report any concern or condition), notices advising resident that female staff routinely work in the facility, locations of showers and privacy issues, bathrooms, medical/grievance boxes, requests forms and boxes for requests, configuration of living units, capacities of dorm/bed rooms, observations of blind spots, camera deployment, the use of mirrors to mitigate blind spots, staffing levels, supervision of resident, accessibility to telephones and instructions for using the phones to report sexual abuse, main control room, dayroom, classrooms, etc..

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (i)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor provided the facility to the agency/facility with a documentation checklist. The checklist is organized by standards to help the facility through the pre-audit, onsite and post audit phase and to provide the requested documentation by auditor.
- The PREA coordinator and the facility provided the auditor with all relevant documents as requested.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (j)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (k)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor interviews information consists of the Agency Head or Designee, Agency PREA Coordinator, Agency Human Resource Staff, Specialized Staff, Random Selected Staff, Informal Staff interviews.
- The auditor requested and was provided with a staff roster with non-security and security staff.
- Interviews with random, informal, and specialized staff confirmed that the facility's staff understood the agency's position regarding the Prison Rape Elimination Act (PREA). Random and specialized staff were all knowledgeable about their roles in the prevention, reporting, and detection of sexual abuse and sexual harassment, and their responsibilities in the event of a PREA related incident, particularly as a first responder.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (I)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The geographic diversity was achieved by the total number of housing units, number of housing units by gender, and the number of interviews conducted in each housing unit. Adequate gender representation was considered when the facility has both male and female resident. Random Select Residents.
- The auditor requested and was provided with a roster of residents listed by living units. Informal Interviews with Residents and Targeted Residents.
- All residents that were formally interviewed were asked the required random interview questions provided by the National PREA Resource Center.
- Residents were respectful and cooperative with the auditor and the associate auditor. The residents' uniforms were clean, and their hygiene satisfactory.
- Interviews with residents revealed that they understand PREA safeguards and the facility's zero-tolerance policy. Comprehensive resident PREA education is provided in written form during resident orientation, and through the handbook, kiosks, personal instruction, videos, and posters.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (m)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- 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.
- As of July 9, 2023, there was no communication from a resident or staff. Staff interviews indicated that residents are permitted to send confidential information or correspondence in the same manner as if they were communicating with legal counsel.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.401 (n)

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor reached out to the following organizations: 1. Just Detention International (JDI), 2. National Sexual Violence Resource Center (NSVRC), 3. Connecticut Alliance to End Sexual Violence.

Corrective Actions:

- N/A. There are no corrective actions for this provision.

Overall Findings:

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

115.403	Audit contents and findings
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1295 376">Evidence Relied Upon in Making the Compliance Determination:</p> <p data-bbox="280 416 536 452">Documentation:</p> <ul data-bbox="280 488 1197 560" style="list-style-type: none"> • PREA (Prison Rape Elimination Act) Policies and Procedures • CSI Policy 20-29, Sexual Assault-Harassment-PREA Compliance <p data-bbox="280 600 459 636">Interviews:</p> <ul data-bbox="280 672 695 743" style="list-style-type: none"> • Agency PREA Coordinator 1 • Facility Director 1 <p data-bbox="280 784 1308 819">Compliance Determination by Provisions and Corrective Actions:</p> <p data-bbox="280 855 446 891">115.403 (a)</p> <p data-bbox="280 927 1404 1043">Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.</p> <p data-bbox="280 1079 715 1115">Compliance Determination:</p> <p data-bbox="280 1128 1366 1200">The facility has demonstrated compliance with this provision of the standard because:</p> <ul data-bbox="280 1236 1091 1272" style="list-style-type: none"> • The auditor certified that there is no conflict of interest. <p data-bbox="280 1308 584 1344">Corrective Actions:</p> <p data-bbox="280 1357 1040 1393">N/A. There are no corrective actions for this provision.</p> <p data-bbox="280 1429 446 1464">115.403 (b)</p> <p data-bbox="280 1500 1458 1572">Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.</p> <p data-bbox="280 1608 715 1644">Compliance Determination:</p> <p data-bbox="280 1657 1366 1729">The facility has demonstrated compliance with this provision of the standard because:</p> <ul data-bbox="280 1765 1455 1836" style="list-style-type: none"> • The auditor’s report stated whether agency wide policies and procedures comply with relevant PREA standards. <p data-bbox="280 1872 584 1908">Corrective Actions:</p> <p data-bbox="280 1921 1040 1957">N/A. There are no corrective actions for this provision.</p> <p data-bbox="280 1993 446 2029">115.403 (c)</p>

For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standards, Meets Standards; Or Does Not Meet Standard. The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor has assigned a finding to each standard.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.403 (d)

Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions about each standard provision for each audited facility and shall include recommendations for any required corrective action.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

- The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the entire facility and complex, determination of facility practice, interviewed staff and resident, local and national advocates, etc. to make determinations for each standard. Each standard and/or provision is designed with documentation reviewed, online PREA Audit: Pre-Audit Questionnaire, overall findings, and interview results.
- The auditor is using the stylistic rules for the Field Training Program (FTP) Auditor Trainee Report Writing Reference Manual as best practice.
- The auditor sample size is based on the number of residents at the facility on the first day. The random staff sample size based on a minimum of twelve or more based on interview outcomes and facility size.

Corrective Actions:

N/A. There are no corrective actions for this provision.

115.403 (e)

Auditors shall redact any personally identifiable resident or staff information from their reports but shall provide such information to the agency upon request and may provide such information to the Department of Justice.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

N/A. There are no corrective actions for this provision.

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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

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

Corrective Actions:

- N/A. There are no corrective actions for this provision.

Overall Findings:

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

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

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

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	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 of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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