

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report August 26, 2018

Auditor Information

| | |
|--|---|
| Name: Adam T. Barnett, Sr. | Email: Adam30906@gmail.com |
| Company Name: Diversified Correctional Services | |
| Mailing Address: Post Office Box 20381 | City, State, Zip: Augusta, GA, 30916 |
| Telephone: 404-683-6844 | Date of Facility Visit: July 30-31, 2018 |

Agency Information

| | | | |
|---|---------------------------------|--|--|
| Name of Agency: The Connection | | Governing Authority or Parent Agency (If Applicable): Connecticut Department of Correction | |
| Physical Address: 100 Roscommon Drive, Suite 203, Middletown CT 06457 | | City, State, Zip: | |
| Mailing Address: same | | City, State, Zip: same | |
| Telephone: 860-343-5500 | | Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| The Agency Is: | | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input type="checkbox"/> State | <input checked="" type="checkbox"/> Private not for Profit |
| Agency mission: "Strengthening our collective ability to build and sustain safe, healthy and caring communities; inspiring people to reach their fullest potential as productive and valued citizens." | | | |
| Agency Website with PREA Information: theconnectioninc.org | | | |

Agency Chief Executive Officer

| | |
|---|---------------------------------------|
| Name: Lisa DeMatteis-Lapore | Title: Chief Executive Officer |
| Email: Idematteis@theconnectioninc.org | Telephone: 860-343-5500 |

Agency-Wide PREA Coordinator

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|---|--|
| Name: Elissa Freidinger | Title: PREA Coordinator/Quality Improvement |
| Email: elfreidinger@theconnectioninc.org | Telephone: 860-343-5500 x1853 |

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|---|---|
| PREA Coordinator Reports to: Susan M. Phillips, Director of Quality Improvement | Number of Compliance Managers who report to the PREA Coordinator N/A |
|---|---|

Facility Information

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|--|
| Name of Facility: Sierra Center Pre-Trail |
| Physical Address: 48 Howe Street, New Haven, CT |
| Mailing Address (if different than above): same |
| Telephone Number: 203-752-9343 |

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|------------------------------------|---|--|--|
| The Facility Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input checked="" type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input type="checkbox"/> State | <input type="checkbox"/> Federal |
| Facility Type: | <input type="checkbox"/> Community treatment center | <input type="checkbox"/> Halfway house | <input type="checkbox"/> Restitution center |
| | <input type="checkbox"/> Mental health facility | <input type="checkbox"/> Alcohol or drug rehabilitation center | |
| | <input checked="" type="checkbox"/> Other community correctional facility | | |

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|---|
| Facility Mission: “Strengthening our collective ability to build and sustain safe, healthy and caring communities; inspiring people to reach their fullest potential as productive and valued citizens.” |
| Facility Website with PREA Information: http://www.theconnectioninc.org/PREA-reporting |

| | |
|--|---|
| Have there been any internal or external audits of and/or accreditations by any other organization? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

Director

| | |
|--|---|
| Name: Patrick Fallon | Title: Service Area Director of Community Justice Services |
| Email: pfallon@theconnectioninc.org | Telephone: 860-343-5500 x3003 |

Facility PREA Compliance Manager

| | |
|---|--|
| Name: Elissa Freidinger | Title: PREA Coordinator/Quality Improvement |
| Email: elfreidinger@theconnectioninc.org | Telephone: 860-343-5500x 1853 |

Facility Health Service Administrator

| | |
|-------------------|-----------------------|
| Name: N/A | Title: N/A |
| Email: N/A | Telephone: N/A |

Facility Characteristics

| | |
|--|------------------------------------|
| Designated Facility Capacity: 23 | Current Population of Facility: 15 |
| Number of residents admitted to facility during the past 12 months | 81 |
| Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility: | 81 |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | 74 |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | 81 |
| Number of residents on date of audit who were admitted to facility prior to August 20, 2012: | 0 |

| | | | |
|--|---|--|---|
| Age Range of Population: | <input checked="" type="checkbox"/> Adults 23-74 | <input type="checkbox"/> Juveniles Click or tap here to enter text. | <input type="checkbox"/> Youthful residents Click or tap here to enter text. |
| Average length of stay or time under supervision: | | | 107 Days |
| Facility Security Level: | | | Low |
| Resident Custody Levels: | | | Low |
| Number of staff currently employed by the facility who may have contact with residents: | | | 16 |
| Number of staff hired by the facility during the past 12 months who may have contact with residents: | | | 10 |
| Number of contracts in the past 12 months for services with contractors who may have contact with residents: | | | 3 |

Physical Plant

| | |
|--|--|
| Number of Buildings: 1 | Number of Single Cell Housing Units: 2 |
| Number of Multiple Occupancy Cell Housing Units: | 7 |
| Number of Open Bay/Dorm Housing Units: | 0 |
| Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): | |
| - Cameras - Access in main office (Control Room) and Case Manger's Office | |

Medical

| | |
|---|----------------|
| Type of Medical Facility: | Local Hospital |
| Forensic sexual assault medical exams are conducted at: | Local Hospital |

Other

| | |
|---|---|
| Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility: | 0 |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 0 |

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, and observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Methodology:

The PREA audit of the Sierra Pre-Trial Center "The Facility" operates under the parent company of The Connection, Inc. "The Agency"; which is contracted by the Connecticut Department of Correction. The auditor arrival date was July 29, 2018 and the on-site was conducted on July 30-31, 2018.

Pre-Audit:

During the Pre-Audit period the facility received instructions to Post the required PREA Audit Notice of the upcoming audit prior to the audit for confidential communications. As of July 28, 2018, there were no communications from Residents and staff. The Pre-Audit Questionnaire was completed and sent to the auditor as required.

The Auditor completed a documentation review using the Pre-Audit Questionnaire, internet search, policies and procedures review, and additional documentation provided on the flash drive, to include both the Agency and the Facility policy and procedures, Agency Mission Statement, Daily population report, schematic/layout for the facility and the last Final PREA Audit Report. The PREA Compliance Manager revised the PREA Audit: Pre-Audit Questionnaire to reflect accuracy of the report. The results of the documentation review were shared with the facility prior to and at the site visit. Phone conversations were conducted, and emails exchanged occurred with the facility.

The following documentation was requested:

- Resident Roster
- Residents with Disabilities
- Residents who are Limited English Proficient (LEP)
- LGBTI Residents
- Residents in segregated housing (PREA Related)
- Residents who Reported Sexual Abuse
- Residents who Reported Sexual Victimization During Risk Screening
- Staff Roster
- Specialized Staff
- Staff Personnel Files
- Resident Files
- Contractors who have contact with Residents

- Volunteers who have contact with Residents
- Grievances made in the 12 months preceding the audit
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit
- General Incident Log
- All hotline call made during the 12 months preceding the audit

On-Site:

The audit process was not a team approach. On July 30, 2018, the entrance conference was held and attended by:

- USDOJ Certified PREA Auditor
- Agency PREA Coordinator
- Program Manager
- Case Manager

Welcomes were given by the Case Manager and Agency PREA Coordinator. The Auditor introduced his self and provided a brief description of his experiences, qualifications, correctional and auditing background. The Audit Agenda was reviewed and discussed, to include resident population size based on 1st day of on-site audit, and a review of 2nd day activities. Additional pre-audit information requested weeks prior to was obtained.

Tour:

On the first day of the audit after the entrance conference, the Auditor toured the physical plant. It was requested that when the audit paused to speak to a resident or staff, for staff on the tour to please step away so the conversation may remain private.

During the tour, the Auditor observed the location of video monitoring cameras around the facility, to include outside. The cameras are monitored 24 hours a day. None of the cameras field of view includes the toilet and shower areas. The Auditor noted that shower and toilet areas allow Residents to shower ensuring their privacy from staff direct viewing. The auditor observed location of grievance boxes and discuss how often the grievance was collected. Program residents' phones were checked to ensure they were working with a dial tone and hotline number. The resident's risk screenings are completed in the intake area or by a counselor/case manager in their office. The auditor was provided unimpeded access to all parts of the facility and all secure rooms and storage areas in the facility.

The auditor had sufficient opportunity to view resident – staff interaction. There were also ample time to observe the nature and quality of resident supervision throughout the on-site audit process, and in all instances the auditor observed appropriate respect on the part of both Residents and staff.

The PREA standards require the auditor to view certain areas to verify compliance with the standards, such as, but not limited to:

| Location | Check |
|---|-------|
| Facility Physical Designed | ✓ |
| Cameras Locations | ✓ |
| Observe for Blind Spots | ✓ |
| Notices of the PREA Audits Posted | ✓ |
| Holding Rooms/Cells | None |
| Segregated Rooms/Cells | None |
| Resident Files in Secured Area | ✓ |
| Staff Personal Files in Secured Area | ✓ |
| PREA Information Posted English & Non-English | ✓ |
| Cameras does not have a line of sight into resident's rooms, or the toilet and showers | ✓ |
| Staff of the opposite gender announces their present when entering living areas (Residents Rooms – Knocking/Staff Name) | ✓ |
| No Youthful Offenders | None |
| No New or Renovated areas observed | None |
| Resident Program Areas | ✓ |
| Facility was orderly in appearance | ✓ |
| Grounds were manicured | None |
| Reactions between Residents and staff | ✓ |
| Intake | ✓ |
| Administration Area | ✓ |
| Storage Rooms & Closets | ✓ |
| Mail Room | None |
| Commissary | None |
| Laundry | ✓ |
| Dining | ✓ |
| Kitchen | None |
| Visitation | ✓ |
| Library | None |
| Inside Recreation Area | ✓ |
| Outside Recreation Area | ✓ |
| Grievances | ✓ |
| Medical Unit | None |
| Control Room Monitors | ✓ |
| Counselors/Case Mangers Work Areas | ✓ |
| Resident Housing Units: (<i>designed and setup</i>) | ✓ |
| Sally Ports | None |

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the resident, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Facility Demographics:

| | |
|--|--|
| # of Full-Time Staff Reported First Day of Audit | 7 |
| # of Part-Time Staff Reported First Day of Audit | 9 |
| Types of Supervision Practiced: | Custodial Supervision; Video as a Second Set of Eyes |
| Resident Housing: # of Housing Units | 7 |
| # of Segregation Cells (Administrative & Disciplinary) | 0 |
| Facility Resident Designed Capacity | 23 |
| Actual Number of Resident Housed on the first Day | 15 |
| Number of Youthful Residents Housed | 0 |
| Custody/Security Level in the facility | Low/min |
| Gender Composition | Male |

Facility Background, Physical Plant and Security Supervision:

Sierra Pre-Trial is located in New Haven, CT in an older mixed residential and business area. Sierra Pre-Trial is located in the basement of a multi-program building run by The Connection, Inc. All programs are securely separated from each other, with no mixing of residents or staff.

Sierra Pre-Trial is a pre incarceration program with a focus on **mental illness**, for men involved with the criminal justice system. The program offers clients a positive sense of direction and empowers them to be law-abiding citizens and productive members of society. The Sierra Pre-Trial program is designed to address the characteristics of offenders that can be changed and are associated with the individual's criminal activities.

The Sierra Pre-Trial program is comprised of 23 beds for individuals with behavioral health needs. Clients in Sierra Pre-Trial are diagnosed with mental illness- a majority also has a co-occurring substance use diagnosis. By addressing each client's needs, the program is able to develop a comprehensive plan for each client that is able to address their risk of re-offense. Referrals for the Sierra Pre-Trial program come from the Court Support Services Division specialized mental health units with Jail Re-Interview and Probation.

Facility Programs

Current Events: This group was designed to have an open discussion about interesting topics in the news. Because our clients all have criminal histories and sometime are looked at as uneducated and/or

unattached, it allows them to pick a topic and find interesting facts and solutions through talk therapy. This group is 1 hour long and facilitated by staff members.

Self-Care Group- This group was designed to help the clients keep themselves healthy and clean in a more appealing way. In this group we talk about Pride, Daily ADL's, How to have healthy relationships, healthy eating/living, etc. Using the term of self-care instead of terminology that sometime would cause the clients to decline participating like, anger management, N/A or AA, destructive thinking. This group is 1 hour long and facilitated by staff members.

Men's Group- This group was designed so that the clients could speak about topics that personally affect them as men. The topics again are solicited early in the week and a male staff facilitates that topic that will be discussed during this group. The men are able to talk about relationships and/or lack of, being a provider or lack of, being sensitive, etc. Many of the clients do not have an outlet to be vulnerable and sometime talking amongst their own peer group can help with their recovery. This group is 1 hour long and facilitated by a staff member the topics are created by the clients.

Positive Thinking Group- This group was created in order to help clients continue to think positive when they leave the program. This group has activities like working as team, solving problems, using film and workbooks to help reshape their way of thinking. This group is hands on to give the clients a better sense of how to make it once they are out in the community.

Community Outing- The community outing was created to help reintegrate the clients back into the community. Many of the people we serve are not just unfamiliar with their communities, but with the outside world period. We work with individuals who have been incarcerated for 5 years or more and things change. The community outings help them learn how to survive positively in their new surroundings. We show them how to complete applications, how to speak with a manager or inquire about employment to give them a personal experience before they have to do it on their own. This outing we also have fun, we take the guys to public places, like the park, restaurants, retail store and museums to help them feel better about themselves with hopes they won't feel paranoid about going into these places once they have completed the program and give them to tools to appropriately frequent these places. This group runs 2 hours depending on the outing and there will be 2 staff members.

It is the mission of the Connecticut Department of Correction:

“The Department of Correction shall protect the public, protect staff, and provide safe, secure, and humane supervision of offenders with opportunities that support successful community reintegration.”

It is the mission of The Connection, Inc.:

“Strengthening our collective ability to build and sustain safe, healthy and caring communities; inspiring people to reach their fullest potential as productive and valued citizens.”

Accreditation:

The facility has been accredited by the Council on Accreditation (COA) for 12 years. The COA is a formal evaluation of an organization or program against best practice standards. It is both a status and a process: As a Status, it signifies that an organization or program meets standards of quality set forth by the accrediting body. The COA accreditation process, involves an in-depth self-review of an organization or program against currently accepted best practice standards, an onsite visit by an evaluation team comprised of experts, and a subsequent review and decision by the accrediting body.

Staff Interviewed:

The Auditor conducted interviews with the following agency and facility leadership which are not counted in the totals. Below are the staff interviewed, either on-site, by telephone, or by another previous auditor.

- Agency Head/ Designee: Previously Interviewed
- Agency PREA Coordinator: Previously Interviewed –On-site for PREA Audit
- Director: On-Site Interview

The facility reported 16 staff members on the first day of audit, 7 full times and 9 part-time. The Auditor conducted the following specialized staff interviews during the on-site phase or by phone:

| Category of Staff Interviewed | # Interviews Conducted |
|--|------------------------|
| Random Staff (Total) Note: <i>Selected from All Shifts</i> | 3 |
| Specialized Staff (Total) | 6 |
| Staff Informally Interviewed during Facility Tour | 0 |
| Staff Refused to interview | 0 |
| Total Staff | 9 |
| Breakdown of Specialized Staff Interviews Per Set of DOJ Questions | |
| ✓ Program Manager | 1 |
| ✓ Agency contract administrator | 0 |
| ✓ Intermediated- or higher-level facility staff responsible for conducting unannounced rounds to identify and deter staff sexual abuse and sexual harassment | 1 |
| ✓ Line staff who supervise youthful Residents, if any | 0 |
| ✓ Education staff who work with youthful Residents, if any | 0 |
| ✓ Program staff who work with youthful Residents, if any | 0 |
| ✓ Medical staff | 0 |
| ✓ Mental health staff | 0 |
| ✓ Non-Medical staff involved in cross-gender strip or visual searches | 1 |
| ✓ Administrative (Human Resources) HR Staff | 1 |
| ✓ SAFE and/or SANE Staff | 0 |
| ✓ Volunteers who have contact with Residents | 0 |

| | |
|---|-----------|
| ✓ Contractors who have contact with Residents | 0 |
| ✓ Investigative staff – Agency Level | 1 |
| ✓ Investigative staff – Facility Level | 0 |
| ✓ Staff who preform screening for risk of victimization and abusiveness | 1 |
| ✓ Staff who supervise Residents in segregated housing | 0 |
| ✓ Designated staff member charged with monitoring retaliation | 1 |
| ✓ First responders, security staff | 1 |
| ✓ First responders, non-security staff | 1 |
| ✓ Intake | 1 |
| ✓ Staff works with Grievances | 1 |
| ✓ Staff Works with Volunteers | 0 |
| ✓ Captain | 0 |
| ✓ Case Manager/Counselor | 1 |
| ✓ Staff works with Incidents | 1 |
| ✓ Training Officer | 0 |
| Total Set of Specialized Staff Questions Used | 12 |

Note: Specialized staff interviewed was responsible for more than one of the specialized staff duties; therefore, the number of specialized staff interviews (per DOJ Questions) presented in the table above exceeds the number of specialized staff interviewed.

The audit informally interviewed 9 staff members. A review of the total of 9 formal and informal interviews revealed that staff at Sierra Pre-Trail has an understanding of PREA and their roles as it relates to PREA responsibilities.

Resident Interviewed:

On the first day of the audit the facility designed capacity 23. The number of Residents housed during the first day of the audit was 15. The Auditor conducted the following resident interviews during the on-site phase of the audit:

| Category of Residents | # of Interviews Conducted |
|---|---------------------------|
| Random Residents (Total) Note: <i>Selected from all Housing Units</i> | 8 |
| Targeted Residents (Total) | 2 |
| Residents Informally Interviewed during Facility Tour | 0 |
| Residents Refused to Interview | 0 |
| Total Residents Interviewed | 10 |
| ✓ Youthful Residents | 0 |
| ✓ Resident with a Physical Disability | 0 |
| ✓ Residents who are Blind, Deaf, or Hard of Hearing | 0 |
| ✓ Residents who are LEP | 0 |
| ✓ Residents with a Cognitive Disability | 2 |
| ✓ Residents who Identify as Lesbian, Gay, or Bisexual | 0 |
| ✓ Residents who Identify as Transgender or Intersex | 0 |

| | |
|---|----------|
| ✓ Residents in Segregated Housing for High Risk of sexual Victimization | 0 |
| ✓ Residents who Reported sexual Abuse that occurred at the Facility | 0 |
| ✓ Residents who Reported Sexual Victimization During Risk Screening | 0 |
| Total Number of Targeted Residents Interviews | 2 |

A review of the total number of 10 formal interviews revealed that residents at Sierra Pre-Trail Center are receiving the proper PREA education. Residents interviewed could describe PREA and the different ways to report allegations of sexual abuse and harassment at the facility: verbal, written, to staff or third parties, by mail, by telephone, anonymously, to a family member, etc.

Interviewed Resident Length of Time at Facility

| Days or Months | Number of Residents |
|------------------------------|---------------------|
| 1 Day to 31 Days | 4 |
| 32 Days to 6 Months | 4 |
| 7 Months to 12 Months | 1 |
| 13 Months Plus | 1 |
| Total | 10 |

Records Review

| Name of Record | Total # of Records | # Sampled |
|---|--------------------|-----------|
| Personnel Records/Documentation | 16 | 6 |
| Volunteers and Contractors Files/Documentation | 0 | 0 |
| Training Files/Documentation/Records | 16 | 16 |
| Resident Records | 15 | 10 |
| Medical / Mental Health Records (Victims)/Documentation | 0 | 0 |
| Grievance Forms (All Complaints, including SA and SH) | 2 | 2 |
| Incident Reports | 77 | 50 |
| Investigation Records (SA and SH) | 0 | 0 |

Investigation Records Review

| Case # | Date of Incident | Date Reported | Date Closed | Type of Incident | Involved | Reported Method |
|--------|------------------|---------------|-------------|------------------|----------|-----------------|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Investigation Summary Report

| | Sexual Abuse | | Sexual Harassment | |
|----------------------------------|----------------------|-------------------|----------------------|-------------------|
| | Resident on Resident | Staff on Resident | Resident on Resident | Staff on Resident |
| Hotline | 0 | 0 | 0 | 0 |
| Grievances | 0 | 0 | 0 | 0 |
| Reported to Staff | 0 | 0 | 0 | 0 |
| Anonymous, 3 rd party | 0 | 0 | 0 | 0 |
| Reported by Staff | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

There were 0 PREA allegations during the audit period. Interview with the Agency Investigator indicated that if the facility were to investigate PREA cases file management will reflect timely and appropriate investigations that were handled in accord with agency policies and applicable PREA standards.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

On July 31 2018, the Auditor conducted an exit conference with the agency and facility officials. Facility officials were very open and receptive to an honest discussion of areas where PREA compliance may need to be strengthened.

There were three recommendations:

1. Post a reminder sign for staff of the opposite gender to announce their presents when entering the resident's rooms/living units. It is noted that the resident's rooms are all located on the same hall as the case manager's office. Completed within the 45 days' timeframe.
2. Remove current shower curtains and replace with "PREA friendly" shower curtains. Shower curtains that provide a view of the resident's upper body (shoulder and head) and lower body (Knees to feet) while the middle of the curtain prevent viewing of the resident's mid-section. Completed within the 45 days' timeframe.
3. Conducting resident interviews two (2) residents report that they have experience prior sexual victimization and requested outside referral services. This information was reported to the Agency PREA Coordinator and the Facility Program Manager. The following occurred.

Client #1

During the PREA Audit on July 30, 2018, client reported to the PREA Auditor that he was sexually abused as a child and again while incarcerated. The client stated that he was uncomfortable with staff knowing this but would like to receive services. The PREA Auditor (with permission from the client) informed the PREA Coordinator that the client would like to receive some services to talk about what happened to him. The PREA Coordinator (with permission from the client) informed the Program Manager. The PREA Coordinator and Program Manager will ensure confidentiality. The client was informed to notify the PREA Coordinator if he feels like staff is retaliatory or he feels that his confidentiality was violated.

On August 1, 2018, Program Manager Tasha Rose made a referral for the client to receive services at the Women and Families Center, which is the region's agency for the CT Alliance to End Sexual Violence. Client has an appointment on 8/3/2018 @ 9:30am.

Client #2

During the PREA Audit on July 30, 2018, client reported to the PREA Auditor that he was sexually abused while incarcerated and would like to receive services. The PREA Auditor (with permission from the client) informed the PREA Coordinator that the client would like to receive some services to talk about what happened to him. The PREA Coordinator (with permission from the client) informed the Program Manager. The PREA Coordinator and Program Manager will ensure confidentiality.

On August 1, 2018, Program Manager Tasha Rose made a referral for the client to receive services at the Women and Families Center, which is the region's agency for the CT Alliance to End Sexual Violence. Client was refused treatment due to the client being a sex offender.

On August 10, 2018, Program Manager Tasha Rose informed the PREA Coordinator that client is a registered lifetime Sex Offender. PM Rose canceled his appointment with Women and Family Center in New haven since they do not service sex offenders. PM Rose referred him to our Clinical services to receive treatment and he has also had an intake with Hill Health Center for counseling.

Standard requirements have been met within 45 days.

The standards are rated as exceeded, met, or not met. Most standards have between 1 – 20 provisions. To achieve compliance on any given standard, the facility must achieve 100% compliance with each provision within the standard. The auditor used the Department of Justice Final Rule for PREA Standards published in May 17, 2012. Forty-One (41) Community Confinement Standards were audited.

The PREA Coordinator was very knowledgeable about the PREA requirements and the implementation of processes and systems.

Corrective actions, specific detail about deficiencies or concerns regarding findings may appear in the standard-by-standard discussions in the main body of the report. The facility corrected concerns within the 45 days before the auditor released the primary report are reviewed as compliant.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 0

Number of Standards Met: 41

115.211, 115.212, 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.231, 115.232, 115.233, 115.234, 115.235, 115.241, 115.242, 115.251, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289, 115.401, 115.403

Number of Standards Not Met: 0

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 facilities? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- The Connection, Inc. (TCI) PREA Policy and Procedures
- TCI PREA Review Policy and Procedures
- TCI First Responders Policy and Procedures
- TCI Reporting to Victims Policy and Procedures
- TCI Protection and Retaliation Policy and Procedures
- TCI Client Sexual Relationships Policy and Procedures
- TCI Searches of Program Participants Policy and Procedures
- TCI Agency Mission Statement Policy and Procedures
- TCI Agency Mission Statement Policy and Procedures
- TCI American with Disabilities Policy and Procedure
- TCI Background Check Policy and Procedure
- TCI Criminal Records Check for Staff Policy and Procedure
- TCI Hiring Contracted Services Policy and Procedure
- TCI PREA Data Procedure Policy
- PREA Accountability Statement
- Avenues of Reporting PREA Allegations Policy and Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Agency Organizational Chart
- Interviews:
 - o Agency Designee – Service Area Director Justice Services
 - o Agency PREA Coordinator
 - o Facility Director/Program Manager

(A) The Connection, Inc. (TCI) published the above agency policies. The policies mandate a zero tolerance toward all forms of sexual abuse and sexual harassment. The policies outlined the company's approach to prevent, detect, and response to sexual abuse and sexual harassment. The agency policy clearly defines general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassments.

(B) TCI policy designates an upper level PREA Coordinator for the agency that has sufficient time and authority to develop, implement and oversee TCI efforts to comply with the PREA Standards in all its facilities.

TCI policy requires the Program Manager to implement and ensures that preventative measures are followed at the designated PREA Programs.

Interview Results:

- The Agency Service Area Director Justice Services confirmed the appointment of the Quality Improvement Specialist as the Agency PREA Coordinator.
- Interview with the Agency PREA Coordinator indicated that she has a great deal of correctional experience and sufficient time and authority to coordinate that agency's effort to comply with the PREA Standards.
- Interview with the Agency PREA Coordinator has indicated that the facility Program Manager works with her as the designated Facility PREA Compliance Manager.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- 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 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.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- PREA Accountability Statement
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Agency Designee – Service Area Director Justice Services
 - o Agency PREA Coordinator
 - o Facility Director/Program Manager

(A) The Sierra Pre-Trial does not have authority to contract with other entities for the confinement of Residents

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- o In the past 12 months, the number of The Sierra Pre-Trial contracts for the confinement of Residents that the facility entered into or renewed with private entities or other government agencies since the last PREA audit reported was zero.

Interview Results

- Interviews with the Facility Program Manager/PREA Compliance Manager and the Agency PREA Coordinator indicated that the facility does not and has not contracted with any other entity for the confinement of residents.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- 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 No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- 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 No

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Annual Community Program Staff Schedule
- PREA Accountability Statement
- Interviews:
 - o Agency Designee – Service Area Director Justice Services
 - o Facility Director / Program Manager
 - o Higher Level Facility Staff

(A) The Sierra Pre-Trial develops, documents, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and uses video monitoring to protect Residents against abuse. An interview with the Facility Director/Program Manager indicated that the facility takes into consideration the 4 requirements in standard 115.13 (a) – 1-4:

1. The physical layout of the 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.

(B) An interview with the Facility Director / Program Manager revealed each time the staffing plan was not complied with; however, the facility would document and justify all deviations from the staffing plan. Cameras are strategically located to supplement staffing and to enhance supervision of Residents. The Auditor is not going to provide further information related to the cameras because of security concerns; however, observations made during the tour confirmed this facility has a

considerable number of cameras strategically located throughout the facility supplementing supervision inside and outside the facility.

(C) Interview with the Facility Director / Program Manager revealed that at least annually, in collaboration with the PREA Coordinator, the facility reviews the staffing schedule to see whether adjustments are needed in:

- The staffing plan/schedule;
- Prevailing staffing patterns;
- The facility's deployment of video monitoring systems and other monitoring technologies;
- The resources the agency/facility has available to commit to ensure adequate staffing levels.

The Facility Director/ Program Manager's interview confirmed the process for conducting annual reviews. There were no major deviations from the staffing schedule, and there is no need for adjustments to the staffing schedule.

A review of the Pre-Audit Questionnaire Community Confinement Facilities and confirmed by staff interviews, the average daily number of Residents on which the staffing schedule was predicated was 24.

A review of the Pre-Audit Questionnaire Community Confinement Facilities and confirmed by staff interview:

- Since the last PREA audit the average daily number of Residents reported was 22.
- Since the last PREA audit the average daily number of Residents on which the staffing plan was predicated reported was 24.

Interview Results

- Interview with the Agency PREA Coordinator and the Program Manager/Facility PREA Compliance Manager indicated that they are consulted regarding any assessment of or adjustments to, the staffing plan.
- Interview with the Agency PREA Coordinator and the Program Manager/Facility PREA Compliance Manager indicated that the facility have a staffing plan. When assessing adequate staffing levels and the need for video monitoring they consider all of the components listed in the standard.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
Yes No 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 less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents?
 Yes No

115.215 (d)

- Does the facility 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? Yes No
- 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 No

115.215 (e)

- 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 No
- If a 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 No

115.215 (f)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI Searches of Program Participants Policy and Procedures
- PREA Accountability Statement
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Service Area Director Justice Services
 - o Agency PREA Coordinator
 - o Random Officers
 - o Non-Medical Staff Cross Gender Searches
 - o Random Residents

(A, B) The facility staff do not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) when performed by medical practitioners. The facility rated capacity does not exceed 50 residents. Documentation review indicated the facility reports no exigent circumstances for this audit period. The facility will maintain documentation when exigent circumstances occur. The facility's search policy prohibits staff from conducting strip searches or cross-gender visual body cavity searches.

(D) Agency requires the facility to implement policies and procedures that enable Residents to shower and perform bodily functions and change clothing without non-medical staff of the opposite gender viewing the breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine room/cell or bed checks.

Observations of restrooms and shower during the tour confirmed Residents have privacy when using the restroom, showering and changing clothing. PREA friendly shower curtains are at the doorway of the bathrooms and the shower areas to provide a little privacy even in an open bay dormitory style pod or dorm. Residents reported they are never naked in full view of staff.

(E) During the on-site audit visit there were no transgender or intersex residents housed. If the facility were to receive a transgender or intersex resident, the Agency staff will 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, the facility determine 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.

The PREA Coordinator confirmed there have been no cross-gender strips or visual body cavity searches conducted within the audited cycle.

A review of the Pre-Audit Questionnaire Community Confinement Facilities and confirmed by staff interviews:

- In the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of Residents reported was zero.
- In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of Residents that did not involve exigent circumstances or were performed by non-medical staff reported was zero.
- The number of pat-down searches of female Residents that were conducted by male staff reported was zero.
- The number of pat-down searches of female Residents conducted by male staff that did not involve exigent circumstances reported was zero.
- In the past 12 months, the number of transgender or intersex residents search or physically examine for the sole purposes of determining the resident's genital status was zero.

Interview Results:

- Three (3) out of three (3) staff interviewed and facility documentation indicated that the facility has hands off policy and does not strip search or pat-down residents.
- Three (3) out of three (3) interviewed staff indicated that staff announce their presence when

entering a housing unit that houses residents of the opposite gender. All staff indicated that staff knock on the resident room door and the resident step into the hallway.

- Ten (10) out of ten (10) residents interviewed stated that female staffs persons announce their presence when entering the housing unit by knocking on the resident room door and asking them to step out in the hallway.
- Ten (10) out of ten (10) residents interviewed from all housing units stated that they and other residents are never naked in full view of staff, when using the toilet, showering, or changing clothing.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- 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 No
- 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 No
- 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 No
- 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: Are blind or have low vision? Yes No

115.216 (b)

- 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 No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI American with Disabilities Policy and Procedure
- The Connection PREA Brochure (English)
- The Connection PREA Brochure (Spanish)
- Contract, Grant, Lease, and Loan Agreement Review Form for Interpreters and Translators
- Interpreters and Translator, Inc. Service Agreement
- Resident PREA Poster (English and Spanish)
- Resident Reporting Information (English and Spanish)
- PREA Accountability Statement
- PREA Audit: Pre-Audit Questionnaire /Community Confinement Facilities
- Interviews:
 - o Agency PREA Coordinator
 - o Random Staff/Officers
 - o Random Residents
 - o Disabled Residents

(A) The facility has taken 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 facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. In addition, the facility ensures that written materials are provided in formats or through methods that ensure effective communication with Residents with disabilities, including Residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

(B) The facility has taken reasonable steps to ensure meaningful access to all aspects of the facility'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.

(C) The facility does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the Resident's safety, the performance of first-response duties or the investigation of the Resident's allegations.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- In the past 12 months, the number of instances where resident interpreters, readers, or other types of Resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under 115.264, or the investigation of the resident's allegations reported was zero.

Interview Results:

- Interviewed staff consistently stated they would not allow, except in emergency situations, a resident to translate or interpret for another resident in making an allegation of sexual abuse. They indicated that they can contact the staff who speak Spanish if the need arise.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- 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 No
- 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 No
- 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 question immediately above? Yes No
- Does the agency prohibit the enlistment of 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 No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of 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 question immediately above? Yes No

115.217 (b)

- Does the agency 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? Yes No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- 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 No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- 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 No

115.217 (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 No
- 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 No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Unless prohibited by law, 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Supporting Documents, Interviews and Observations:

- The Connection, Inc. (TCI) PREA Policy and Procedures
- TCI Background Check Policy and Procedure
- TCI Criminal Records Check for Staff Policy and Procedure
- TCI Hiring Contracted Services Policy and Procedure
- Applicant Authorization and Consent for Release of Information for DCF CPS Search
- PREA Disclosure (Prison Rape Elimination Act)
- Employer's Reference Source, Inc.
 - o Verification Report
 - o Education
 - o Office of Inspector General
 - o National Sex Offender Registry
 - o Court Search Record
 - o Driving History
 - o Social Trace
 - o Disclaimer
- TCI Employee's Handbook
- PREA Accountability Statement
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Agency PREA Coordinator
 - o Human Resource Staff

(A) The Agency requires the facility not to hire or promote anyone who may have contact with Residents, and does not enlist the services of any contractor who may have contact with Residents as listed in this standard to include the following provisions:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; to include persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or residential care.
2. 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
3. Has been civilly or administratively adjudicated to have engaged in the activity described in subsection 2.

(B, C) Policy requires that before hiring new employees who may have contact with Residents, the facility will perform a criminal background check; and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of Residents or detainee sexual abuse or harassment or any resignation pending an investigation of such allegations.

(D) Agency completes a criminal background records check before enlisting the services of contractors who may have contact with Residents. The Agency also to conducts criminal background records checks every five years of current employees and contractors who have contact with Residents according to staff interviews.

(G) The Agency prohibits staff from material omissions and the provision of materially false information.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

1. In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background checks. 10
2. In the past 12 months, the number of persons promoted who may have contact with residents who have had criminal background checks. 0
3. In the past 12 months, the number of contract for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents. 0

Interview Results:

- A review of the staff files and interview with the HR staff confirms that background clearances are placed in the employee files.

(E) Interview with Agency Human Resource Staff confirmed a hiring process that is comprehensive and thorough. TCI performs criminal record background checks on all newly hired employees and contractor during the clearance process. It was confirmed that the TCI also conduct the five (5) years background checks.
- Interview with staff member for the Sierra Pre-Trial indicated that TCI performs criminal record background checks on all newly hired employees and contractor during the clearance process. This is done regardless of whether they may have contact with offenders.
- (H) Interview with Agency Human Resource Staff indicated that when a former employee applies for work at another facility, upon request from that facility that they would provide requested information as long as it does not violate policies or laws.
- (F) Interview with HR indicated that all applicants and employees who may have contact with residents directly about previous misconduct described in first paragraph (a) of this standards. However, it is ask in written applications and or interviews questions for hiring or promotions of staff.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- 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.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Facility Director
 - o Facility PREA Compliance Manager

(A) The facility Management Team indicates when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the plan will consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect Residents from sexual abuse.

(B) The facility Management Team indicated when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the plan will consider how the technology may enhance the facility's ability to protect Residents from sexual abuse.

Interview Results:

- Interviews with the Program Manager/PREA Compliance Manager and the Agency PREA Coordinator indicated that there was no major expansion during the past three years. If there was a major expansion, that the Program Manager/Facility PREA Compliance Manager and the Agency PREA Coordinator would be involved in any planning process.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- 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 No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- 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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- 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 No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- 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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- State of Connecticut Technical Guidelines for Health Care Response To Victims of Sexual Assault
- TCI Letter to the State Police Department regarding Investigations
- Letter of Attempts with CONNSACS for Services
- TCI PREA First Responders to a PREA Incident Policy
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager
 - o Random Officers
 - o Residents Reported Sexual Abuse

(A) The State Police Department serves as primary investigating authority for all incidents of sexual abuse and harassment, however, the Agency PREA Coordinator is the internal PREA investigator.

The facility utilizes the internal and external offices to conduct investigations regarding all felony related crimes to include alleged sexual violence that occurred at the facility. Both the facility and the external office follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Preponderance of Evidence is defined as proof by evidence that, compared with evidence opposing it, leads to the conclusions that the fact at issue is more probably true than not. Documentation also states that as a result of the preponderance of the evidence, the investigator may determine whether the allegation is substantiated, unsubstantiated or unfounded.

Interviews with the investigator confirmed the standard to determine whether an allegation is substantiated, unsubstantiated, or unfounded is the preponderance of the evidence.

(B) The protocol is appropriate, and is 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. The facility does not house Youth/Adolescent victims of sexual assault.

(C) The facility offer all victims of sexual abuse access to forensic medical examinations outside the facility at the local hospital without financial cost. The local hospital provides access to Sexual Assault Forensic Examiners (SAFEs), Sexual Assault Nurse Examiners (SANE) or examination performed by qualified medical practitioners at the hospital.

(D) The facility makes available to the victim a victim advocate. If not available to provide victim advocate services, the facility makes available (to provide services) a qualified staff member from a community-based organization, or a qualified facility staff member. The facility provided documentation that showed attempts with CONNSACS efforts to secure services.

(E) The victim advocate, if used, will meet the requirements of qualified community-based organization staff that accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed.

(H) The facility defines a qualified community-based staff member as 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.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- The number of forensic medical exams conducted during the past 12 months reported was zero.
- The number of exams performed by SANES/SAFE during the past 12 months reported was zero.
- The number of exams performed by a qualified medical practitioner during the past 12 months reported was zero.

Interview Results:

- Interviewed staff, including the Program Manager, was familiar with the evidence protocol and roles they would play as first responders. The staff stated they would “make sure the resident victim was stable”, preserve the evidence and if, the mental health is on site, the mental health staff would conduct an assessment.
- Interview with the Investigator indicated when outside agencies are responsible for investigating allegations of sexual abuse, the facility requests that the investigating agency follows the requirements of PREA. This includes standard provision (g) 1 and 2. Policy requires the facility to request that outside investigative authorities conducts the investigation in accordance with PREA investigation standards.
- For victims of sexual assault, interviewed staff indicated that the facility will offer all victims access to forensic medical examinations without financial cost. Staff indicated that SANE/SAFE are provided by the local hospital.
- Three (3) out of three (3) interviewed staff indicated that the Agency PREA Coordinator is responsible for conducting sexual abuse and sexual harassment investigations.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice 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 No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication 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 No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI PREA First Responders to a PREA Incident
- TCI PREA Review Policy and Procedure
- TCI PREA Website
- PREA Accountability Statement
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Agency Head
 - o Agency PREA Coordinator
 - o Random Officers
 - o Investigator

(A) According to interviews with the Agency PREA Coordinator, Facility Director, and the Investigator, the facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment reported on Resident-on-Resident or staff-on-Resident misconduct.

The initial investigation begins immediately by the facility. The facility uses a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. In accordance with Agency letter the Local Police Department will be notified immediately and assume control of the investigation when appropriate.

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.

An additional interview with Facility Investigator confirmed the process for receiving an allegation and for conducting the investigation if an alleged sexual abuse was reported. Interviewed staff stated, they have been trained to report everything for investigations, including reporting, knowledge, allegations and suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third parties and anonymous reports.

(B) The Agency 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. Per policy substantiated allegations of conduct that appears to be criminal are referred for

prosecution. Investigations staff imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

(C, D) If an outside Department is responsible for conducting criminal investigations, the policy/publication describes the responsibilities of both the agency and the investigating entity. The Agency publishes the policy on its website.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- The number of allegations of sexual abuse and sexual harassment receive during the past 12 months was 0.
- The number of allegations resulting in an administrative investigation during the past 12 months was 0.
- The number of allegations referred for criminal investigation during the past months was 0.

Interview Results:

- Additional interviews with staff confirmed the process for receiving an alleged allegation of sexual abuse and sexual harassment. Interviewed staff stated, they have been trained to report or refer everything regarding sexual abuse and sexual harassment to be investigated, including having knowledge, allegations and suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third parties and anonymous reports.

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| TRAINING AND EDUCATION |
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Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- 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 No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- 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 No
- 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 No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- 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 No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- 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 No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI PREA Training and Education Policy and Procedure
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- TCI PREA Training Power Points
- PREA Orientation Training 1/26/2017
- PREA Orientation Training 4/20/2018
- TCI Staff PREA Training 5/9/2017
- TCI Staff PREA Training 6/13/2017
- TCI Staff PREA Training 7/11/2017
- TCI Staff PREA Training 7/20/2017
- PREA Training - Orientation 8/21/2017
- TCI Staff PREA Training 1/3/2018
- Interviews:
 - o Agency PREA Coordinator
 - o Facility PREA Coordinator
 - o Random Officers
 - o Staff

(A) The Facility has trained staff that has contact with residents on the ten (10) requirements stated in this standard. According to staff interviews, sexual abuse and sexual harassment training is provided in pre-service orientation training, in-service and other additional training and include all requirements.

(B) Training is tailored to the gender of the Residents at the employee's facility. Review of documentation revealed that staff receive additional training if the staff is reassigned from a facility that houses only male Residents to a facility that houses only female Residents, or vice versa. The staff will receive this training through additional pre-service training. This facility housed only male Residents.

(C) Review and staff interviews indicated that employees has completed the training and received refresher training every two years to ensure that all employees know the agency and/or facility current sexual abuse and sexual harassment policies and procedures.

(D) The facility documents, through employee signature verification, staff understanding of the training they have received. The TCI documents staff training using the Training roster, which requires the staff and instructor signature, date and job title.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- In the past 12 months, the number of staff employed by the facility, which may have contact with Residents, who were trained on the PREA requirements reported, was 13.
- In the past 12 months, the number of staff employed by the facility, who may have contact with residents, who were trained or retrained on the PREA requirements since the last audit reported was 13.

Interview Results:

- Three (3) out of three (3) interviewed staff consistently stated they received PREA Training in a variety of ways. These include PREA Training as part of the training provided for newly hired during orientation. Additionally, they consistently indicated they receive the training during Pre-Service or Annual In-Service Training.
- Staff indicated refresher training is given during shift briefings. Staffs were comfortable and confident during their interviews. They did not hesitate in responding to questions and their responses indicated that they have received a level of training in PREA, including the zero tolerance policy, reporting and the facility's response to allegations of sexual abuse and sexual harassment.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- 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 No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and

contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- List of Sierra Pre-Trial Contracted Services
- TCI PREA Training and Education Policy and Procedure
- The Visitor Guide to PREA
- PREA Accountability Statement
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Agency PREA Coordinator
 - o Volunteer
 - o Contractor

(A) The Agency/Facility trains all volunteers and contractors who have contact with Residents on their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

(B) Interviews and documentation indicated that the level and type of training provided to volunteers and contractors are based on the services they provide and the contact they have with Residents. All volunteers and contractors are notified of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report alleged incidents.

(C) The facility maintains documentation confirming that volunteers and contractors understand the training they received. The Agency/Facility documents volunteer and contractor training using the rosters, which requires the volunteers, contractors and instructor signature and date.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- In the past 12 months, the number of volunteers and individual contractors who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response: 0
- In the past 12 months, the number contractors who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. 0

Standard 115.233: Resident Education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No

- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI American with Disabilities Policy and Procedure
- The Client Guide To PREA (English)
- The Client Guide To PREA (Spanish)
- PREA Client Acknowledgement and Intake
- Zero-Tolerance Policy for Sexual Harassment and Sexual Abuse Acknowledgement
- PREA Client Handbook (English)
- PREA Client Handbook (Spanish)

- TCI PREA Policy and Procedure
- TCI PREA Training and Education Policy and Procedure
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Intake Staff
 - o Random Residents

(A) Staff interviews and documentation review indicated that during the intake process, Residents receive information explaining the facility’s zero- tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

(B) During intake, Residents are given the Resident handbook. During orientation, additional PREA related information is provided. The staff conducting intake/orientation gives Residents the opportunity to ask questions to clarify anything they do not understand. Resident’s acknowledgement statements were provided of receiving PREA information.

The facility provides comprehensive education to Residents in person and regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. This information is provided to the Residents within 30 days.

All Residents at the facility received and have been educated on PREA. Residents that transfer to the facility also receive the required PREA Education.

(C) Resident interviews confirmed that the facility provides Resident education in formats accessible to all Residents, including limited English proficient, deaf, visually impaired, disabled, as well as to Residents who have limited reading skills. Staff and Resident interviews reveal that the facility provides the PREA Education in English and Spanish, to include Resident handbooks and posters. Video is used during orientation as well as in the dorm setting.

(D) The facility maintains documentation of Resident participation in the education sessions by using the Resident Orientation check list. The check list requires the Resident to sign and date and is witnessed by staff signature.

(E) In addition to providing PREA education, the facility ensures that key information is continuously and readily available and visible to Residents through posters, Resident handbooks, and other written formats.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- o The number of Residents admitted during past 12 months who were given this information at intake reported was 81.
- o The number of Residents transferred from a different community confinement facility, during the past 12 months who received refresher information was 81.

Interview Results:

- Interviewed staff indicated that during orientation all residents, to include transfers from other facilities are educated on the zero tolerance and how to report incidents or suspicion of sexual abuse or sexual harassment. In general this information is given during the intake process and is given within 30 days.
- Ten (10) out of ten (10) residents interviewed stated when they first came to this facility they did receive information regarding facility rules against sexual abuse and harassment.
- Ten (10) residents were interviewed using the following statement, when you came to this facility, were you told about:
 - o Your right to not be sexually abused or sexually harassed, nine (9) out of ten (10) answer yes and one (1) stated that he were not told or cannot remember.
 - o How to report sexual abuse or sexual harassment, ten (10) out of ten (10) answer yes, they were told.
 - o Your right not to be punished for reporting sexual abuse or sexual harassment, ten (10) out of ten (10) answer yes, they were told.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- 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 administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (c)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- PREA: Audit Process and Instrument Overview
- NIC PREA: Investigating Sexual Abuse in a Confinement Setting
- NIC PREA: Coordinator's Role and Responsibilities
- NIC PREA: Your Role Responding to Sexual Abuse
- Interviews:
 - o Agency PREA Coordinator
 - o Investigator

(A) In addition to the general PREA training provided to all employees, the investigators received training in conducting investigations in confinement settings. Interviews and documentation reveal that specialized training was completed.

(B) The investigators completed the NIC Specialized training. Specialized training includes 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 and prosecution referral.

(D) The agency maintains documentation that investigations have completed the required specialized training certificates and/or signatures.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities confirmed by staff interviews:

- The number of investigators currently employed who have completed the required training was one (1).

Interview Results:

- Interview with the Agency Investigator indicated that she received NIC online training specific to conducting sexual abuse investigations in confinement settings.
- Interview with the Agency Investigator indicated that the policy requires all allegations of sexual abuse or sexual harassment be referred for investigation with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- 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? Yes No
- 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? Yes No
- 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? Yes No

- 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? Yes No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? N/A if agency medical staff at the facility does not conduct forensic exams.) Yes No NA

115.235 (c)

- 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? Yes No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:

- Agency PREA Coordinator
- Mental Health Staff

(A) Interview with the medical/mental health staff indicated that all full- and part-time medical and mental health care practitioners who work regularly in the facilities have been trained around:

- 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.

However, medical and mental health services are provided by a community/ outside office.

(B) The medical staff does not conduct forensic examinations. The local hospital conducts all emergency care or treatment to include “Sexual Assault Forensic Examinations”. The local hospital examiners are qualified SAFE and SANE practitioners that comply with the National Protocol for Sexual Assault Medical Forensic Examinations.

(C) The facility does not maintain documentation that medical/mental health practitioners have received the training referenced in this standard because the practitioners are from the local hospital or other community offices.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- 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 No
- 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 No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- 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 No
- 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 No
- 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 No
- 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 No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- 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 No
- 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 No
- 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 No
- 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 No

115.241 (e)

- 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 No

- 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 No
- 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 No

115.241 (f)

- 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 No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- 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 No

115.241 (h)

- 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 No

115.241 (i)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- PREA Introduction Script
- PREA Client Self-Assessment Questionnaire
- Staff Follow Up Questions
- Risk for Sexual Victimization or Abusiveness Too
- TCI PREA Policy and Procedure
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager
 - o Staff Screening for Risk of Victimization and Abusiveness
 - o Random Residents

(A) The facility assesses all Residents during intake screening including Residents that transfer from other prisons for risk of being sexually abused.

(B) Interviews and documentation revealed that intake screenings are taking place within 72 hours of arrival at the facility. In addition, during intake screening, procedures requires staff review available documentation (judgment and sentence, commitment orders, criminal records, investigation reports, field and medical files) for any indication that a Resident has a history of sexually aggressive behavior. Housing assignments are made accordingly.

(C) The facility uses an objective screening instrument.

(D) Staff interviews and documentation review reveal that the Screening for Risk of Victimization and Abusiveness include the following:

- Whether the Resident has a mental, physical, or developmental disability;
- The age of the Resident;
- The physical build of the Resident;
- Whether the Resident has previously been incarcerated;
- Whether the Residents' 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 Resident's own perception of vulnerability.

(E) Staff interviews for conducting Screening for Risk of Victimization and Abusiveness indicated that the facility uses an objective Screening Instrument to document this process. The PREA Intake Objective Screening Instrument has all of the required criteria. The results of the assessment are documented on the Intake Screening Form whether the Resident is vulnerable or sexually aggressive. Prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse are considered in assessing residents for risk of being sexually abusive.

(F) Interviews and documentation reviewed indicated that the PREA Compliance Manager reassesses the Residents' risk level for sexual victimization or sexual abusiveness whenever warranted and within 30 days of arrival at the institution if the Resident is identified at risk for victimization or for being at risk for being sexually abusive.

(G) Interviews indicated that resident's risk level are reassessed when warranted due to a referral, request, incident sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

(H) Residents are not disciplined for refusing to answer, or for not disclosing complete information in response to any questions as stated in section (d).

(I) The agency implements 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 as described above.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities and confirmed by staff interviews:

- The number of Residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexually victimization or risk of sexually abusing other Residents with 72 hours of their entry into the facility was 81.

Interview Results:

- Interview staff indicated that the facility's Program Manager/PREA Compliance Manager, Intake and Counseling have access to residents risk assessment in order to protect sensitive information from exploitation.
- Interview staff indicated that the initial risk screening assessment considers all the requirements listed in this standard.

- Interview staff indicated that the process for conducting the initial screening is a checklist and a written format.
- Interview staff indicated that the staff does reassess resident’s risk level as needed due to referrals, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness.
- Ten (10) residents were asked, when you first came to this facility, do you remember whether you were asked any questions like:
 - o Whether you been in jail or prison before, ten (10) out of ten (10) answer yes.
 - o Whether you have ever been sexually abused, nine (9) out of ten (10) answer yes.
 - o Whether you identify with being gay, lesbian, or bisexual, nine (9) out of ten answer yes.
 - o Whether you think you might be in danger of sexual abuse at this facility, ten (10) out of ten (10) answer yes.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- 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 No
- 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 No

115.242 (d)

- 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 No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (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? Yes No
- 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? Yes No
- 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? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI PREA Policy and Procedure
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager
 - o Staff Screening for Risk of Victimization and Abusiveness
 - o Random Residents
 - o Staff Screening for Risk of Victimization and Abusiveness
 - o LGBTI Populations Residents

(A, B) The Agency/facility uses the information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those Residents at high risk for being sexually victimized from those at high risk of being sexually abusive. Individualized determinations about how to ensure the safety of each Resident will be made according to staff interviewed.

(C) The facility did not have any transgender or intersex Residents during the audit period. However, if the facility receives a transgender and in deciding whether to assign a transgender or intersex Resident to which male living unit and in making other programming assignments, the facility will consider on a case-by-case basis whether a placement would ensure the Resident's health and safety, and whether the placement would present management or security problems.

Staff interviews indicated that when making placement and programming assignments for each transgender or intersex Resident the facility will reassess them at least twice each year to review any threats to safety experienced by the Resident.

(D) Staff interviews also indicated if they were to have a transgender or intersex Resident, the Resident’s own views with respect to his or her own safety will be given serious consideration.

(E) Transgender and intersex Residents will be given the opportunity to shower separately from other Residents.

(F) Staff Interviews indicated that the facility do not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated housing or on wings solely on the basis of their identification or status.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities confirmed by staff interviews:

- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation was 0.
- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, treatment or special education services was 0.
- In the past 12 months, the average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization was 0.

Interview Results:

- Interview with the Facility PREA Compliance Manager indicated that the facility will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units, or wings solely based on identification status for protecting such residents.
- Interviewed staff indicated that the facility is not subject to a consent decree, legal settlement, or legal judgment. Staff indicated that the facility ensure against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated units, or wings solely on the basis of their sexual orientation, genital status, or gender identity. That the facility will house them in the general population unless requested by the resident for special housing for safety issues.

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| REPORTING |
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Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No

- 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 No
- 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 No

115.251 (b)

- 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 No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Client Guide To PREA (English)
- Client Guide To PREA (Spanish)
- Connecticut Alliance to End Sexual Violence
- PTRAs Posters
- TCI PREA Avenues of Reporting Allegations
- TCI PREA First Responders to an Incident Sierra Pre-Trial
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o Facility PREA Compliance Manager
 - o Random Officers
 - o Random Residents

(A) Interviews with staff and documentation review indicated that the facility has established procedures allowing for multiple internal ways for Residents to report privately to agency/facility officials regarding sexual abuse and sexual harassment, retaliation by other Residents or staff, to include staff neglect or violation of responsibilities that may contributed to PREA incidents. The following are internal reporting ways:

- Grievance System
- Tell the Case Manager
- Reporting to any staff member either verbally or in writing
- Hotline
- Ombudsman Office
- Writing a Resident request
- Writing an anonymous note

(B) Interviews with staff and documentation indicated that the facility has established at least one way for Residents to report abuse or harassment to a public or private entity that is not part the agency, and that can receive and immediately forward Resident reports of sexual abuse and sexual harassment to agency officials, allowing the Resident to remain anonymous upon request. The following are external reporting ways:

- Hotline

(C) According to staff interviews, staff accepts PREA reports made verbally, in writing, anonymously, and from third parties and document verbal reports by end of the shift.

(D) Staff indicated that they can privately report sexual abuse and sexual harassment of residents through the hotline or to a management team member that is not involved in the incident.

A review of the Pre-Audit Questionnaire / Community Confinement Facilities confirmed by staff interviews:

- In the past 12 months, the number of residents detained solely for civil immigration purposes was 0.
- In the past 12 months, the number of residents detained solely for civil immigration that was provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security was 0.

Interview Results:

- An interview with the Agency PREA Coordinator indicated that Sierra Pre-Trial is tasked with the obligation to house adult male residents. The facility does not detain residents solely for civil immigration purposes. However, if they receive a resident solely for civil immigration purposes the facility will provide the resident with information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.
- Three (3) out of three (3) interviewed staff indicated that they can privately report sexual abuse and sexual harassment of residents to their supervisor or use the PREA Hotline.
- Three (3) out of three (3) interviewed staff indicated that residents can 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 by using the PREA Hotline, completing a grievance or telling a trusted staff. They also indicated that residents can report verbally, in writing, anonymously, and from third parties.
- Interviewed residents were asked, how would you report any sexual abuse or sexual harassment that happened to you or someone else? Ten (10) out of ten (10) residents stated several ways they would report, including telling a staff, using the hotline, passing a note, or filing a grievance.
- Interviewed residents were asked can you make reports of sexual abuse or sexual harassment either in person or in writing. Eight (7) out of ten (10) said yes.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- 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 No NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- 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 No NA
- 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 No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- 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 of time to respond 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 No NA
- 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 No NA

115.252 (e)

- 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 No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of

processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)

Yes No NA

- 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 No NA

115.252 (f)

- 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 No NA

- 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 No NA

- 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 No NA

- 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 No NA

- 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 No NA

- 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 No NA

- 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 No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Copy of the Grievance Policy
- Interviews:
 - o Facility PREA Compliance Manager
 - o Director / Manager
 - o Residents Reported Sexual Abuse

(A) Sierra Pre-Trial has an administrative process to address Resident grievances regarding sexual abuse. When a staff receives a grievance that is PREA related it is immediately report to the PREA investigator. Thus ends the grievance process and begin the investigation process.

(B) The facility does not impose a time limit on when a Resident may submit a grievance regarding an allegation of sexual abuse. A Resident can submit a grievance any time regardless of when the incident is alleged to have occurred. The agency has time lines on other portions of the grievance process that does not related to sexual abuse. However, the agency does not require residents to resolve alleged incident of sexual abuse with the staff member.

(C) The facility has a process in place for residents who allege sexual abuse to submit a grievance without submitting it to staff member who is involved in the complaint, or referred to a staff member subject of the complaint.

(D) When a staff receives a grievance that is PREA related it is immediately report to the PREA investigator. Thus ends the grievance process and begin the investigation process. However, if the grievance process move forward, the facility issues a final decision on the merits of any portion of alleging with 90 days of the initial filing.

If the facility will claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision.

(E) According to interviews third parties, including fellow Residents, staff members, family members, attorneys, and outside advocates, are permitted to assist Resident in filing requests for administrative remedies relating to allegations of sexual abuse, and also permitted to file requests on behalf of Resident.

If a third party files a request on behalf of a Resident, the facility will 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/her behalf, the facility document the resident's decision.

(F) The facility has established procedures for filing emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse.

According to interviews, when the facility receives an emergency grievance alleging a resident is at substantial risk of imminent sexual abuse, the staff immediately forwards the grievance for investigations.

(G) Resident's documentation indicated that the facility may not discipline a Resident for filing a grievance related to alleged sexual abuse when the Resident filed the grievance in bad faith.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- In the past 12 months, the number of grievances filed that alleged sexual abuse reported was 0.
- In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed reported was 0
- 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 Resident's decision to decline reported was 0.
- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was 0.
- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions with five days reported was 0.
- In the past 12 months, the number of Resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the Resident for having filed the grievance in bad faith reported was 0.

Interview Results:

According to staff interviews, the facility does not require a resident to use any formal grievance process as it relates to PREA, or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse.

According to Staff Interviews, the facility ensures that:

1. Residents who allege sexual abuse submit the grievance without submitting it to a staff member who is involved in the allegation. Grievance forms can be obtained from the case

manager, the Grievance Officer or ask any staff members; they submit it in the grievance box for the Director/Manager or email to the Client Rights/Grievance Office.

2. The grievance is not referred to a staff member who is involved in the allegation.
3. Staff interviews indicated that if a resident files a grievance, the facility issues a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Staff interviews indicated no grievances were filed for the past 12 months.
4. An interview with the Grievance Officer indicated that computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.
5. TCI policy requires Sierra Pre-Trial to notify the Resident in writing when the organization files for an extension, including notice of the date by which a decision will be made.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- 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 No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- Letters of Attempts with CONNSACs for Sierra Pre-Trial MOU
- The Client Guide To PREA
- Connecticut Alliance To End Sexual Violence (Support, Advocate, Prevent)
- CONNSACS Statewide 24 Hours
- PREA Poster
- TCI PREA Avenues of Reporting PREA Allegations Policy and Procedure
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o Facility PREA Compliance Manager
 - o Random Residents
 - o Residents Reported Sexual Abuse

(A) The facility provides Residents with access to outside victim advocates for emotional support services related to sexual abuse by giving Residents the mailing address to the Rape Crisis Center. An interview with the Facility PREA Compliance Manager indicated that the facility is a private contract facility tasked with the obligation to house adult male Residents.

(B) The facility informs Residents prior to them communicating with outside organizations that phone calls may be monitored and that reports of sexual abuse or sexual violence will be forwarded to authorities in accordance with mandatory reporting laws. Residents receive this information in their Orientation.

(C) The facility attempt to enter into MOU with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. Copies of the MOU are kept of file.

A review of the PREA Accountability Statement and confirmed by staff interviews:

- The facility provides residents with access to the list of outside victim advocates for emotional support services to sexual abuse: Sexual Assault Crisis Center of Eastern Connecticut.

Interview Results:

- Ten (10) out of ten (10) residents interviewed stated that they did know that there are services available outside of Sierra Pre-Trial for dealing with sexual abuse, if they needed it.
- Ten (10) out of ten (10) residents interviewed stated that they think the PREA hotline numbers are free to call.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI PREA First Responders to a PREA Incident
- TCI Website
- The Visitor Guide To PREA
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o Agency PREA Coordinator
 - o Director / Manager
 - o Facility PREA Compliance Manager

(A) The facility uses the TCI website page as their method of third-party reporting of sexual abuse and sexual harassment. The public is made aware through a visitor’s information.

Third party information is being provided to all visitors regarding their family members that are incarcerated at The Sierra Pre-Trial by an agency website. If at any time a Resident makes an allegation of being a victim of a sexual assault or sexual harassment and does not feel comfortable telling, writing, or using the posted hotline, the family member can make an official report on the Resident’s behalf by contacting assigned staff. All sexual abuse or sexual harassment reports are done in a discreet manner to not compromise the offender.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- 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 No
- 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 No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary,

as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- 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 No
- 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 No

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, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI PREA First Responders to a PREA Incident
- TCI PREA Prison Rape Elimination Act Policy and Procedure
- TCI Protection and Retaliation Policy and Procedure
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement

- Interviews:
 - o Agency PREA Coordinator
 - o Facility Director / Manager
 - o Random Officers
 - o Medical Staff

(A) Agency/Facility policy requires staff to report immediately 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 the incident; as well as staff neglect or violation of responsibilities that contributed to the incident or retaliation. This policy information was confirmed by staff interviews.

(B) Facility policy requires, apart from reporting to the designated supervisors or officials and designated state or local services; staff is prohibited from revealing any information related to a sexual abuse incident to anyone other than to make treatment, investigation, and other security and management decisions.

(C) When sexual abuse incidents occur at the facility, staff interviews indicated that the facility will report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility have designated investigators.

(D) Management staff indicated the facility does not house residents that are age 18 and under. However, alleged victims considered as vulnerable adults will be reported to applicable mandatory reporting laws.

(E) Management staff indicated that the facility would and report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to investigations.

Interview Results:

- Ten (10) out of ten (10) interviewed staff indicated that the facility management required all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at the facility; retaliation against residents or staff who reported the incident, and any staff neglect or violation of responsibilities that may have contribute to an incident or retaliation.
- Interview with the Program Manager indicated that all allegations of sexual abuse and sexual harassment to include third party and anonymous sources are reported directly to the investigators.
- Interviewed Mental Health staff indicated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the incident.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI First Responders to a PREA Incident
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o Agency PREA Coordinator
 - o Facility Director / Manager
 - o Random Officers

(A) When the facility learns that a resident is at substantial risk of imminent sexual abuse, it takes immediate action by offering the resident to move to special housing or protection custody until the matter is resolved.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- o In the past 12 months, the number of times the agency or facility determined that a Resident was subject to a substantial risk of imminent sexual abuse reported was 0.

Interview Results:

- Interview with the Program Manager indicated that when they learn that a resident is subject to a substantial risk of imminent sexual abuse, the resident maybe protected by moving to another housing unit or transferring the abuser.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- 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 No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI PREA First Responders to a PREA Incident

- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o Facility Director / Manager
 - o Facility PREA Compliance Manager

(A) If the facility received an allegation that a Resident was sexually abused while confined at another facility. Per staff interviews, the facility notified the head of the facility or appropriate office of the agency where the alleged abuse occurred.

(B) The facility provided a process that they use when a Resident alleged sexual assault or sexual harassment at another facility. The process includes reporting no later than 72 hours.

(C, D) Staff interviews indicated that when receiving allegations reported from other facilities, they would complete an incident report and send for investigations.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- o During the past 12 months, the number of allegations the facility received that a Resident was abused while confined at another facility was 0.
- o During the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was 0.

Interview Results:

- Interview with the Program Manager indicated when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred at their facility involving staff, they would put that staff on no-contact. If it involves a resident they would monitor that resident until investigation is completed.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- 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 No
- 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 No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- 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 No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI PREA Responders to a PREA Incident
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o Facility PREA Compliance Manager
 - o Random Officers
 - o Security Staff First Response
 - o Non-Security Staff First Response

(A) Interviews with staff and staff training indicated when staff learn of an allegation that a resident is sexually abused, the first security staff to respond separates the victim and abuser;

preserves and protects the crime scene; and if the incident occurred within the appropriate time period for the collection of physical evidence, they will request that the alleged victim not take actions that could destroy physical evidence, to include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

(B) According to non-security staff, if they are the first responder they will request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- In the past 12 months, the number of allegations that a resident was sexually abused was 0.
- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was 0.
- In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was 0.
- Of the allegations that a Resident was sexually abused made in the past 12 months, the number of times non-security staff member was the first responder was 0.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI PREA First Responders to a PREA Incident
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o Facility PREA Compliance Manager
 - o Facility Director / Manager

(A) The facility policy response protocol provided guidelines for staff a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff were first responders, medical and mental health practitioners, investigators, and facility leadership.

Interview Results:

- Non-Security staff that were interviewed as a First Responders describe the actions taken to an allegation of sexual abuse is to:
 - o Separate the alleged victim and abuser,
 - o Contact the supervisor,
 - o Preserve and protect the crime scene,
 - o Request that the alleged victim not to wash, brush teeth, change clothes or use the bathroom,
 - o Request the same for the alleged abuser.
- Interview with the Security staff (CSA) indicated that as First Responders describe the actions taken to an allegation of sexual abuse is to:
 - o Separate the alleged victim and abuser,
 - o Contact the supervisor,
 - o Preserve and protect the crime scene,
 - o Request that the alleged victim not to wash, brush their teeth, change clothes or use the bathroom.
 - o Request the same for the alleged abuser.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- 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 No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o PREA Coordinator
 - o Facility Director / Manager

(A) Staff interviews and documentation indicated that the facility's is not a part of a union. If they were a part of a union or collective bargaining agreement it would not limit the facility ability to remove alleged staff sexual abusers form contract with Residents

Interview Results:

- Interview with the Agency PREA Coordinator indicated that the Sierra Pre-Trial do not belong to a union.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 housing changes? Yes No
- 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 No

- 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 No
- 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 reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks? Yes No

115.267 (e)

- 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 No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI PREA Protection and Retaliation Policy and Procedure
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o Agency PREA Coordinator

- Facility Director / Manager
- Facility PREA Compliance Manager
- Monitoring Retaliation

(A) The facility prohibits retaliatory behavior by residents or staff in regards to the reporting of sexual abuse, sexual harassment, or cooperation with investigators as it relates PREA related incidents and allegations. Resident rights documentation and staff policy establishes expected conduct. The facility PREA Compliance Manager is responsible for monitoring retaliation along with supervisor's to monitor Residents as it relates to PREA allegations and incidents.

(B) The facility has several protection and reporting measures, for residents. They can utilize the "Grievance Program" to document retaliatory acts or other PREA related concerns and issues. The process is over seen by the facility Grievance staff who works in concert with the facility administrators and investigators to ensure privacy and policy compliance. The facility has the option to change resident housing or transfer 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.

(C, D, E, F) The facility reported that there is no retaliation for this audit reporting period. However, if the facility were to have issues with retaliation the policy will guide them on this standard. For example, for at least 90 days following a report of sexual abuse, the facility monitors the conduct and treatment of residents or staff who reported the sexual abuse and 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, and act promptly to remedy any retaliation. Items the facility should monitor include resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility continues monitoring beyond 90 days if the initial monitoring indicates a continuing need.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- The number of times an incident of retaliation occurred in the past 12 months was 0.

Interview Results

- Interviewed staff indicated that when preventing retaliation against residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations would change resident housing or transfers a resident, removal of alleged abusers, refer resident to counseling for services. When preventing retaliation against staff, they would change the staff shift or change the staff work details.
- Interviewed staff indicated that they will monitor the resident at least weekly. However, this process would end around 90 days.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- 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 No NA
- 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 No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- 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 No

115.271 (e)

- 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 No

- 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 No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.271 (g)

- 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 No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.271 (i)

- 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 No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI PREA Review Policy and Procedure
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o Facility Director / Manager
 - o Facility PREA Compliance Manager
 - o Investigator

(A) Interviews with the Investigator indicated that when they conduct investigations into allegations of sexual abuse and sexual harassment, they do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

(B) The facility uses investigators who have received special training in sexual abuse investigations. The Facility PREA Investigator and Agency Investigators have completed the NIC online training.

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

(G) Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and documented description of the physical and testimonial evidence, and investigative facts and findings.

(I) When the external investigators investigate sexual abuse, the facility cooperates with the investigators and endeavors to remain informed about the progress of the investigation.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- o The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit was 0.

Interview Results:

- Interviewed staff indicated that the outside agency that investigates criminal sexual abuse keeps the facility informed of the progress of the investigation through emails and the release of the final investigation report.
- Interviewed investigator indicated when evidence is discovered that a prosecutable crime may have taken place; it is turned in to the State Police Department for review than the prosecutor is consulted. According to the investigator cases for prosecution is refer when there are substantiated allegations of conduct that appear to be criminal.
- Interviewed investigator indicated when a staff alleged to have committed sexual abuse terminates employment prior to a completed investigation into the conduct; the investigator continues the investigation until completion.
- Interviewed investigator indicated all investigations are documented. The documentation includes descriptions of physical, testimonial, and documentary evidence, as well as attached copies of documentary evidence.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI PREA Review Policy and Procedure
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o Director / Manager
 - o Facility PREA Compliance Manager
 - o Investigator

(A) The investigators impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Interview Results:

- Interviews with the Agency PREA Investigator confirmed the standard to determine whether an allegation is substantiated, unsubstantiated, or unfounded is the preponderance of the evidence.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- 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 No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- 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 No

- 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 No
- 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 No
- 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 No

115.273 (d)

- 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 No
- Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI PREA Reporting to Victims Policy and Procedure
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o Facility Director / Manager
 - o Investigator
 - o Residents Reported Sexual Abuse

(A, B, C) Following a resident's allegation that a staff member has committed sexual abuse against the Resident, the facility will subsequently notify the resident (unless the allegation has been determined to be unfounded or unsubstantiated) when 1) the staff member is no longer in the resident's unit; 2) the staff member is no longer employed at the facility; 3) the facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4) the facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility. All notifications are documented. The facility's obligation to report under this standard terminates if the alleged victim is released from the Department's custody.

(D, E, F) When the facility notifies Residents, it is done verbally and documented.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- o The number of criminal and/or administrative investigations of alleged Resident sexual abuse that were completed by the agency/facility in the past 12 months was 0.
- o Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of Residents who were notified, verbally or in writing, of the results of the investigation were 0.
- o The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was 0.
- o Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of Residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was 0.
- o In the past 12 months, the number of notifications to Residents that were provided pursuant to this standard was 0

Interview Results

- Interview with the Program Manager indicated that the facility notifies residents who make an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.
- Interviewed Investigator indicated 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 information is shared with the facility to inform the resident.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- 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 No

115.276 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI PREA Policy and Procedure
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o Director / Manager
 - o Facility PREA Compliance Manager
 - o Investigator

(A, B, C, D) TCI policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency Resident sexual abuse and/or harassment policies. The Directive indicates that termination is the presumptive disciplinary sanction for staff that has been found to have engaged in sexual abuse. All terminations for violations of agency Resident sexual abuse or harassment policies or resignations by staff who would have been terminated but for their resignation will be reported to law enforcement agencies, unless the activity was clearly not criminal and to any relevant licensing bodies.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- o In the past 12 months, the number of staff from the facility who has violated agency sexual abuse or sexual harassment policies was 0.
- o In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was 0.
- o In the past 12 months, the number of staff from the facility who has been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported

were 0.

- In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies reported was 0.

Interview Results

Interviews with the Program Manager confirmed staff violating agency sexual abuse policies with be disciplined and that termination is the presumptive action and referral for prosecution where indicated.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI Hiring Contracted Services Policy and Procedure
- TCI PREA Policy and Procedure
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o Facility PREA Compliance Manager
 - o Facility Director / Manager

(A, B) The Agency/Facility identifies sanctions for contractors, vendors and volunteers who engage in sexual abuse will be prohibited from contact with Residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. The facility will take appropriate remedial measures and will consider whether to prohibit further contact with Residents, in the case of any other violation of agency Resident sexual abuse or sexual harassment policies by a contractor or volunteer.

Volunteers and contractors are advised during their orientation that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with Residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. This information is provided in the Handbook provided to all contractors and volunteers.

There have been no violations of agency sexual abuse policies by any contractor or volunteer during the past twelve months.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- o In the past 12 months, the number of volunteer who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was 0.
- o In the past 12 months, the number of contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was 0.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- 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 No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- 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 No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- 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 No

115.278 (f)

- 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 No

115.278 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI PREA Avenues of Reporting PREA Allegations Policy and Procedure
- TCI PREA Client Sexual Relationships Policy and Procedure
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o Facility PREA Compliance Manager
 - o Facility Director / Manager
 - o Medical Staff
 - o Mental Health Staff

(A) The Agency/Facility has a formal resident disciplinary process when a resident is subject to a disciplinary sanction 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.

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

(C, D) The Resident Discipline Process considers whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. The facility offers counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

(E) Staff interviews indicated that policy and law prohibits staff from having any sexual contact with residents.

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

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- In the 12 months, the number of administrative findings of Resident-on-Resident sexual abuse that have occurred at the facility was 0.

In the past 12 months, the number of criminal findings of guilt for Resident-on-Resident sexual abuse that have occurred at the facility was 0.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- 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 No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI PREA First Responders to a PREA Incident
- State of Connecticut Technical Guidelines for Health Care Response To Victims of Sexual Assault
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o Facility PREA Compliance Manager
 - o Medical Staff
 - o Staff
 - o Residents Reported Sexual Abuse

(A) The Agency/Facility 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.

(B) If no qualified medical or mental health practitioners are on duty at the time a report of abuse, staff first responder takes preliminary steps to protect the victim and immediately notify the appropriate medical and mental health staff.

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

offers prophylactic treatment and follow-up for sexually transmitted and other communicable diseases to all victims, as appropriate.

(D) Treatment services are 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.

Interview Results

- Interviewed staff describes the following actions they would take as a first responder: Separate the alleged victim and abuser, Preserving and protecting evidence on the victim, abuser, and the location where the incident occurred.
- Interviewed staff indicated that they would ask the alleged victim and abuser not to take any actions that could destroy physical evidence; washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating, etc.
- Interviewed staff indicated that they would immediately notify their supervisor.
- Interviewed Mental Health Care staff indicated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services from the local hospital.

Interviewed Mental Health Care staff indicated that evaluation and treatment of residents who have been victimized entail follow-up services, treatment plans, and when necessary, referrals for continued care after leaving the facility.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- 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 No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- 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 No

115.283 (h)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI PREA First Responders to a PREA Incident
- State of Connecticut Technical Guidelines for Health Care Response To Victims of Sexual Assault
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o Agency PREA Coordinator
 - o Mental Health Staff
 - o Residents Reported Sexual Abuse

(A) The Agency/Facility offers medical/mental health evaluation and, provides services to all residents who have been victimized by sexual abuse through outside services.

(B) Staff interviews indicated that evaluations and services of victims include follow-up services, referrals for continued care following Residents transfer to, or placement in, other facilities, or their release from custody.

(C) The facility provides victims with medical/mental health services consistent with the community level of care.

(F) Staff interviews indicated that resident victims of sexual abuse while in the program are offered tests for sexually transmitted infections as medically appropriate through outside services.

(G) The Agency/Facility requires treatment services to be provided to victims without financial cost.

(H) The facility conducts a medical/mental health evaluation of resident-on- resident abusers of learning of abuse history and offer treatment. If the resident reports history of sexual abuse or abusiveness appears at risk for victimization, security and case management are notified.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- 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 No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
 Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- 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 No
- 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 No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- 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 No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI PREA Review Policy and Procedure
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o Agency PREA Coordinator
 - o Facility Director / Manager
 - o Facility PREA Compliance Manager
 - o Incident Review Team

(A, B, C, D) The Agency requires each facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the incident has been determined to be unfounded. The review will ordinarily occur within 30 days of the conclusions of the investigation when they received the Investigation Report. The review team will include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners. The review team is required to consider and complete the following:

- 1) Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
- 2) Whether the incident or allegation was motivated by race, ethnicity, gang affiliation, gender identity, status or perceived status as lesbian, gay, bisexual or intersex, or was motivated or caused by other group dynamics at the facility;
- 3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- 4) Asses the adequacy of staffing levels in that area during different shifts;
- 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- 6) Prepare a report of findings.

(E) Interview Team member indicated that the facility Director oversee the implement the recommendations for improvement.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- o In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents was 0.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents was 0.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- 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 No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (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 No

115.287 (d)

- 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 No

115.287 (e)

- 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.) Yes No NA

115.287 (f)

- 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.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations

- Survey of Sexual Victimization, 2017 / Adult Residential Facilities
- TCI PREA Data Policy and Procedure
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o Facility Director / Manager
 - o Facility PREA Compliance Manager

(A, B, C) The Agency/Facility collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions as required by Facility policy. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. Agency aggregates the incident-based sexual abuse data at least annually and generates a comprehensive and informative annual report. Each Agency facility is required by policy to maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews.

The reviewed 2017 Annual Report was comprehensive and detailed and included Demographics of Agency Operated Facilities as well as detailed PREA Data.

The agency aggregated incident-based sexual abuse data at least annually.

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

The facility maintains, reviews, and collects data as needed from all available incident- based documents, including reports, investigation files, and sexual abuse incident reviews.

(E) The agency also obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its Residents.

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

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- 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 No
- 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 No
- 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 No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.288 (c)

- 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 No

115.288 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI PREA Annual Report 2017
- TCI PREA Data Policy and Procedure
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager

(A) The Agency and the Facility review data collected and aggregated pursuant to § 115.87 to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis. Interviews reveal that the Agency prepares an annual report of its findings and corrective action that includes the facility and the agency.

(B) The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

(C) The report is approved by the agency head/designee and made readily available to the public through its website.

(D) The Agency redacts specific material from the reports that would present a clear and specific threat to the safety and security of a facility.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI PREA Data Policy and Procedure
- REA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Agency PREA Coordinator
 - o Facility PREA Compliance Manager

(A, B, C) The parent company aggregated sexual abuse data from the facility under its direct control is made readily available to the public at least annually through its website. Before making aggregates sexual abuse data publicly available the Agency removes all personal identifiers

(D) The agency maintains sexual abuse data collected for at least 10 years after the date of initial collection.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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.? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with Residents, residents, and detainees? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI PREA Annual Report 2017
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Accountability Statement
- Interviews:
 - o Agency PREA Coordinator

(A, B) The agency has ensured that each facility operated by the agency is audited at least once every three years. The agency ensures that a third of each facility type is audited every year as well.

(E, F, G) The agency and/or facility demonstrated compliance with the PREA standards by submitting policies, procedures, reports, internal and external audits, and accreditations of the most recent one year period. The auditor conducted on-site visit that included sampling of relevant documents, other records, additional information for the 12 months' timeframe.

(H, I) During the on-site audit, the auditor was given access to all areas of the facility, site observes; the auditor requested and received copies of relevant documents to include electronically stored information.

(J) The auditor has retained and preserves documentation use to make audit determinations and the documentation is available to the Department of Justice upon request.

(K, M) The auditor interview representative samples listed below and were permitted to conduct all formal interviews privately.

- Agency and Facility Leadership
- Random Staff
- Specialized Staff
- Supervisor
- Administrators
- Random Residents
- Targeted Residents
- Etc.

(N, O) The PREA Audit Notice was posted to permit Residents to send confidential information or correspondence to the auditor. The audit reach out and attempt to communicate with community based advocates who have insight into relevant conditions in the facility.

Interview Results:

- Interview with Agency PREA Coordinator and agency website has indicated that the agency has conducted the required PREA Audits every year. The agency has ensured that at least one-third of each type is audited.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published. 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TCI Website
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Interviews:
 - o Agency PREA Coordinator

(A) This report describe in the narrative the methodology, sampling sizes, and the basis for the auditor’s conclusions provide such information to the agency upon request, and may provide such information to the

Department of Justice.

Interview Results:

Interview with Agency PREA Coordinator and a review of the agency website indicated that the agency has made publicly available all PREA audits as required by standard.

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| AUDITOR CERTIFICATION |
|------------------------------|

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Adam T. Barnett, Sr.

August 26, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.