

PREA Facility Audit Report: Final

Name of Facility: Work Release Program

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/23/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Latera M. Davis

Date of Signature: 04/23/2025

AUDITOR INFORMATION

Auditor name: Davis, Latera

Email: laterad@yahoo.com

Start Date of On-Site Audit: 03/10/2025

End Date of On-Site Audit: 03/11/2025

FACILITY INFORMATION

Facility name: Work Release Program

Facility physical address: 121 Washington Street , Hartford, Connecticut - 06106

Facility mailing address: 110 Bartholomew Ave, Suite 3010, Hartford, Connecticut - 06106

Primary Contact

Name:	Deborah Rogala
Email Address:	drogala@cpa-ct.org
Telephone Number:	8607968222

Facility Director	
Name:	Kayla Callahan
Email Address:	Kcallahan@cpa-ct.org
Telephone Number:	860-877-3577

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

Facility Characteristics	
Designed facility capacity:	24
Current population of facility:	24
Average daily population for the past 12 months:	22
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18 and older
Facility security levels/resident custody levels:	Community Release Level 1 and 2
Number of staff currently employed at the facility who may have contact with residents:	12
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	10
Number of volunteers who have contact with residents, currently authorized to enter the facility:	6

AGENCY INFORMATION	
Name of agency:	Community Partners In Action
Governing authority or parent agency (if applicable):	
Physical Address:	Parkville Business Center, 110 Bartholomew Avenue Suite 3010, Hartford, Connecticut - 06106
Mailing Address:	
Telephone number:	8605662030

Agency Chief Executive Officer Information:	
Name:	Beth Hines
Email Address:	bhines@cpa-ct.org
Telephone Number:	860-566-2030

Agency-Wide PREA Coordinator Information

Name:	Deb Rogala	Email Address:	Drogala@cpa-ct.org
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Facility AUDIT FINDINGS**Summary of Audit Findings**

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

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

Number of standards exceeded:

1

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-03-10
2. End date of the onsite portion of the audit:	2025-03-11

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	24
15. Average daily population for the past 12 months:	22
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	21
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	On the first day of the onsite portion of the audit, the auditor was provided with a comprehensive list of all residents in the facility. The facility houses all male residents. The facility was able to utilize data from the risk assessment to identify any targeted populations.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	9
31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	On the first day of the onsite portion of the audit, the auditor was provided with a comprehensive list of all staff by title and shift.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>

36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>As an auditor, the process of selecting residents for interviews is designed to ensure a fair and unbiased representation of the population. We use a random selection method, often through a random number generator or a similar unbiased tool, to choose residents from the list. This process helps us gather a diverse range of perspectives and ensures that no particular group is either favored or overlooked. Our goal is to obtain an accurate and comprehensive understanding of the environment and conditions from various residents' viewpoints.</p> <p>As an auditor, the process of selecting residents for interviews is designed to ensure a fair and unbiased representation of the population. Typically, we use a random selection method, often through a random number generator or a similar unbiased tool, to choose residents from the list. However, due to the limited number of residents at the facility that were onsite during the audit, the auditor selected all those available while onsite.</p>
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>No text provided.</p>
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>1</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="815 938 1469 1099"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="815 1146 1469 1227"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Through review of risk assessments and confirmation with staff there were no targeted residents identified for this category during the onsite audit.
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1

42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="818 416 1469 577"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="818 622 1469 703"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Through review of risk assessments and confirmation with staff there were no targeted residents identified for this category during the onsite audit.
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="818 1384 1469 1545"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="818 1590 1469 1671"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Through review of risk assessments and confirmation with staff there were no targeted residents identified for this category during the onsite audit.

44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Through review of risk assessments and confirmation with staff there were no targeted residents identified for this category during the onsite audit.
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Through review of risk assessments and confirmation with staff there were no targeted residents identified for this category during the onsite audit.

46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Through review of risk assessments and confirmation with staff there were no targeted residents identified for this category during the onsite audit.
47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Through review of risk assessments and confirmation with staff there were no targeted residents identified for this category during the onsite audit.

48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="818 454 1469 616"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="818 665 1469 745"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Through review of risk assessments and confirmation with staff there were no targeted residents identified for this category during the onsite audit.
49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="818 1592 1469 1753"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="818 1803 1469 1883"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Through review of risk assessments and confirmation with staff there were no targeted residents identified for this category during the onsite audit.
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50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	<p>As an auditor, my corroboration strategies to determine if the specific population exists within the audited facility include multiple layers of verification:</p> <p>Information from the PREA Audit Questionnaire (PAQ): I analyze data provided in the PAQ, which includes demographic information, incident reports, and other relevant statistics about the resident population.</p> <p>Onsite Documentation Review: During the onsite visit, I review various documentation, such as intake forms, resident rosters, medical records, incident reports, and any other relevant documents that can provide insight into the demographics and specific populations within the facility.</p> <p>Interviews and Discussions: I conduct interviews and hold discussions with a range of individuals, including staff, inmates/residents, and detainees. These conversations provide firsthand accounts and personal insights that complement the data collected from the PAQ and documentation. Staff members often have valuable insights about the population's dynamics and any specific needs or issues that might not be captured in written records.</p> <p>Observation: While onsite, I observe the facility's operations, resident interactions, and living conditions. This helps corroborate the information obtained from documents and interviews and provides a more holistic understanding of the facility's environment. By combining these methods, I ensure that the identification and understanding of the population within the facility are accurate and comprehensive. This multi-faceted approach allows me to cross-reference data from various sources, thus increasing the reliability and validity of the findings.</p>
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	8

<p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>53. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>All staff scheduled to work during the onsite portion of the audit was interviewed.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

15

56. Were you able to interview the Agency Head?

☒ Yes

☐ No

57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

58. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

59. Were you able to interview the PREA Compliance Manager?

☐ Yes

☐ No

☒ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
63. Provide any additional comments regarding selecting or interviewing specialized staff.	<p>As the lead PREA auditor for this facility, I conducted a comprehensive assessment of compliance with the Prison Rape Elimination Act (PREA) standards, focusing on evaluating specialized staff's roles and responsibilities related to preventing and addressing incidents of sexual abuse and harassment. In this audit, I interviewed a diverse range of specialized staff members, including agency leadership, facility administration, healthcare professionals, investigative personnel, and other staff involved in sexual abuse incident reviews or retaliation monitoring. These interviews were essential for assessing the effectiveness of their roles in maintaining compliance with PREA standards. In cases where a staff member held multiple specialized roles, I ensured that their contributions were appropriately documented to fulfill all applicable interview requirements. Additionally, care was taken to avoid including personally identifiable information while providing detailed comments about the selection and interviewing process. The insights gathered during these specialized staff interviews will serve as a crucial component of the audit's final report, ensuring a thorough evaluation of the facility's adherence to PREA requirements.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

<p>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>During the site review, comprehensive access was granted to all areas of the facility, allowing for a thorough examination of the environment and operations. Key observations included the following:</p> <p>Facility Access: Unrestricted access to various sections of the facility was provided, facilitating a detailed assessment of living conditions, security measures, and common areas.</p> <p>Operational Observations: Several critical functions were tested and observed, including emergency response protocols, security checks, and daily operational routines. These tests demonstrated the facility's preparedness and adherence to established standards.</p> <p>Interactions and Informal Conversations: Informal conversations with staff, residents, and detainees provided additional insights into the daily operations and the overall atmosphere of the facility. These interactions were valuable in corroborating data obtained from documentation and formal interviews.</p> <p>General Observations: The site review highlighted both strengths and areas for improvement within the facility. Observations on cleanliness, maintenance, and the behavior of staff and residents contributed to a comprehensive understanding of the facility's current state.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

During the audit process, I took several steps to ensure that the documentation reviewed was thorough and representative of the facility's operations:

Oversampling Documentation: In certain instances, I oversampled documentation to gain a deeper understanding of specific areas. For example, I reviewed an increased number of training records and unannounced rounds to identify any recurring patterns or issues that might not be evident from a smaller sample size.

Barriers to Selecting Additional Documentation: While the facility provided comprehensive access to most documents, there were some challenges encountered:
Time Constraints: The limited time available for the audit sometimes posed a challenge in reviewing all the desired documentation in detail.

Document Availability: In a few cases, some documents were not immediately available, however provided by the final audit report.

Mitigation Strategies: To address these barriers, I implemented several strategies:
Prioritization: I prioritized reviewing documents that were most critical to the audit's objectives and sought summaries or overviews where full documents were not accessible.

Supplementary Interviews: When documentation was not fully available, I supplemented the review with additional interviews and discussions with staff and residents to fill in the gaps.

Request for Additional Information: I requested additional information or clarifications as needed to ensure that the audit findings were accurate and comprehensive.

These steps were taken to ensure a thorough and balanced review of the facility's documentation, ultimately contributing to a more accurate assessment.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

2

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

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
86. Explain why you were unable to review any sexual harassment investigation files:	There were no identified Sexual Harassment allegations. All PREA related allegations was administratively investigated and did not warrant a criminal investigation.
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no identified sexual harassment allegations

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☒ Yes

☐ No

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

1

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☒ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Identify the name of the third-party auditing entity

Diversified Correctional Services

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Documentation:</p> <ul style="list-style-type: none"> Pre-Audit Questionnaire Policy: Zero Tolerance of Sexual Abuse and Sexual Harassment Policy: Overarching Prison Rape Elimination Act – PREA Policy PREA Team Agency Organization Chart <p>Interviews:</p>

- Agency PREA Coordinator

Compliance Determination by Provisions and Corrective Actions:

115.211 (a). An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

Compliance Determination:

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

- Per the PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.
- Policy: Zero Tolerance of Sexual Abuse and Sexual Harassment generally outlines the agencies zero tolerance to "all forms of resident on resident or staff on resident sexual abuse or sexual harassment" (p.1).
- Policy: Overarching Prison Rape Elimination Act – PREA Policy is a detailed policy outlining how the agency implements its approach to preventing, detecting, and responding to sexual abuse and sexual harassment.
- Policy: Overarching Prison Rape Elimination Act – PREA Policy provides the definitions of prohibited behaviors regarding sexual abuse and sexual harassment (p. 2-4). Additionally the policy address sanctions for prohibited behaviors.
- It should be noted that the agency shall be referred to as CPA (Community Partners In Action); and the facility is WRP (Work Release Program).

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the agency employs or designates an upper-level, agency-side PREA coordinator. It was further reported that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The position of the PREA Coordinator is the “PREA Coordinator”.
- Policy: Zero Tolerance of Sexual Abuse and Sexual Harassment states that “CPA’s TH and WRP shall have designated unit-wide coordinators (PREA Coordinators) to develop, implement, and oversee CPA’s efforts to prevent, detect and respond to sexual abuse or sexual harassment. The PREA Coordinator will be a person of Program Manager level or higher” (p. 1).
- Agency Organization Chart: As reported on the organization chart, the agency PREA Coordinator title is: Director of Operations. The position reports to the Executive Director.
- The CPA PREA Team lists the agency-wide PREA Coordinator, PREA Compliance Managers and site related PREA Managers.

Interviews:

PREA Coordinator: The interviewed staff reported that they have enough time to manage their PREA-related responsibilities. We have a PREA Team that works closely together to complete the PREA tasks. PREA standard quality assurance is an ongoing process. Program quality assurance includes file reviews, program site reviews, resident interviews, monthly individual supervisions, weekly staff meetings, and annual PREA standard reviews, etc. If a non-compliance issue is identified with a PREA Standard, I will work directly with the program staff to identify the issue, develop an action plan to address the issue and implement the action plan.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and Residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. The agency has robust policy and additional trained PREA specialist to support the agency compliance and monitoring of the PREA standards. Based on analysis, the facility exceeds the provisions in this standard.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>CT DOC Contract</p> <p>Findings (By Provision):</p> <p>115.212 (a). As reported in the PAQ, the agency has not entered or renewed any contract for the confinement of residents.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · As reported in the PAQ, The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit, whichever is later: 5. The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0. Upon further review the agency does not subcontract residents however is the contractor for the State. · The agency serves as a contracted provider for the Department of Corrections (State of Connecticut Purchase of Service Contract). <p>Corrective Actions:</p> <ul style="list-style-type: none"> · N/A. There are no corrective actions for this provision. <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.212 (b). Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · As reported in the PAQ, all of the above contracts require the agency to monitor the contractor's compliance with PREA standards. Upon review of the

	<p>contract with the State Department of Corrections, the agency is responsible to meet the requirements of PREA.</p> <ul style="list-style-type: none"> · The number of contracts referenced in 115.212 (a)-3 that DO NOT require the agency to monitor contractor's compliance with PREA standards: 0. <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.212(c). Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed, may the agency enter into a contract with an entity that fails to comply with these standards. In such a case, the public agency shall document its unsuccessful attempts to find an entity in compliance with the standards.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because: As reported in the PAQ, the agency has not entered or renewed any contract for the confinement of residents.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standards because:</p> <ul style="list-style-type: none"> · The facility has not had any emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed because the facility does not contract with other entities to house their residents. <p>Corrective Actions:</p> <ul style="list-style-type: none"> · N/A. There are no corrective actions for this provision. <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.213	Supervision and monitoring
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Supervision and Monitoring</p> <p>Policy: Essential Staff</p> <p>Staffing Plan Assessment (2024/2025)</p> <p>Staffing Plan (2025)</p> <p>Layout of Facility</p> <p>Staffing Schedule</p> <p>Interviews:</p> <p>Director or Designee</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.213(a). For each facility, the agency shall develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, agencies shall take into consideration: (1) The physical layout of each facility; (2) The composition of the resident population; (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (4) Any other relevant factors.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standards because:</p> <ul style="list-style-type: none">· As reported in the PAQ, the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents: 22. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated: 22.· Policy: Supervision and Monitoring states that “CPA shall develop and document a staffing plan that provides for adequate levels of staffing, and where

applicable, video monitoring to protect residents against sexual abuse” (p. 1).

- Staffing Matrix/Staffing Schedule provides a general schedule of staff for 2024.2025. The document indicates that the schedule shall be inclusive of CTDOC allocations only.

- Essential Staff Policy: “Community Partners in Action defines essential staff as those employees required to report to work when the agency would otherwise be closed due to hazardous weather conditions, other emergency situations or agency holidays requiring staff presence to provide continuity of services and supervision for clients served” (p. 1). The following positions are considered essential and therefore required to report to work according to scheduled shift despite agency closure. Program Management (Residential Manager/Assistant Program Manager/ Program Manager) are responsible for ensuring required coverage. Management will provide coverage in the absence of adequate staff levels.

- Staffing Plan and Staffing Plan Assessment (1/2025): provides documentation of the agency staffing plan and annual assessment that was completed on 1/ 13.2025)

- Staffing Plan and Staffing Plan Assessment (Dated 1/8/2025): provides documentation of the agency staffing plan and annual assessment. Additionally, the auditor reviewed the staffing plan assessment conducted in 2024.

- The staffing plan minimum requirements are determined by the funder, CT Department of Corrections. The number of residents in the program determines the minimum number of staff that should always remain on the floor. The minimum staff requirements can never be deviated from, so the staff will always ensure that the minimum staffing is present on the floor. The facility has video monitoring in blind spots throughout the facility and continues to add cameras as money becomes available. Staff complete hourly headcounts/rounds as an additional means of supervision.

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

- The facility provided a layout of the entire facility and location of residents.

- Site Review:

- o During the site review, it was observed that one staff member was present in the housing area, which is the facility's only housing area. The office setup allows staff to directly observe the hallway, several room doors, and the bathroom door. Each shift always includes at least one staff member in the housing area. Programming, work, education, and other activities are conducted offsite. The site consists of one administrative and one resident housing area.

- o The staff have camera observation via their computers. Additional administrative staff are onsite in the administrative area which is adjacent to the resident housing area.
- o The facility had signs located in restrooms or door areas where residents are not allowed. Residents' ability to access the administrative area has signage indicating that they must knock and seek staff permission to enter the area. Residents have to be supervised at all times in the administrative area.
- o The housing unit is organized in a dormitory style, consisting of one six-person room, four four-person rooms, and one two-person room. Observations of the room checks revealed that these checks are conducted every hour. Female staff announced their presence upon entering the housing area by knocking on the door and informing the occupants about the room check and female entry. The room checks are performed hourly and documented accordingly. When inspecting the bathroom, staff inquired about the occupants and did not enter the bathroom without confirmation.
- o Multiple cameras were strategically installed in all hallways, the direct care staff office, kitchenette, and TV room. The auditor inspected the cameras to confirm their functionality and assess the field of view provided by the camera system. Additionally, a mirror was positioned near the staff office and in the resident hallway area, enabling staff to monitor the hallway and the entrance to the bathroom area, thus addressing any potential blind spots near the staff office.
- o Informal conversation with the residents and two residents reported that they feel safe, and that staff is present at all times.
- o An internal discussion with the staff revealed that all personnel have access to the camera system for conducting supplementary observations.

Interviews

PREA Coordinator: The interviewed staff reported that where video monitoring technology exists, the Program Manager/supervisory designee develops a written plan for the use of video monitoring to protect residents against sexual abuse. Such plan specifies how existing technology will be used in sexual abuse prevention and what additional specific technology would be helpful. When assessing adequate staffing plan the following is considered. All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); The composition of the resident population; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.

Director - The interviewed staff reported that Staffing plans are assessed for resident sexual safety by looking at the layout of the facility, the camera set up and staffing levels. The site has on-call managers on a rotating schedule; therefore, it is expected that there will be adequate staff throughout every day. Cameras are monitored and unannounced site visits occur to monitor.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.213(b). In circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan.

Compliance Determination:

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

- As reported in the PAQ, there were no deviations to the staffing plan.
- Staffing Plan and Staffing Plan Assessment (1/2025): provides documentation of the agency staffing plan and annual assessment that was completed on 1/13.2025)
- Staffing Plan and Staffing Plan Assessment (Dated 1/8/2025): provides documentation of the agency staffing plan and annual assessment. Additionally, the auditor reviewed the staffing plan assessment conducted in 2024.
- The staffing plan minimum requirements are determined by the funder, CT Department of Corrections. The number of residents in the program determines the minimum number of staff that should always remain on the floor. The minimum staff requirements can never be deviated from them so the staff will always ensure that the minimum staffing is present on the floor. The facility has video monitoring in blind spots throughout the facility and continues to add cameras as money becomes available. Staff complete hourly headcounts/rounds as an additional means of supervision.
- The Staffing Matrices are established by the funding source however the funding source is open to suggestions based on the agency's on-going assessments of their needs. The staffing matrix is submitted every year. If the agency/facility has changes to recommend, the funding agency does consider the justifications for the requests.

Interviews

Director or Designee - The interviewed staff reported that the facility documents all instances of noncompliance with the staffing plan. It was further reported that there were no incidents of noncompliance.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.213(c). Whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (4) The resources the facility has available to commit to ensure adequate staffing levels.

Compliance Determination:

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

- As reported in the PAQ, at least once every year the facility, reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.
- Policy: Supervision and Monitoring- Assessment states that "at least once yearly, or whenever necessary, the PREA Team must assess the program and make adjustments, if necessary, to:
 - o The staffing plan.
 - o Prevailing staffing patterns.
 - o The video monitoring plan; and
 - o The resources available to commit to ensure adequate staffing levels" (pp. 1-2).
- Staffing Plan and Staffing Plan Assessment (1/2025): provides documentation of the agency staffing plan and annual assessment that was completed on 1/13.2025)
- Staffing Plan and Staffing Plan Assessment (Dated 1/8/2025): provides documentation of the agency staffing plan and annual assessment. Additionally, the auditor reviewed the staffing plan assessment conducted in 2024.
- The staffing plan minimum requirements are determined by the funder, CT Department of Corrections. The number of residents in the program determines the minimum number of staff that should always remain on the floor. The minimum staff requirements can never be deviated from them so the staff will always ensure that the minimum staffing is present on the floor. The facility has video monitoring in blind spots throughout the facility and continues to add cameras as money becomes available. Staff complete hourly headcounts/rounds as an additional means of supervision.

	<ul style="list-style-type: none"> The Staffing Matrices are established by the funding source however the funding source is open to suggestions based on the agency's on-going assessments of their needs. The staffing matrix is submitted every year. If the agency/facility has changes to recommend, the funding agency does consider the justifications for the requests. <p>Interviews</p> <p>PREA Coordinator – The interviewed staff reported that the staffing plan is reviewed annually. Per protocol, I would be notified in advance if there were any adjustments made to the staffing plan.</p> <p>Corrective Actions:</p> <ul style="list-style-type: none"> N/A. There are no corrective actions for this provision. <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Overarching Prison Rape Elimination Act-PREA Policy</p> <p>Policy: Limits to Cross Gender Viewing and Searches</p> <p>Policy: Supervision and Monitoring</p> <p>Policy: Pat Searches</p> <p>PREA Training Content (on staff signage form)</p>

PREA Searches Training Staff Sign Off (11)

Human Service Worker Handbook

Interviews:

Resident Interview Questionnaire (11)

Random Sample of Staff (8)

Compliance Determination by Provisions and Corrective Actions:

115.215 (a). The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

Compliance Determination:

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

- As reported in the PAQ, the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents: 0
- 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: 0
- The facility does not conduct strip searches or body cavity searches at all. Staff are prohibited from conducting any form of search that involves “touching” by either gender staff. Residents are afforded the utmost privacy in restroom/shower areas where the restroom has stalls and doors, and the showers have stalls and curtains and the doors to the restroom/shower areas may be closed as well. Staff are respectful of residents’ living areas and their privacy.
- There have been no strip search or body cavity searches, and these are prohibited, nor have there been any searches involving “touch.” Residents have privacy while changing clothing because of the doors in their rooms. Policy requires Residents and staff to be subject to hands-off searches that will be conducted in a manner that avoids force, embarrassment or indignity to the person being searched. It also requires that pat downs, body cavity and strip searches are prohibited regardless of the gender of the staff or Resident, even in exigent circumstances.
- Policy: Overarching Prison Rape Elimination Act-PREA Policy states that “Strip Searches - Strip Searches, including body cavity searches are prohibited” (p. 5).
- Policy: Limits to Cross Gender Viewing and Searches states that “CPA’s TH and WRP do not conduct strip searches or visual body cavity searches” (p. 1).

· Policy: Supervision and Monitoring

· Policy: Pat Searches policy states that “Community Partners in Action’s Adult Residential Programs will conduct pat and pocket searches on residential clients. Such searches will complement the agency’s risk management plan pertinent to providing a safe environment for both staff and clients and help to control contraband and detect potential illicit activities. The applicable adult residential programs are the Work Release Program and the Hartford and Waterbury Transitional Houses” (p. 1).

· Audit Site Review:

§ The auditor observed the area in which pat down searches are conducted. The site does not conduct strip searches however resident are pat searched when entering the facility. Residents first go through a metal detector. The staff requests the residents to take off shoes and to empty their pockets. A male staff will conduct the pat down search

§ The auditor asked two residents who were being searched how female staff search them and it was reported that the female staff will just have them empty their pockets or wand them; however, they do not touch them.

§ Informal conversation with a staff conducting the search also stated that there is always a male staff on duty and that the female staff will not pat search a resident.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

· As reported in the PAQ, the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances (facilities have until August 20, 2015, to comply; or August 20, 2017, if their rated capacity does not exceed 50 residents). It further states that the facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. N/A as the site is an all-male facility.

Interviews

Random Sample of Staff – There were no female residents at the program.

Resident Interview Questionnaire (Female Residents)- There were no female residents at the program.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.215 (c). The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female residents.

Compliance Determination:

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

- N/A-the facility does not conduct cross-gender strip searches or visual cavity searches.
- N/A-there are no female residents at the facility.
- Policy: Overarching Prison Rape Elimination Act-PREA Policy states that “Strip Searches - Strip Searches, including body cavity searches are prohibited” (p. 5).
- Policy: Limits to Cross Gender Viewing and Searches states that “CPA’s TH and WRP do not conduct strip searches or visual body cavity searches” (p. 1).
- Policy: Supervision and Monitoring
- Policy: Pat Searches policy states that “Community Partners in Action’s Adult Residential Programs will conduct pat and pocket searches on residential clients. Such searches will complement the agency’s risk management plan pertinent to providing a safe environment for both staff and clients and help to control contraband and detect potential illicit activities. The applicable adult residential programs are the Work Release Program and the Hartford and Waterbury Transitional Houses” (p. 1).

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures 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.
- Policy: Limits to Cross Gender Viewing states that “The TH and WRP shall enable residents to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing such activity.” (p. 1).
- Policy: Overarching PREA Policy states that “Staff must announce their presence when entering areas of the facility where residents of the opposite sex may be performing bodily functions” (p. 7).
- Site Review:
 - o During the site review, it was observed that one staff member was present in the housing area, which is the facility's only housing area. The office setup allows staff to directly observe the hallway, several room doors, and the bathroom door. Each shift always includes at least one staff member in the housing area. Programming, work, education, and other activities are conducted offsite. The site consists of one administrative and one resident housing area.
 - o The staff have camera observation via their computers. Additional administrative staff are onsite in the administrative area which is adjacent to the resident housing area.
 - o The facility had signs located in restrooms or door areas where residents are not allowed. Residents’ ability to access the administrative area has signage indicating that they must knock and seek staff permission to enter the area. Residents have to be supervised at all times in the administrative area.
 - o The housing unit is organized in a dormitory style, consisting of one six-person room, four four-person rooms, and one two-person room. Observations of the room

checks revealed that these checks are conducted every hour. Female staff announced their presence upon entering the housing area by knocking on the door and informing the occupants about the room check and female entry. The room checks are performed hourly and documented accordingly. When inspecting the bathroom, staff inquired about the occupants and did not enter the bathroom without confirmation.

- o Multiple cameras were strategically installed in all hallways, the direct care staff office, kitchenette, and TV room. The auditor inspected the cameras to confirm their functionality and assess the field of view provided by the camera system. Additionally, a mirror was positioned near the staff office and in the resident hallway area, enabling staff to monitor the hallway and the entrance to the bathroom area, thus addressing any potential blind spots near the staff office.

- o Informal conversation with the residents and two residents reported that they feel safe, and that staff is present at all times. The residents stated that staff always make opposite gender announcements, and no one sees them changing clothes, in shower or using the toilet.

- o Informal discussion with the staff revealed that all personnel have access to the camera system for conducting supplementary observations.

Interviews

Resident Interview Questionnaire – Eleven residents were interviewed, and ten residents confirmed that staff announce their presence when entering the housing area, especially when a female officer is entering the unit. One resident reported that staff do not announce themselves when entering the housing area. All interviewed residents stated that neither officers nor other residents could see them while using the toilet, showering, or changing clothes. They confirmed that privacy measures are in place to prevent any visual exposure. Additionally, they did not express any concern regarding their personal privacy in these situations.

Random Sample of Staff – Five out of the eight staff interviewed stated they announce themselves when entering the housing area of residents. Two of the eight stated that they do not always announce themselves, but they will knock. The reason they do not announce is because sometimes the residents are asleep when conducting rounds and do not want to wake them. One of the staff interviewed stated that he mostly announce himself when entering the housing area. The eight interviewed staff confirmed that resident in custody can dress, shower, and use the toilet without being observed by staff or members of the opposite gender.

Correction Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. There were zero reported searches that occurred in the last 12 months.
- Policy: Overarching PREA Policy states that "Staff must not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. A resident's genital status may be determined based on all information available to the program" (p. 7).

Interviews

Random Sample of Staff – The interviewed staff reported that they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

Transgender/Intersex Residents – There were no transgender or intersex residents onsite during the onsite portion of the audit.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, 100% of staff who have received training on conducting cross-gender pat-down searches and searches of transgender and

	<p>intersex residents in a professional manner with security needs.</p> <ul style="list-style-type: none"> · PREA Searches Training Sign Off (11) · Human Services Worker Handbook: Addresses the agency's expectation on how searches are conducted. <p>Interviews</p> <p>Random Sample of Staff – All of the interviewed staff reported that their onboarding/ OJT included instructions on pat-down searches for all genders, including transgender and intersex individuals. However, Community Partners in Action has procedure that only male staff would conduct pat-down searches on male residents. Female staff would perform visual checks while resident inspect their own waistbands and shirts, or they would use the wand for searches. Staff stated that the schedule normally has several males on the shift for searches and drug testing.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Residents with Disabilities who Are LEP</p> <p>Policy: Limited English Proficient</p>

Policy: Overall Prison Rape Elimination Act – PREA Policy

Policy: Essential Staff Policy and Acknowledgement

LEP Training Certificate

Camera Review Report Form

Language Line

Written Material (Vulnerable Populations Slides)

Staff PREA Training Sign Off (Standard 115.231)

Interviews:

Agency Head

Residents (with disabilities or who are limited English proficient) (1)

Random Sample of Staff (8)

Findings (By Provision):

115.216 (a). The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.

Compliance Determination:

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

- As reported in the PAQ, the agency has established procedures to provide disabled residents 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.

- Policy: The Resident with Disabilities policy states that “CPA shall take appropriate steps to ensure residents who are LEP or have disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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” (p. 1).
- Policy: Admission and Orientation Work Release Programs states that “The program shall provide orientation and information in a manner of which can be understood by the person served. Information shall be in formats that are accessible to those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as those who have limited reading skills” (p. 2).
- Contracts for Interpreter Services: The facility does not have a contract for interpreter services, but it has access to said services through LEP Language Line.
- Written Material: Staff are expected to complete an online training requirement that addresses mandatory reporting requirements, working with Limited English Proficient Residents, Improving Cultural Competencies for Behavior Health Professionals Training.

· Site Review:

§ The auditor evaluated the facility’s process for securing interpretation services on-demand. The auditor contacted the language line and determined that the services worked properly. It should be noted that residents have their own cellphones to use as well.

§ Residents do not have to self-identify when using the language line. The line only requires an agency code to access interpretation services.

§ The services were available immediately upon call and request.

§ Due to the cost of accessing interpretation services, the language line has to be set up with the Director; however, residents have immediate access to multiple bilingual staff to immediately interpret the most common language of Spanish.

§ During informal conversations with staff, it was reported that the agency has a bilingual case manager that is housed at another program onsite; along with several bilingual Spanish speaking staff onsite at the program.

§ The case managers were able to readily state that they would seek interpreter services if needed.

Interviews

Agency Head – The interviewed agency head reported that CPA has established procedures to ensure residents who are LEP or have disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Additionally, we have information available in multiple languages.

Residents (with disabilities or who are limited English proficient) – There was one resident identified with a disability. The interviewed residents reported that the facility provided information about sexual abuse and sexual harassment in a manner in which they could understand. The resident further reported that they felt comfortable asking staff for assistance if needed. The resident stated that they were able to speak one on one with case manager and review handbook during the intake process upon their arrival at the facility.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment.
- Policy: The Prison Rape Elimination Act (PREA) Policy states that "The agency prohibits the use of residents as interpreters in matters regarding allegation of sexual abuse/harassment during an internal investigation unless the delay could compromise the resident's safety. The agency has identified a staff member for Spanish speaking individuals who would be able to provide interpreter assistance as needed. The Agency will provide materials related to the zero-tolerance policy in the language of current limited English proficient residents. The agency will create a system for staff to access alternative language lines for additional interpretive services. Information regarding access to the Language Line is available in the PREA Binder available through the program Director or in the COD office. In the case of a LEP client (limited English proficiency) or disabled person unable to read and/or understand the written PREA policy, a staff member will read the PREA policy and

elicit responses to confirm that the person understands the policy. Someone who is severely disabled may meet our exclusionary criteria for admission. (p. 1).

- Policy: Admission and Orientation Work Release Programs states that “The program shall provide orientation and information in a manner of which can be understood by the person served. Information shall be in formats that are accessible to those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as those who have limited reading skills” (p. 2).
- Contracts for Interpreter Services: The facility does not have a contract for interpreter services, but it has access to said services through LEP Language Line.
- Written Material: Staff are expected to complete an online training requirement that addresses mandatory reporting requirements, working with Limited English Proficient Residents, Improving Cultural Competencies for Behavior Health Professionals Training.
- PREA Training: The PREA training material as discussed in standard 115.231 addresses working with vulnerable populations.
- Staff Training: PREA Training documented in Standard 115.231. The training curriculum addresses working with residents who are disabled and/or limited English Proficient.
- Site Review (same as a).

Interviews

Residents (with disabilities or who are limited English proficient) – There was one resident identified with a disability. The interviewed residents reported that the facility provided information about sexual abuse and sexual harassment in a manner in which they could understand. The resident further reported that they felt comfortable asking staff for assistance if needed. The resident stated that they were able to speak one on one with case manager and review handbook during the intake process upon their arrival at the facility.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the agency policies prohibit other use of resident interpreters, resident readers, or other type 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 residents' allegations. Furthermore, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.
- 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: 0.
- Policy: The Prison Rape Elimination Act (PREA) Policy states that "The agency prohibits the use of residents as interpreters in matters regarding allegation of sexual abuse/harassment during an internal investigation, unless the delay could compromise the resident's safety." (p. 1).
- There were no identified or documented circumstances when resident interpreters, readers, and other resident assistants were used.

Interviews

Random Sample of Staff – All of the interviewed staff reported that they would not rely on another resident to interpret or assist a disabled or limited English proficiency resident in reporting allegations of sexual abuse or harassment. Six staff stated they would seek assistance from another staff member for interpretation, while two indicated they would contact an external interpretation service.

Residents (with disabilities or who are limited English proficient) – There was one resident identified with a disability. The interviewed residents reported that the facility provided information about sexual abuse and sexual harassment in a manner in which they could understand. The resident further reported that they felt comfortable asking staff for assistance if needed. The resident stated that they were able to speak one on one with case manager and review handbook during the intake process upon their arrival at the facility.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Overall Findings:

	The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Background Checks</p> <p>Policy: Hiring Procedures</p> <p>Policy: Hiring and Promotion Decisions</p> <p>Policy: Code of Ethics</p> <p>Workplace Harassment & Discrimination Investigation Protocols</p> <p>List of New Hire Staff</p> <p>Personnel File (14 new hires):</p> <ul style="list-style-type: none"> · National Sex Offender Registry · Court Search Record (Nationwide/Statewide) · Driving History · Social Trace · Application · PREA Disclosure (pre-employment Questionnaire-11) <p>5-year background checks (Conducted agencywide January 2021)</p> <p>Workplace code of conduct</p> <p>Email Correspondence with HR (Prior Institutional Employer Check)</p> <p>Interviews:</p>

Administrative (Human Resources) Staff

Findings (By Provision):

115.217 (a). The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who (1) 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); (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 paragraph (a)(2) of this section.

Compliance Determination:

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

- As reported in the PAQ, the agency policy does not prohibit hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:
- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- It has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2).
- Employee Records: Document Employee Records provide an overview of the background check process and employee file (14).
- Policy: Employment provides guidance on the hiring process for employees.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.217 (b). As reported in the PAQ, the agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Compliance Determination:

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

- Policy: Employment states that "Connecticut Renaissance will consider any prior reported incidents of sexual harassment in determining whether to hire, appoint, or promote an individual who may have contact with a person in the custody of the Judicial Branch or the Department of Correction" (p. 3).

Interviews

Administrative (Human Resources) Staff - The agency does consider prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with residents.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.217 (c). Before hiring new employees, who may have contact with residents, the agency shall: (1) Perform a criminal background records check; and (2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Compliance Determination:

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

- As reported in the PAQ, the agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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.
- In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks: 13.
- Policy: Employment provides guidance on the hiring process for employees.
- Personnel Files Reviewed: (14)
- Documentation was reviewed for a new hire staff where the agency sought to

obtain a prior institutional reference check.

Interviews

Administration (Human Resources Staff): The interviewed staff reported that Community Partners in Action conducts a background check on all new hires and contractors working with our program participants. The background check includes a review at the state, national and federal level, DCF file review, motor vehicle records and sex offender registry.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.217 (d). The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents.

Compliance Determination:

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

- As reported in the PAQ, the agency policy does not require that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 0.
- There are no contracted staff to review background checks.

Interviews

Administration (Human Resources Staff): The interviewed staff reported that Community Partners in Action conducts a background check on all new hires and contractors working with our program participants. The background check includes a review at the state, national and federal level, DCF file review, motor vehicle records and sex offender registry.

Corrective actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.217 (e). The agency shall either conduct criminal background records checks at

least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

Compliance Determination:

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

- As reported in the PAQ, the agency policy requires that criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents, or who may have contact with residents, or that a system is in place for otherwise capturing such information for current employees.
- Policy: The Employee policy states that "Criminal Record Checks shall be completed prior to hire and every 5 years thereafter for all potential employees, volunteers, interns and contractors". (p. 4).
- 5- year background check-the agency provided a spreadsheet, showing all agency staff had a 5-year background check conducted on January 28, 2021. The next check will occur in 2026.

Interviews

Administrative (Human Resources) Staff – A background check (as described in provision 115.217 (b) is conducted on every new hire and contractor who is brought in to provide services to our participants. In 2021 CPA engaged with Employee Reference Source to conduct background checks. Annually, a state criminal, motor vehicle and sex offender background check are completed on all employees.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

· Pre-employment Questionnaire (11)

Interviews

Administrative (Human Resources) Staff – The interviewed staff reported that all new applicants are pre-screened on the employee application. Additionally, per CPA’s Employee Handbook “Existing employees are required to notify their supervisors and the Executive director of any federal, state or local arrest of conviction no later than five days after such arrest or conviction.”

Corrective Actions:

N/A. There are no corrective actions.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.217 (g). Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

Compliance Determinations:

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

· As reported in the PAQ, the agency policy states that material omission regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

· Policy Employment states that “Omissions on the part of the employee, volunteer, intern or contractor or the provision of materially false information, shall be grounds for termination (p. 2).

Corrective Actions:

N/A. There are no corrective actions.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

	<p>Interviews</p> <p>Administrative (Human Resources) Staff – The interviewed staff stated that without written authorization from the former employee, CPA policy only allows sharing dates of employment and position.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Upgrades to Facilities and Technologies</p> <p>Advanced Alarms Invoice</p> <p>Interviews:</p> <p>Agency Head</p> <p>Director</p> <p>Findings (By Provision):</p> <p>115.218 (a). When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.</p>

Compliance Determination:

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

- As reported in the PAQ, the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

Interviews

Agency Head – The interviewed agency head reported that we designate or acquire a new facility, the agency shall consider how such technology may enhance the agencies’ ability to protect residents from sexual abuse.

Director or Designee – The interviewed staff reported that there has been no substantial expansions or modifications to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. However, if needed the PREA standards would be taken into consideration.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.218 (b). When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

Compliance Determination:

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

- As reported in the PAQ, the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.
- The facility provided documentation of the upgrades made to the video monitoring system (Advanced Alarms Invoice).

Interviews:

Agency Head – The interviewed agency head reported that when installing new technology or a video monitoring system, the agency should consider how it may enhance the agencies’ ability to protect residents from sexual abuse.

	<p>Director or Designee – The interviewed staff reported that when installing new cameras or video monitoring technology the agency shall consider whether the enhancements could better protect residents from sexual abuse. It was further reported that they are always looking at ways to enhance the camera system and the cameras were recently updated.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Forensic Investigation</p> <p>Policy: Overarching Prison Rape Elimination Act- PREA Policy</p> <p>Policy: Supervision and Monitoring</p> <p>YWCA Contract</p> <p>Correspondence with State Police</p> <p>Interviews:</p> <p>Random Sample of Staff (8)</p> <p>Findings (By Provision):</p>

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

Compliance Determination:

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

- As reported in the PAQ, the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Department of Corrections, Waterbury Police Department, and State Police are responsible for conducting criminal investigations. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.
- Policy: Evidence Protocol and Forensic Medical Examinations states that “CPA shall contact local authorities to investigate allegations of sexual abuse” (p. 1).

Interviews

Random Sample of Staff – The interviewed staff could demonstrate awareness of the agency’s protocols but required probing to describe the steps for preserving usable physical evidence. While they could identify key actions such as separating the resident, securing the area, wearing gloves, notifying a supervisor, and completing necessary reports, they needed prompting to include critical steps such as preventing the resident from showering, brushing teeth or using the bathroom. Four staff members stated that program manager would conduct the sexual abuse investigations, while three stated that PREA Coordinator would handle sexual abuse investigations, and one indicated that human resources would conduct sexual abuse investigations

Corrective Actions:

While there is no corrective action, the auditor recommends that the facility conduct tabletop exercises with staff to continuously remind them of their knowledge and awareness on how to handle evidence.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.221 (b). NA-there are no youth housed at the placement.

115.221 (c). The agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be

performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

Compliance Determination:

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

- As reported in the PAQ, the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

- o The number of forensic medical exams conducted during the past 12 months: 0

- o The number of exams performed by SANEs/SAFEs during the past 12 months: 0

- o The number of exams performed by a qualified medical practitioner during the past 12 months: 0

- Policy: Evidence Protocol and Forensic Medical Examinations states that “. CPA shall offer all victims of sexual abuse access to forensic medical examinations without financial cost” (p. 1). The policy further states that “CPA shall offer victims of sexual abuse access to forensic medical examinations via Hartford Hospital, without financial cost where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination will be performed by other qualified medical practitioners. CPA shall document its efforts to provide SAFEs or SANEs” (p. 1).

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.221 (d). The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency makes available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may

utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

Compliance Determination:

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

- As reported in the PAQ, the facility attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other mean. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.
- Policy: Evidence Protocol and Forensic Medical Examinations states that “CPA shall attempt to make available to the victim a victim advocate” (p. 1).
- An agreement with the YWCA confirms the agencies community partner to have an outside agency advocate that can: provide sexual assault crisis counselor to accompany and support the victim throughout the forensic medical exam process and investigatory interviews, and provide emotional support, crisis intervention, information and referrals, as requested by the victim throughout the clients placement in CPAs facility.
- Residents are taken to Hartford Hospital in Hartford CT, for SANE Evaluations.

Interviews

PREA Coordinator – The interviewed staff reported that CPA has an active MOU with YWCA New Britain. These services are offered to residents free of charge. YWCA-New Britain is a certified provider of sexual assault services in CT.

Residents who Reported a Sexual Abuse – There were no resident who reported sexual abuse during the audit period nor onsite during the audit process.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.221 (e). As reported in the PAQ, if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Compliance Determination:

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

Policy: Evidence Protocol and Forensic Medical Examinations states that "Victim Advocate: CPA shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, CPA shall attempt to make such services available through a qualified staff member from a qualified community-based organization. The program shall document efforts to secure services from rape crisis centers" (p.1).

- An agreement with the YWCA confirms the agencies community partner to have an outside agency advocate that can: provide sexual assault crisis counselor to accompany and support the victim throughout the forensic medical exam process and investigatory interviews, and provide emotional support, crisis intervention, information and referrals, as requested by the victim throughout the client's placement in CPAs facility.

Interviews

PREA Coordinator - The interviewed staff reported that all victims are accompanied by one of the following, the victim advocate, qualified CPA staff member, or qualified staff from a community-based agency to support the victim through the forensic medical examination process and investigatory reviews and shall provide emotional support, crisis intervention, information, and referrals throughout the process. A qualified staff would be someone who is trained in PREA and specialized training, but we would really focus on who the resident is comfortable with.

Residents who Reported Sexual Abuse - There were no residents on site who reported sexual abuse during the onsite portion of the audit.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.221 (f). As reported in the PAQ, iff the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.221 (a) through (e) of the standards.

Compliance Determination:

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

- Email correspondence with Connecticut State Police confirmed that the

Connecticut State Police would conduct the criminal investigations.

- Official communication with the Connecticut State Police has verified that they will be responsible for carrying out the criminal investigations.
- The auditor corresponded with the State Troopers who further reported that they conduct investigations at the community confinement sites across the state.
- Policy: Evidence Protocol and Forensic Medical Examinations states that “Qualifications of Investigating Agency: CPA shall request that the investigating agency abide to PREA requirements/standards” (p. 2).

Corrective Actions:

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

Overall Findings:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.221 (g). Auditor is not required to audit this provision.

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

Compliance Determination:

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

Policy: Evidence Protocol and Forensic Medical Examinations states that “As requested by the victim, the victim advocate, qualified CPA staff member, or qualified staff from a community-based agency shall accompany and support the victim through the forensic medical examination process and investigatory reviews and shall provide emotional support, crisis intervention, information, and referrals” (p. 1).

Overall Findings:

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

	online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Overarching Prison Rape Elimination Act-PREA Policy</p> <p>Policy: Policies to Ensure Referrals of Allegations for Investigations</p> <p>Staffing Matrix (2024/2025)</p> <p>PREA Incident Packet (2)</p> <p>Website: PREA Standards - CPA</p> <p>Interviews:</p> <p>Agency Head</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.222 (a). The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>Compliance Determinations:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> As reported in the PAQ, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct). In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 2. In the past 12 months, the number of allegations resulting in an administrative investigation: 2. In the past 12 months, the number of allegations referred for criminal investigation: 0.

- Policy: Policies to Ensure Referrals of Allegations for Investigations states that “CPA shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment” (p. 1).

- There were two reported allegations of sexual harassment and/or sexual abuse that were reported and investigated. The investigation reports provided documentation that the allegations were fully investigated.

Interviews

Agency Head – The interviewed agency head reported that the agency shall ensure that all allegations of sexual abuse or sexual harassment are investigated. An outside law enforcement agency or Parole will conduct the criminal investigations.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determinations:

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

- As reported in the PAQ, the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

- Policy: Policies to Ensure Referrals of Allegations for Investigations states that “CPA shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment” (p. 1). Additionally, the policy states that “Sexual Abuse/Harassment Allegations: CPA maintains policies to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to local authorities to conduct criminal investigations, unless the

allegation does not involve potentially criminal behavior. This policy is maintained on the CPA website (www.cpa-ct.org). CPA shall document all such referrals. Conducting Criminal Investigations: Local authorities shall be responsible for conducting criminal investigations, not CPA. CPA shall attempt to secure the publication describing the responsibilities of the local authorities and publish it on the agency's website.

- There were two reported allegations of sexual harassment and/or sexual abuse that were reported and investigated. The investigation reports provided documentation that the allegations were fully investigated.

- The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means at PREA Standards - CPA.

Interviews

Investigative Staff - The interviewed staff stated that as soon as practical, CPA must report all allegations of sexual abuse, including third party and anonymous reports, to the local authorities for further investigation. Call 911 to obtain transportation for the resident to the nearest acute care hospital for care and consideration. As this program is contracted through the State of CT, the Connecticut State Police would be the investigating law enforcement authority. When conducting the administrative investigations, I would discuss it with the PREA Coordinator. As the investigator, anyone can refer the allegation to me.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determinations:

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

- The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means at PREA Standards - CPA

Corrective Actions:

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

	<p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.222 (d). Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations. Auditor is not required to audit this provision.</p> <p>115.222 (e). Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations. Auditor is not required to audit this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Following analysis and upon review of additional documentation the site has met compliance with the standard.</p>
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115.231	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Zero Tolerance of Sexual Abuse and Sexual Harassment</p> <p>Policy: Overarching Prison Rape Elimination Act-PREA Policy</p> <p>Policy: Employee Training</p> <p>Human Service Worker Handbook</p> <p>Workplace Harassment & Discrimination Investigation Protocols</p> <p>PREA Training PPT</p> <p>PREA Acknowledgement Signed/Staff PREA Training Understanding (13)</p>

PREA Refresher Training (8)

Human Service Worker Handbook (Revised 3/24/2025)

Interviews:

Random Sample of Staff (8)

Findings (By Provision):

115.231 (a). The agency shall train all employees who may have contact with residents on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' rights to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Compliance Determination:

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

· As reported in the PAQ, the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The agency trains 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. The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. The agency trains 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. The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in confinement. The agency trains all employees who may have contact with residents on the common reactions of sexual abuse and sexual harassment victims. The agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents. The agency trains 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. The agency trains 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.

- Policy: Employee Training provides the following training guidelines:
 - o CPA shall train all staff who may have contact with HTH and/or WRP residents. Such training shall be tailored to the gender of the residents, which in this case is male. The staff shall receive additional training if they are reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.
- Procedures:
 - Training Content: Staff must be trained in, and must sign a statement that they understand, the following:
 - CPA's zero tolerance for all forms of sexual abuse and sexual harassment;
 - The resident's right to be free from sexual abuse and sexual harassment;
 - How to fulfill their responsibilities under CPA's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 - The dynamics of sexual abuse and sexual harassment in residential settings, including determining which residents are most vulnerable;
 - The right of residents and staff to be free from retaliation for reporting sexual abuse or sexual harassment;
 - How to detect and respond to signs of threatened and actual abuse;
 - The common reactions of sexual abuse and sexual harassment victims;
 - How to maintain professional boundaries with residents at all times;
 - How to communicate effectively and professionally with all residents;
 - How to comply with relevant laws related to the mandatory reporting of sexual abuse to authorities.
 - PREA Training PPT: General presentation on the PREA standards.
 - Written Material: Staff are expected to complete an online training requirement that addresses mandatory reporting requirements, working with Limited English Proficient Residents, Improving Cultural Competencies for Behavior Health Professionals Training.
 - PREA Acknowledgement Signed/Staff PREA Training Understanding (13)
 - Human Services Worker Handbook: Additionally, staff receive a handbook outlining staff expectations regarding the protection, detecting, reporting, and responding to allegations of sexual abuse and sexual harassment.

Interviews

Random Sample of Staff – All of the interviewed staff confirmed that they received PREA education during onboarding/OJT training and undergo refresher training annually. This training covers policy updates, employee, and resident rights, recognizing signs of sexual abuse, and reporting and response procedures. They demonstrated knowledge of how to prevent, detect, report, and respond to sexual abuse and harassment, including identifying physical harm, maintaining appropriate boundaries, and recognizing signs such as closed off, quiet, or isolation. Additionally, the staff articulated strategies to prevent inappropriate relationships with resident by avoiding sharing personal information, not doing favors for resident and comply with mandated reporting laws.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the training is tailored to the gender of the residents at the facility.
- PREA Training PPT: General presentation on the PREA standards.
- PREA Acknowledgement Signed/Staff PREA Training Understanding (13)

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

Compliance Determination:

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

- As reported in the PAQ, in between training the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is annually.
- Policy: Employee Training states that “all current employees who have not received PREA training shall be trained within one year of the effective date of the PREA standards. From the effective date of PREA forward, new staff will be trained in PREA as part of their new hire orientation. Such training will occur within 30 days of the employee’s start with WRP or HTH” (p. 1).
- Refresher: Employee PREA Training Acknowledgment (8)

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.
- Staff PREA Understanding Acknowledgement Signed (3)

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

	<p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Following analysis and upon review of additional documentation the site has met compliance with the standard.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Volunteer and Contractor Reporting</p> <p>PREA Volunteer and Contractor Brochure</p> <p>PREA Acknowledgement (3)</p> <p>Training Curriculum (standard 115.231 staff training0</p> <p>Interviews:</p> <p>Volunteer(s) or Contractor(s) who may have Contact with Residents-not available</p> <p>Findings (By Provision):</p> <p>115.232 (a). The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> As reported in the PAQ, all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and individual contractors who have

contact with residents who have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 13. It was further determined that there are only three volunteers who have contact with residents. There are 10 service contractors that perform various maintenance as needed but do not have routine contact with residents.

- Policy: The Volunteer and Contractor Reporting Policy states that “CPA shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures” (p. 1).
- PREA Notice: Volunteers and Contractors re provided a copy of the PREA Notice which provides a general statement of the zero-tolerance policy, that it can be reported to staff or law enforcement and the consequences for violation of the policy.
- PREA Brochure: A Guide to the Prevention and Reporting of Sexual Misconduct with Clients is provided to the volunteers and contractors as part of the education on the zero-tolerance policy.
- PREA Acknowledgement (3). The auditor verified through the signage of the PREA Acknowledgement volunteers’ completion of PREA training.
- Training Curriculum (standard 115.231-employee training): volunteers receive the same training as staff. The training PPT is provided in standard 115.231.

Interviews

Volunteers or contractors who may have contact with residents – The volunteer was unavailable during the site visit due to illness.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the level and type of training provided to volunteers

and contractors is based on the services they provide and the level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. It was further reported that all volunteers and contractors receive the same training as employees.

- Policy: The Volunteer and Contractor Reporting Policy states that "The level and type of training provided to volunteers and contractors will be based on the services they provide and the level of contact they have with residents. The agency will maintain documentation confirming that volunteers and contractors understand the training they have received" (p. 1).

- PREA Notice: Volunteers and Contractors are provided a copy of the PREA Notice which provides a general statement of the zero-tolerance policy, that it can be reported to staff or law enforcement and the consequences for violation of the policy.

- PREA Brochure: A Guide to the Prevention and Reporting of Sexual Misconduct with Clients is provided to the volunteers and contractors as part of the education on the zero-tolerance policy.

- PREA Acknowledgement (3). The auditor verified through the signage of the PREA Acknowledgement volunteers' completion of PREA training.

Interviews:

Volunteers or contractors who may have contact with residents – The volunteer was unavailable during the site visit due to illness.

Corrective Actions:

N/A

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination

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

- As reported in the PAQ, the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.

- PREA Acknowledgement (3). The auditor verified through the signage of the PREA Acknowledgement volunteers' completion of PREA training.

	<p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Following analysis and upon review of additional documentation the site has met compliance with the standard.</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Overarching Prison Rape Elimination Act-PREA Policy</p> <p>Policy: Zero Tolerance of Sexual Abuse and Sexual Harassment</p> <p>Policy: Resident Education</p> <p>Policy: Limited English Proficiency</p> <p>PREA Script for New Intakes</p> <p>PREA Notice (English/Spanish)</p> <p>Resident Handbook</p> <p>PREA Education (31)</p> <p>PREA Education Transfer Residents (6)</p> <p>12 Month Roster</p> <p>Interviews:</p>

Intake Staff

Resident Interview Questionnaire (11)

Corrective Action:

Resident Education (Resident Access to Outside Confidential Support Services)

Findings (By Provision):

115.233 (a). During the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

Compliance Determination:

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

- Residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The number of residents admitted during the past 12 months who were given this information at intake: 70.

- Policy: The Overarching PREA Policy states that "During the intake process, staff must notify all residents that CPA:

- i. Has zero tolerance for all forms of sexual abuse and sexual harassment,

- ii. Has multiple ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents, and

- iii. Has a way to report sexual abuse or sexual harassment to authorities, allowing the reporting resident to remain anonymous" (p. 5).

- WRAP Script: Provides an outline of the information intake staff is required to cover new residents related to PREA during the intake process.

- PREA Notice: Residents are provided a copy of the PREA Notice which provides a general statement of the zero-tolerance policy, that it can be reported to staff or law enforcement and the consequences for violation of the policy.

- Resident Handbook: The Resident Handbook is provided to the residents at

intake. The resident handbook addresses the following information:

- o CPA has zero tolerance for all forms of resident on resident or staff on resident sexual abuse or sexual harassment. CPA will protect all residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.
- o Policy:
- o CPA shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.
- o Procedures:
- o Resident Reporting:
 - o During the intake process, residents will be informed about the multiple ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting such behavior and staff neglect or violation of responsibilities that may have contributed to such incidents. How to report an incident of sexual abuse and/or sexual harassment will also be outlined in the resident handbook given at intake. All residents sign an acknowledgement form that they have received the handbook.
 - o Residents will also be informed of at least one way to report abuse or harassment to an office that is not part of the HTH or WRP programs and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to CPA senior management, allowing the resident to remain anonymous upon request.
 - o The following are the ways in which an incident of sexual abuse and/or sexual harassment can be reported:
 - o Report the incident directly to your assigned Case Manager or any program staff.
 - o Make an anonymously written report of the incident and place it in the Grievance/Incident Box outside the monitor's office.
 - o Report on the incident to the Program Manager, Sonia Rodriguez
 - o Report the incident to the Program Operations Director
 - o (Derek Morrissey (860) 973-2746 or Deb Rogala at 860-796-8222)
 - o Report the incident to Statewide 24-Hour Toll-Free Hotline
 - o 1-888-999-5545 (ENGLISH) 1-888-568-8332 (SPANISH)
- Resident Handbook Acknowledgement: Residents are required to sign the

acknowledgement form upon receipt. The review of these acknowledgements verifies that residents have been educated on the agency's zero tolerance policy.

- 12-month roster of residents: the auditor randomly selected residents from the 12-month roster. There is only one housing unit, so the resident location did not make determination on the selection of residents. Additionally, the auditor reviewed information on residents of various ages and races.

- Site Review:

The auditor confirmed that the case managers conduct the intake. The auditor participated in a mock demo with the case manager.

The auditor tested how the facility provides the necessary PREA information to all residents. The case manager conducts the intake as soon as the resident arrives.

The resident was brought into the case manager's office, and the door was shut.

The case manager proceeded to explain to the mock client the intake process and ask the residents where they were aware of PREA. The case manager then explained to the resident what PREA was, how to make a report, that there was no retaliation for reporting and providing the mock resident with the PREA form. The case manager also notified the residents where the PREA grievance boxes were located.

The auditor observed that the information provided is at a high school reading level.

The case managers had material available in English and Spanish. When asked if they had a limited English proficient person it was reported that they would access language line services through the manger. It was further reported that there are multiple bilingual Spanish speaking staff available. The case manager reported that they would utilize language line first for confidentiality for the assessment.

Staff are prepared to read written information out loud, if applicable, to make accommodations for persons confined in the facility when necessary. It was further reported that they would review the packet provided by the prison to determine if there were any disabilities that would hinder there ability to deliver the information.

INTERPRETATION SERVICES

§ The auditor tested the facility's process for securing interpretation services on-demand. The auditor contacted the language line and determined that the services worked properly. It should be noted that residents have their own cellphones to use as well.

§ Residents do not have to self-identify when using the language line. The line only requires an agency code to access interpretation services.

§ The services were available immediately upon call and request.

§ Due to the cost of accessing interpretation services, the language line has to be set up with the Director; however, residents have immediate access to multiple bilingual staff to immediately interpret the most common language of Spanish.

§ During informal conversations with staff, it was reported that the agency has a bilingual case manager that is housed at another program onsite; along with several bilingual Spanish speaking staff onsite at the program.

§ The case managers were able to readily state that they would seek interpreter services if needed.

Interviews:

Intake Staff – The interviewed intake staff reported that the PREA screening is conducted on the first day the resident arrives. In order to ensure the residents, understand the information the staff verbally go over the documents, ask them if they understand and provide written material.

Resident Interview Questionnaire – All of the interviewed residents reported that when they first arrived at the facility there were given the rules against sexual abuse and sexual harassment. This information was conveyed through a one-on-one conversation with a staff member, and each resident was also given a handbook containing the rules. Furthermore, the residents stated that during their initial intake at the facility, they were informed about their rights to be protected from sexual abuse and harassment, the process for reporting such incidents, and their right to do so without facing retaliation or punishment. They mentioned that on the day of their arrival, they met with a staff member to go over the rules and was given a handbook.

Corrective Actions:

Resident Education: As a corrective action measure the auditor requested that the facility provide additional education and information to residents regarding access to outside confidential Support Services for residents. This same documentation will be used during intake as an ongoing process to educate residents. The education went over the various services provided by the YWCA New Britain's Sexual Assault Crisis Services.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.233 (b). The agency shall provide refresher information whenever a resident is transferred to a different facility.

Compliance Determination:

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

- As reported in the PAQ, the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1. The number of residents transferred from different community confinement facility during the past 12 months: 6. The number of residents transferred from a different community confinement facility, during the past 12 months, received refresher information: 6.

Intake records of residents transferred from another facility in the last 12 months

were reviewed verifying that the residents received PREA education consistent with all resident new intakes (6)

- Residents are provided the PREA education materials indicated in provision 115.233 (a).

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Interviews

Intake Staff – The interviewed staff reported that when residents are transferred from other sites, they will go over the intake packet with them to ensure they understand the information. The process is done the same, as all of the residents are transferred from another facility. The information is provided verbally, and residents are provided with a packet prior to signing acknowledgement of receipt.

Resident Interview Questionnaire – Eleven residents were interviewed, all of whom had been at the placement for less than 12 months. Additionally, eight of these residents were transferred from a jail or prison to the facility.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, resident PREA education is available in formats accessible to all residents, including those who are limited English proficient. Resident PREA education is available in formats accessible to all residents, including those who are deaf. Resident PREA education is available in formats accessible to all residents, including those who are visually impaired. Resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled. Resident PREA education is available in formats accessible to all residents, including those who are limited in their reading skills.

· Policy: Limited English Proficient policy states that “Community Partners in Action (CPA) will comply with Executive Order 13166 by taking reasonable steps to ensure meaningful access to its programs and services by Limited English Proficient (LEP) persons free of charge. Specific to its respective programs, CPA will establish and implement a LEP Plan for language assistance services that provide LEP persons with meaningful access to critical services while not imposing undue burdens onto the agency” (p. 1).

· Policy: The Resident Education Policy states that “CPA has zero tolerance for all forms of resident on resident or staff on resident sexual abuse or sexual harassment. CPA will protect all residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.

Policy:

CPA shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Procedures:

Resident Reporting:

Ø During the intake process, residents will be informed about the multiple ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting such behavior and staff neglect or violation of responsibilities that may have contributed to such incidents. How to report an incident of sexual abuse and/or sexual harassment will also be outlined in the resident handbook given at intake. All residents sign an acknowledgement form that they have received the handbook.

Ø Residents will also be informed of at least one way to report abuse or harassment to an office that is not part of the HTH or WRP programs and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to CPA senior management, allowing the resident to remain anonymous upon request.

Ø The following are the ways in which an incident of sexual abuse and/or sexual harassment can be reported:

- 1- Report the incident directly to your assigned Case Manager or any program staff.
- 2- Make an anonymous written report of the incident and place it in the Grievance/ Incident Box outside the monitor’s office
- 3- Report the incident to the Program Manager, Sonia Rodriguez
- 4- Report the incident to the Program Operations Director

(Derek Morrissey (860) 973-2746 or Deb Rogala at 860-796-8222)

5- Report the incident to Statewide 24-Hour Toll-Free Hotline

1-888-999-5545 (ENGLISH) 1-888-568-8332 (SPANISH)

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.233 (d). As reported in the PAQ, the agency maintains documentation of resident participation in PREA education sessions.

Compliance Determination:

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

- As reported in the PAQ, the agency maintains documentation of resident participation in PREA education sessions.
- Policy: Prison Rape Elimination Act states that “During the admission process, all individuals in the custody of the Judicial Branch or Department of Correction are provided information about Connecticut Renaissance’s zero-tolerance policy along with instructions for reporting a complaint.” (p. 3).
- Resident Handbook Acknowledgement: Residents are required to sign the acknowledgement form upon receipt. The review of these acknowledgements verifies that residents have been educated on the agency's zero tolerance policy.
- PREA Brochure (English/Spanish): provided to residents at intake addressing how to report sexual assault, defining sexual abuse/harassment/voyeurism; your rights, help for victims and families, defining PREA, and contact information on how to report.
- 12-month roster of residents

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.
- Information is readily available through the resident handbook, PREA brochures and PREA Notices. Additionally, the postings are available in English and Spanish.

Audit Site Review:

· During the onsite inspection the auditor observed PREA posters, resident handbooks, and PREA brochures throughout the common areas of all sites. Information was provided in English and Spanish. Additionally, information was provided in areas in which visitors could access. It should be noted that during informal conversation several residents reported that the information was just put up in the week prior to the onsite audit. The auditor actively observed various aspects of signage throughout the facility to ensure that crucial sexual safety information is effectively communicated to both staff and individuals confined in the facility. This involves assessing the readability, accessibility, accuracy, consistency, and placement of signage.

1. Readability and Accessibility:

- The Signage language was clear and understandable.
- Services- signage clearly outline available services and their purposes.
- Signage was provided in English as well as translated into the other languages (Spanish) commonly spoken in the facility.
- Text size, formatting, and physical placement accommodated most readers, including those with visual impairments or physical disabilities.

2. Accuracy and Consistency:

- Information on signage was accurate and consistent throughout the facility. The auditor tested the functionality, and the numbers provided.
- Audit notices were relevant to the current audit, and contact information was consistent for service providers or organizations.

3. Placement:

- Signage was placed in areas accessible to staff and individuals confined in the facility.
- Key PREA information was continuously and readily available throughout the

	<p>facility, including in staff dining areas, break rooms, multipurpose rooms, housing areas, etc.</p> <p>In addition to observation, the auditor engaged in informal conversations with both staff and individuals to gather insights regarding signage, including its readability, accessibility, consistency, and whether it is always available or only posted for audits. Several residents articulated that information was provided at intake, but new signage was posted during the audit process.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.234	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Employee Training</p> <p>Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting) (6)</p> <p>Training Certificate (PREA Coordinators' Your Roles and Responsibilities) (6)</p> <p>PREA Training PPT</p> <p>Interviews:</p> <p>Investigative Staff</p>

Corrective Action:

Policy Update

Findings (By Provision):

115.234 (a). In addition to the general training provided to all employees pursuant to § 115.231, the agency shall ensure that, to the extent the agency conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

Compliance Determination:

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

- As reported in the PAQ, the agency policy does not require that investigators are trained in conducting sexual abuse investigations in confinement settings.
- Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting) (6). The purpose of this training is to ensure that agency investigators are fully equipped with the knowledge and skills necessary to conduct thorough, effective investigations of sexual abuse within confinement settings. This includes specialized training in interviewing techniques for sexual abuse victims, proper application of Miranda and Garrity warnings, evidence collection, and understanding the criteria for substantiating cases for administrative action or prosecution. Compliance with these standards is critical to maintaining the integrity of the investigation process and ensuring the safety and rights of all individuals in confinement.
- Training Certificate (PREA Coordinators' Your Roles and Responsibilities) (6).
- The NIC training curriculum for PREA: Investigating Sexual Abuse in a Confinement Setting is designed to empower investigators with the necessary knowledge and skills to conduct comprehensive and effective investigations. This program covers:
 - Interview Techniques: Equip investigators with strategies for interviewing victims of sexual abuse, ensuring sensitivity and accuracy in gathering statements.
 - Miranda and Garrity Warnings: Provide a thorough understanding of the proper use and implications of these legal warnings during investigations.
 - Evidence Collection: Train investigators on the best practices for collecting, preserving, and analyzing evidence within confinement settings.
 - Substantiating Cases: Clarify the criteria and standards required to substantiate cases for administrative action or prosecution referral.
 - Documentation and Compliance: Ensure that investigators understand the importance of maintaining thorough documentation to demonstrate compliance

with PREA standards and agency policies.

The purpose of this specialized training is to uphold the integrity of the investigation process and to protect the safety and rights of individuals in confinement. Compliance with these standards is essential for maintaining a just and effective investigative environment.

Interviews

Investigative Staff – The interviewed staff stated that they have completed the NIC training courses called PREA: Investigating Sexual Abuse in a Confinement Setting and PREA: Coordinators’ Roles and Responsibilities. The main purpose of the course is to assist agencies in meeting the requirements of the standard, which includes Interviewing techniques, Miranda and Garrity Protection, Victim Trauma, Investigation Procedures, Findings, Evidence collection, documentation and many other PREA Standards were covered.

Corrective Actions:

Policy: Employee Training. The facility updated the policy to include language on the requirements for investigators to received specialized PREA training.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting) (6). The purpose of this training is to ensure that agency investigators are fully equipped with the knowledge and skills necessary to conduct thorough, effective investigations of sexual abuse within confinement settings. This includes specialized training in interviewing techniques for sexual abuse victims, proper application of Miranda and Garrity warnings, evidence collection, and understanding the criteria for substantiating cases for administrative action or prosecution. Compliance with these standards is critical to maintaining the integrity of the investigation process and ensuring the safety and rights of all individuals in confinement.

- Training Certificate (PREA Coordinators’ Your Roles and Responsibilities) (6).

Interviews:

Investigative Staff – The interviewed staff stated that they received training on the NIC site, and it covered all of the above.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 5.
- Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting) (6). The purpose of this training is to ensure that agency investigators are fully equipped with the knowledge and skills necessary to conduct thorough, effective investigations of sexual abuse within confinement settings. This includes specialized training in interviewing techniques for sexual abuse victims, proper application of Miranda and Garrity warnings, evidence collection, and understanding the criteria for substantiating cases for administrative action or prosecution. Compliance with these standards is critical to maintaining the integrity of the investigation process and ensuring the safety and rights of all individuals in confinement.
- Training Certificate (PREA Coordinators' Your Roles and Responsibilities) (6).

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.234 (d). Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations. Auditor is not required to audit this provision.

Overall Findings:

	<p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility shall update the agency training to come into compliance with the provision of the standard.</p>
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115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Findings (By Provision):</p> <p>115.235 (a). The agency ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> N/A-As reported in the PAQ, the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 0. The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 0. <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.235 (b). If medical staff employed by the agency conduct forensic</p>

examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Compliance Determination:

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

- As reported in the PAQ, the agency medical staff at this facility do not conduct forensic medical exams.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the agency does not have onsite medical and mental health services. During the onsite portion of the audit, it was determined that the facility has one onsite clinical staff.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.235 (d). Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.231 or for contractors and volunteers under § 115.232, depending upon the practitioner's status at the agency.

Compliance Determination:

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

- As reported in the PAQ, the agency does not have onsite medical and mental health services. During the onsite portion of the audit, it was determined that the facility has one onsite clinical staff.

	<p>Corrective Actions:</p> <ul style="list-style-type: none"> · N/A. There are no corrective actions for this provision. <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Screening for Risk of Victimization and Abusiveness (Review Date: 2025)</p> <p>PREA Screening (Paper Version)-Sample</p> <p>Risk Assessments (31)</p> <p>Risk Re-Assessments (29)</p> <p>Interviews:</p> <p>Staff Responsible for Risk Screening (1)</p> <p>Resident Interview Questionnaire (11)</p> <p>PREA Coordinator</p> <p>Corrective Action:</p> <p>Update PREA Risk Screening Tool</p> <p>Findings (By Provision):</p> <p>115.241 (a). All residents shall be assessed during an intake screening and upon</p>

transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents.

Compliance Determination:

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

- As reported in the PAQ, the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.
- Policy: The Screening for Risk of Victimization and Abusiveness policy states that “residents shall be assessed during the intake process or upon transfer to another facility. The assessment must take place within 72 hours of arrival at the facility” (p. 1).
- Audit Site Review:
 - o During the site review the auditor observed PREA signage in the administrative and resident area of the site. The auditor recommended posting additional signage in Spanish. Additional posters were placed during the post onsite audit phase. The audit encompassed a comprehensive review of the PREA risk screening or mock demonstration process. The following activities were meticulously assessed:
 - § The auditor verified the individuals responsible for conducting the risk screening, a critical step to ensure targeted interviews with the appropriate staff members. The intake staff directly asked the resident the intake questions.
 - § Evaluation was conducted to ascertain whether the screening process occurred in an environment conducive to privacy, minimizing the risk of sensitive information exposure. This included ensuring screenings were conducted out of earshot of other staff and confined individuals not involved in the process.
 - § Screening staff's approach to questioning was analyzed to determine if it fostered a sense of comfort and encouraged open responses from the individuals undergoing screening. The intake staff was patient and rearticulated, if necessary, the questions. The intake staff went over every question and explained when it was a “yes or no” or a question like “sometimes or always.”
 - § Additionally, informal conversations were held with both staff and confined individuals during the risk screening process. These conversations provided valuable insights into various aspects of the screening process, including information collection methods, specifics of the screening tool, and the maintenance of privacy. Moreover, feedback was gathered regarding the comfort levels of confined individuals in answering questions during the screening process.

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that the risk of

sexual victimization or risk of sexual abuse is done at intake. Intake is typically done immediately when a client arrives.

Resident Interview Questionnaire – Eleven residents were queried about their initial arrival to facility and if they were asked about experiences such as past sexual abuse, their sexual orientation (gay, lesbian, bisexual, or transgender), any disabilities, and their perception of being at risk for sexual abuse. All eleven residents distinctly remember being asked these questions during their initial intake.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.241 (b). Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

Compliance Determination:

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

- According to the PAQ, the policy requires that residents be screened for risk of sexual victimization or risk of sexual abuse of other residents within 72 hours of their intake. The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 68.
- Policy: The Screening for Risk of Victimization and Abusiveness policy states that “residents shall be assessed during the intake process or upon transfer to another facility. The assessment must take place within 72 hours of arrival at the facility” (p. 1).
- PREA Screening Risk Assessment (31). The auditor reviewed the PREA Screening Risk Assessment as part of standard 115.241 to ensure that the facility is compliant with the regulations regarding the identification and protection of residents at risk of sexual victimization or of being sexually abusive. This review verified that the facility's policies and procedures are properly implemented, provide accurate risk assessments, and effectively safeguard the well-being of all residents, thereby upholding the standards set forth by the PREA.

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that the risk of sexual victimization or risk of sexual abuse is done at intake. We know in advance

when a resident is coming so intake typically happens immediately upon arrival.

Resident Interview Questionnaire – Eleven residents were queried about their initial arrival to facility and if they were asked about experiences such as past sexual abuse, their sexual orientation (gay, lesbian, bisexual, or transgender), any disabilities, and their perception of being at risk for sexual abuse. All eleven residents distinctly remember being asked these questions during their initial intake.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.241 (c). Such assessments shall be conducted using an objective screening instrument.

Compliance Determination:

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

- As reported in the PAQ, the facility uses a risk assessment which is conducted using an objective screening instrument.
- The auditor reviewed the Risk Screening Assessment, and it was determined that the site is using an objective screening instrument. Objectivity was determined based on the following:
 - o Standardized Criteria: It uses pre-determined, clear, and measurable criteria for evaluating risk.
 - o Consistent Application: The instrument is applied uniformly to all individuals being assessed, ensuring that each person is evaluated using the same criteria and process.
 - o Quantifiable Metrics: There is a numerical scoring system with clearly defined categories to measure risk, reducing reliance on personal judgment.
- PREA Screening Risk Assessment (31). The auditor reviewed the PREA Screening Risk Assessment as part of standard 115.241 to ensure that the facility is compliant with the regulations regarding the identification and protection of residents at risk of sexual victimization or of being sexually abusive. This review verified that the facility's policies and procedures are properly implemented, provide accurate risk assessments, and effectively safeguard the well-being of all residents, thereby upholding the standards set forth by the PREA.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.241 (d). The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (1) Whether the resident has a mental, physical, or developmental disability; (2) The age of the resident; (3) The physical build of the resident; (4) Whether the resident has previously been incarcerated; (5) Whether the resident's criminal history is exclusively nonviolent; (6) Whether the resident has prior convictions for sex offenses against an adult or child; (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the resident has previously experienced sexual victimization; and (9) The resident's own perception of vulnerability

Compliance Determination:

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

- Policy: Screening for Risk of Victimization and Abusiveness policy states that “the screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:
 - o Whether the resident has a mental, physical, or developmental disability;
 - o The age of the resident;
 - o The physical build of the resident;
 - o Whether the resident has previously been incarcerated;
 - o Whether the resident’s criminal history is exclusively nonviolent;
 - o Whether the resident has prior convictions for sex offenses against an adult or child;
 - o Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
 - o Whether the resident has previously experienced sexual victimization; and
 - o The resident’s own perception of vulnerability.
 - o The assessment screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive” (p. 2)

· PREA Screening Risk Assessment (31). The auditor reviewed the PREA Screening Risk Assessment as part of standard 115.241 to ensure that the facility is compliant with the regulations regarding the identification and protection of residents at risk of sexual victimization or of being sexually abusive. This review verified that the facility's policies and procedures are properly implemented, provide accurate risk assessments, and effectively safeguard the well-being of all residents, thereby upholding the standards set forth by the PREA.

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that the screening assesses the criminal history (including non-violent sex offenses), whether the resident has any disabilities, previous incarcerations, sexual orientation, their perceived sexual orientation, safety, and perception of vulnerability. It was further stated that the staff verbally ask the questions to the residents. Depending on how the resident answers a question we may further probe the resident to gather additional information.

Corrective Actions:

PREA Screening Risk Assessment: While the facility consistently utilized the PREA Screening Risk Assessment on residents upon admission to the facility, the tool did not ask if a resident identified as intersex or gender non-conforming. The facility shall update the tool and provide documentation that is being utilized with the new intakes. The auditor shall review in 60 day increments not to exceed 180 days.

· Corrective Action Taken: The screening tool was updated to reflect the missing components.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

· PREA Screening Risk Assessment has a section that addresses any prior acts of sexual abuse, prior convictions for violent offenses, and the history of prior institutional violence or sexual abuse.

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that the

screening assesses the criminal history (including non-violent sex offenses), whether the resident has any disabilities, previous incarcerations, sexual orientation, their perceived sexual orientation, safety, and perception of vulnerability. It was further stated that the staff verbally ask the questions to the residents. Depending on how the resident answers a question we may further probe the resident to gather additional information.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 60.
- Policy: Screening for Risk of Victimization and Abusiveness states that "within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening" (p. 2).
- PREA Risk Screening Reassessment (29). Upon review it was determined that the reassessment is not consistently completed within the 30-day time frame. While a majority of the reassessments were completed within 30 days the site could improve upon its practices to ensure consistency with the policy. It should be noted that the reassessments were only off a day or two and appeared to be around a weekend therefore the auditor recommended that the site incorporate date less than 30 days to ensure the weekends and holidays are factored.

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that the initial screening occurs immediately upon intake and the residents are reassessed within 30 days.

Resident Interview Questionnaire – Nine of the 11 residents stated they have not been asked again about their prior sexual abuse, their sexual orientation, any disabilities or if they feel at risk of sexual abuse while in placement since their arrival. Two residents stated that they have been asked again these questions during a therapy session.

Corrective Actions:

PREA Screening Risk Assessment: While the facility consistently utilized the PREA Screening Risk Assessment on residents upon admission to the facility, the tool did not ask if a resident identified as intersex or gender non-conforming. The facility shall update the tool and provide documentation that is being utilized with the new intakes. The auditor shall review in 60 day increments not to exceed 180 days.

- Corrective Action Taken: The screening tool was updated to reflect the missing components.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

- Policy: Screening for Risk of Victimization and Abusiveness states that "A resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness" (p. 2).

- The identified allegation of sexual abuse did not necessitate a reassessment as the resident was immediately transferred at the request of the Parole officer.

Interviews

Staff Responsible for Risk Screening -The interviewed staff reported that reassessments occur within 30 days. Additionally, a rescreening will occur if

anything has changed as it relates to the resident's safety.

Resident Interview Questionnaire – Nine of the 11 residents stated they have not been asked again about their prior sexual abuse, their sexual orientation, any disabilities or if they feel at risk of sexual abuse while in placement since their arrival. Two residents stated that they have been asked again these questions during a therapy session.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability.
- Policy: Screening for Risk of Victimization and Abusiveness states that "residents must not be disciplined for refusing to answer, or for not disclosing complete information in response to assessment questions" (p. 2).

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that residents are not disciplined for refusing to answer any portions of the assessment tool.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.241 (i). The agency shall implement appropriate controls on the

dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the residents' detriment by staff or other residents.

Compliance Determination

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

- Policy: Screening for Risk of Victimization and Abusiveness states that "CPA shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this PREA Standard to ensure sensitive information is not exploited to the resident's detriment by staff or other residents."
- Audit Site Review: The audit encompassed a thorough review of the following activities to ensure compliance with PREA Standards:
 - o The auditor observed the physical storage area where any hard copy information/documentation collected and maintained pursuant to PREA Standards is stored. This includes documents such as risk screening information, medical records, and sexual abuse allegations. The objective was to determine if the storage area is adequately secure, utilizing methods such as key card access, locks, or other security measures.
 - o The auditor assessed the electronic safeguards in place for information/documentation collected and maintained in a hard file. The active file is located in each individual caseworker's office. The storage file cabinet in the case workers office has a confidential sign on it and it remains locked. The site has a records closet that is locked, and the files are stored in a locked filing cabinet. This involved evaluating how access to the electronic information is secured, such as through password protection, access restriction to certain areas, or role-based security protocols.
 - o In addition to these assessments, the auditor engaged in informal conversations with staff members to gather information regarding access to secure information. Specifically, discussions centered on the storage and security measures for hard copy information, including medical and mental health files, sexual abuse, and harassment reports, etc. Key topics included the location, methods, and security protocols for storing information both electronically and in hard copy, as well as details regarding access restrictions and authorization procedures for personnel. Staff were able to show the auditor and clearly articulate the process of maintaining the files in a secure manner.

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that the assessment tools are kept in a case manager staff locked office. The program management staff also have access to the information.

PREA Coordinator - The interviewed staff reported that CPA has confidentiality

	<p>protocols which outlines who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. Protocols ensure sensitive information is not exploited to the residents' detriment by staff or other residents. Files are kept in a locked cabinet.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Following analysis, it has been determined that all of the corrective actions were addressed, and no further action is needed. The facility shall continue to utilize the updated tool. The facility has been found to be fully compliant with the standard.</p>
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115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Use of Screening Information (Review date 2025)</p> <p>Facility Layout</p> <p>Programming Placement</p> <p>Corrective Action Documents:</p> <p>Assessments/Reassessments Tool Updated</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Staff Responsible for Risk Screening (1)</p>

Findings (By Provision):

115.242 (a). The agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

Compliance Determination:

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

- A reported in the PAQ, the agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.
- Policy: Use of Screening Information states that “CPA shall use information from the risk screening required in PREA Standard 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive” (p. 1).
- The facility physical layout also considers in the determinations of housing assignments. The auditor reviewed a copy of the facility layout in addition to the site inspection.

Interviews

PREA Coordinator – The interviewed staff reported that CPA ensures all residents are screened to assess their risk of being sexually abused or being sexually abusive toward other residents using an objective assessment/screening instrument. Staff are expected to follow the instructions on the staff assessment. The assessment screening considers prior acts of sexual abuse, prior convictions for violent offenses, and the history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive. A resident’s risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness.

Staff Responsible for Risk Screening – The interviewed staff reported that the information is used to ensure resident safety. We will make sure that if a resident is identified as a victim that they are not placed with a perpetrator. When asked how they know who is in each room, it was reported that all residents have a face sheet held in a binder that has general information, and the facility staff communicate well to ensure residents are properly placed.

Corrective Actions:

PREA Screening Risk Assessment: While the facility consistently utilized the PREA

Screening Risk Assessment on residents upon admission to the facility, the tool did not ask if a resident identified as intersex or gender non-conforming. The facility shall update the tool and provide documentation that is being utilized with the new intakes. The auditor shall review in 60 day increments not to exceed 180 days.

- Corrective Action Taken: The screening tool was updated to reflect the missing components.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the agency/facility makes individualized determinations about how to ensure the safety of each resident.
- Policy: Use of Screening Information states that “CPA shall make individualized determinations about how to ensure the safety of each resident” (p. 1).
- The facility layout diagram shows the various locations in which residents could be placed.
- Through informal and formal discussion with the intake staff and the PREA coordinator it was determined that the intake staff will assess the open bed spots and make adjustments if the open bed spot will place an at-risk victimization with a resident who is at risk for perpetration. The staff reported that the program is small and the meet weekly on the status of clients.

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that the information is used to ensure resident safety. We will make sure that if a resident is identified as a victim that they are not placed with a perpetrator. When asked how they know who is in each room, it was reported that all residents have a face sheet held in a binder that has general information, and the facility staff communicate well to ensure residents are properly placed.

Corrective Actions:

PREA Screening Risk Assessment: While the facility consistently utilized the PREA Screening Risk Assessment on residents upon admission to the facility, the tool did not ask if a resident identified as intersex or gender non-conforming. The facility shall update the tool and provide documentation that is being utilized with the new intakes. The auditor shall review in 60 day increments not to exceed 180 days.

· Corrective Action Taken: The screening tool was updated to reflect the missing components. Corrective Action Taken: The screening tool was updated to reflect the missing components.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.242 (c). In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

Compliance Determination:

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

· As reported in the PAQ, the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

· Policy: Use of Screening Information states that "In deciding whether to assign a transgender or intersex resident to HTH or WRP and in making other housing and programmatic assignments, CPA shall consider on a case – by – case basis whether the placement would ensure the resident's health and safety, and whether the placement would present management or security problems" (p.1).

Interviews

PREA Coordinator – The interviewed staff reported that housing and program assignments are made on a case-by-case basis, based on information from the PREA Screening and the client intake. It was further reported that a transgender or intersex residents views would be taken into consideration. All residents have the opportunity to shower separately. There is no dedicated housing. Everything would be managed case by case to ensure the residents' health and safety and whether placement would present a management or security problem.

Transgender/Intersex Residents – There were no identified transgender or intersex residents to interview.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.242 (d). A transgender or intersex resident's own view with respect to his or her

own safety shall be given serious consideration.

Compliance Determination:

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

- As reported in the PAQ, the placement and program assignment of transgender and intersex residents are reassessed every six months to review any threats to safety experienced by the resident. It should be noted that there were no transgender or intersex residents housed at the facility during the audit period.
- Policy: Use of Screening Information states that "A transgender or intersex resident's own view with respect to his safety shall be given serious consideration" (p.1).

Interviews

PREA Coordinator – The interviewed staff reported that CPA is responsible for ensuring the safety of each resident in WRP. CPA utilizes information from the risk screening required in PREA Standard 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Residents who identify as transgender or intersex views discussed when making all decisions about their personal safety.

Staff Responsible for Risk Screening – The interviewed staff reported that a transgender or intersex residents own vies of his or her own safety would be given consideration and re-consider all housing/bed assignments.

Transgender and Intersex Residents – There were no identified transgender or intersex residents to interview.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.242 (e). Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Compliance Determination:

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

- Policy: Use of Screening Information states that "Transgender and intersex residents shall be given the opportunity to shower separately from other residents"

(p. 1).

- Audit Site Review: When conducting the onsite inspection there was no indication that the site had separate living units for transgender or intersex residents.

Interviews

PREA Coordinator – The interviewed staff reported that CPA makes individualized determinations about how to ensure the safety of each resident. In deciding whether to assign a transgender or intersex resident to WRP or in making other housing and programmatic assignments, CPA shall consider on a case – by – case basis whether the placement would ensure the resident’s health and safety, and whether the placement would present management or security problems. A transgender or intersex resident’s own view with respect to his safety shall be given serious consideration. Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Staff Responsible for Risk Screening – The interviewed staff reported that a transgender or intersex residents own vies of his or her own safety would be given consideration and re-consider all housing/bed assignments.

Transgender/Intersex Residents – There were no identified transgender or intersex residents to interview.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

There were residents identified to be lesbian, gay, bisexual, transgender, or intersex for compliance with the standard during the audit period.

Interviews

PREA Coordinator – The interviewed staff reported that the agency is not subject to

	<p>a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex residents. CPA does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Resident Reporting</p> <p>Resident Handbook</p> <p>PREA Script</p> <p>PREA Notice (English/Spanish)</p> <p>Human Service Worker Handbook</p> <p>PREA Cards</p> <p>YWCA Service Information</p>

Interviews:

Random Sample of Staff (8)

Resident Interview Questionnaire (11)

Findings (By Provision):

115.251 (a). The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Compliance Determination:

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

- As reported in the PAQ, the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.
- Policy: Reporting of Sexual Abuse or Harassment states that “Staff shall report to their next level Supervisor and the agency’s PREA Coordinator any knowledge or suspicion of sexual abuse and/or harassment against a client / resident by another client/resident, employee, volunteer, intern, or contractor. Retaliation by other residents or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents should also be reported. • Staff shall utilize the PREA Incident report form on behalf of the client / resident to initiate a response by the PREA Coordinator. • Staff may make such reports in a private manner of which they are comfortable. Such reports of sexual abuse, harassment, known retaliation, or concerns of neglect on the part of another staff, volunteer, intern, or contractor may be submitted in writing or verbally to the PREA Coordinator and may be done so anonymously” (p. 1).
- Policy: Resident Reporting states that “During the intake process, residents will be informed about the multiple ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting such behavior and staff neglect or violation of responsibilities that may have contributed to such incidents. How to report an incident of sexual abuse and/or sexual harassment will also be outlined in the resident handbook given at intake. All residents sign an acknowledgement form that they have received the handbook” (p. 1).
- WRAP Script: Provides an outline of the information intake staff are required to cover new residents related to PREA during the intake process.
- PREA Notice: Residents are provided a copy of the PREA Notice which provides a general statement of the zero-tolerance policy, that it can be reported to staff or

law enforcement and the consequences for violation of the policy.

- Resident Handbook: The Resident Handbook is provided to the residents at intake. The resident handbook addresses the following information:

- o CPA has zero tolerance for all forms of resident on resident or staff on resident sexual abuse or sexual harassment. CPA will protect all residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.

- o Policy:

- o CPA shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

- o Procedures:

- o Resident Reporting:

- o During the intake process, residents will be informed about the multiple ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting such behavior and staff neglect or violation of responsibilities that may have contributed to such incidents. How to report an incident of sexual abuse and/or sexual harassment will also be outlined in the resident handbook given at intake. All residents sign an acknowledgement form that they have received the handbook.

- o Residents will also be informed of at least one way to report abuse or harassment to an office that is not part of the HTH or WRP programs and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to CPA senior management, allowing the resident to remain anonymous upon request.

- o The following are the ways in which an incident of sexual abuse and/or sexual harassment can be reported:

- o Report the incident directly to your assigned Case Manager or any program staff.

- o Make an anonymous written report of the incident and place it in the Grievance/ Incident Box outside the monitor's office

- o Report the incident to the Program Manager, Sonia Rodriguez

- o Report the incident to the Program Operations Director

- o (Derek Morrissey (860) 973-2746 or Deb Rogala at 860-796-8222)

- o Report the incident to Statewide 24-Hour Toll-Free Hotline

- o 1-888-999-5545 (ENGLISH) 1-888-568-8332 (SPANISH)

· Audit Site Review:

The audit process involved a detailed review of various activities related to reporting mechanisms, mail processes, and record storage, as outlined below:

- o The auditor conducted a test report submission via the facility's reporting system (phone system/computers) during the site review, ensuring alignment with the process available to residents. It should be noted that residents have access to site phones and their own personal phones.
- o The reception of the test report by the facility was assessed, and evidence of receipt was requested and reviewed.
- o Accessibility and functionality of the electronic reporting devices were evaluated, including their availability, accommodations for different needs, privacy measures, and operational status.

Additionally, informal discussions were held with both staff and residents regarding electronic reporting procedures, including access, accommodations, operational status, and anonymity considerations.

- o Informal conversations were conducted with confined individuals to ascertain their awareness of the option to make verbal reports and the process for doing so.
- o Discussions with staff members were held to determine their understanding of the procedures for receiving and documenting verbal reports.
- o Accessibility and security of writing instruments for residents were assessed, along with the observation of how mail moves within the facility, including via mail drop boxes or staff.

Informal conversations took place with staff involved in mail processes regarding the privacy, confidentiality, and accessibility of mail procedures. Residents utilize the postal service mail process.

The physical storage area of hard copy documentation, including risk screening information and medical records, was observed to determine its security.

During the site review, the auditor observed the facility's signage regarding PREA Audit Notices, which were prominently displayed throughout the premises, ensuring visibility to staff, residents, and visitors alike. These notices were strategically posted in living units, common areas, facility entrances, visitation areas, and staff break areas. The information provided on these notices was presented in both English and Spanish, ensuring accessibility to a diverse audience, and was legible.

Furthermore, the auditor noted that the facility's signage regarding access to outside confidential emotional support services was similarly well-distributed, with postings in all areas frequented by residents, including housing/living units. This information was consistently displayed throughout the facility, also presented in

English and Spanish, and was easily readable.

Additionally, signage regarding reporting procedures for sexual abuse and/or sexual harassment, both internally and externally, was observed in residents' housing/ living units, programming areas, and visitation areas. Again, the information was presented bilingually and was clearly legible.

Moreover, during the site review, it was observed that the facility provides residents with access to writing instruments, paper, and forms for reporting purposes. Additionally, residents have access to stamps and envelopes.

The auditor also evaluated the facility's reporting systems for residents, noting that residents can report incidents of sexual abuse and/or sexual harassment through the internal grievance process, written format, or by using a cell phone. A demonstration was requested by a resident to illustrate the steps involved in reporting via phone, and discussions were held regarding the recipients and handling of reports.

Importantly, residents have the option to file a written report anonymously, without disclosing their name or the names of alleged perpetrators. This includes incidents that may have occurred prior to their commitment to the current facility. There is a PREA grievance box, and the residents can utilize their own phones to make reports.

Lastly, the agency/facility offers multiple internal avenues for residents to privately report instances of sexual abuse, sexual harassment, retaliation, or staff misconduct that may have contributed to sexual abuse. Such avenues include a secure grievance, notifying staff, write letters or call external reporting agencies.

Interviews

Random Sample of Staff – The interviewed staff reported various methods in which 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. The various methods the resident can privately report by notifying staff, calling the number on the poster, or writing a grievance. Two staff mentioned that residents are able to call PREA Hotline privately because each resident has their own cellphones and most of the residents work outside of the placement so they can call while at work.

Resident Interview Questionnaire - The interviewed residents reported that they are aware of multiple methods to report sexual abuse or sexual harassment. The various ways reported include tell staff, notify police, notify the parole officer, complete a grievance, or call the hotline.

Corrective Actions:

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the

provisions of this standard.

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

Compliance Determination:

- As reported in the PAQ, the agency shall also inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Staff are required to document verbal reports.
 - Policy: Resident Reporting states that “Residents will also be provided with the PREA Information Card containing all phone numbers listed below.
 - Residents will also be informed of at least one way to report abuse or harassment to an office that is not part of the HTH or WRP programs and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to CPA senior management, allowing the resident to remain anonymous upon request.
 - The following are the ways in which an incident of sexual abuse and/or sexual harassment can be reported:
 - Report the incident directly to your assigned Case Manager or any program staff.
 - Make an anonymous written report of the incident and place it in the Grievance/Incident Box on the 2nd floor outside of the residential case manager’s office.
 - o Report the incident to the Program Manager.
 - o Report the incident to the Director of Operations, Deb Rogala at
 - o 860-796-8222 or Program Operations Director,
 - o Kayla Callahan at 860-877-3577” (p.1).
 - o Resident Handbook: The Resident Handbook (115.333) provides residents with multiple ways to make a report.
 - o Report the incident to Statewide 24-Hour Toll FREE Hotline
- 1-888-999-5545 (ENGLISH)

1-888-568-8332 (SPANISH)

o Report the incident to the local authorities:

State Police: 860-534-1055

Hartford Police: 860-527-6300

· As discussed, provision 115.251 the agency provides contact information for at least one way for residents to report abuse or harassment to a public or private entity.

· PREA Audit Card: During the onsite audit residents reported that they received a PREA card. The card has a quick overview of the different entities to report sexual abuse and sexual harassment.

· Site Review

o The auditor evaluated the readability and accessibility of facility signage, with a particular focus on language clarity, provision of service details, translation into multiple languages, text size, formatting, and physical placement. It was observed that the signage throughout the facility met these criteria, thereby ensuring clear communication with residents, staff, and visitors.

o Specific locations where signage about reporting procedures for sexual abuse and harassment were placed were identified, including residential units and common areas. On the housing units there is a board that contained the various methods on which residents could make a report.

o The auditor evaluated the facility's phone reporting system by making test calls to the external reporting entity. This involved checking phone functionality, ensuring connection with the correct external entity, verifying anonymity options, and confirming the entity's preparedness to receive and forward reports. The auditor engaged with a State Trooper to verify the procedure for handling allegations of sexual abuse or harassment.

o The auditor contacted the sexual assault line and spoke to a staff. The staff reported that when allegations of sexual abuse or sexual harassment come to them, they would refer the allegation to the local offices to follow up for services and to refer for investigation. It was reported that different centers offer different services so depending on the request would determine what follow up services could be offered. When calling the hotline residents do not have to put in a pin number or identifiable information.

o The accessibility of phones for all residents, including those with disabilities, was assessed. Mechanisms for anonymous reporting were also examined to ensure privacy and confidentiality. Individuals had access to their personal cell phone devices.

o The accessibility of writing instruments and mail movement within the facility were evaluated. Mail drop boxes and receptacles were checked for accessibility and anonymity, focusing on secure and discreet reporting options. The site uses the

public USPS process, and individuals can drop mail at a post office. Residents can place mail in the first-floor mail area and also receive mail there. The case manager picks up mail daily and distributes it to residents. Residents are required to open packages in front of the staff.

- o The security of written communication was assessed, including locking mail drop boxes and restricting access. Grievance boxes were locked, accessible only to the director.

- o Furthermore, informal discussions were conducted with staff and residents to obtain insights into the process of sending and receiving mail. Staff members have the option to use public mailboxes or leave mail in a designated area within the facility. These discussions covered aspects of privacy, confidentiality, anonymity, and accessibility. Residents expressed that they felt secure and believed their information was safeguarded and kept confidential.

Interviews

PREA Coordinator – The interviewed staff reported that CPA provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The following are the ways in which an incident of sexual abuse and/or sexual harassment can be reported: tell staff, anonymous, grievance, Human Services Office, Statewide 24-hour Hotline #, or law enforcement.

Resident Interview Questionnaire - The interviewed residents reported that they are aware of multiple methods to report sexual abuse or sexual harassment. The various ways reported include telling staff, notifying police, notifying the parole officer, completing a grievance or call the hotline. Five out of the eleven residents interviewed were not aware that they could make a report without disclosing their name.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports within 24 hours.
- Policy: Resident Reporting states that “ Staff shall accept reports of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting such behavior and staff neglect or violation of responsibilities that may have contributed to such incidents made verbally, in writing, anonymously, and from third parties, and shall promptly document any verbal reports” (p. 1).
- Resident Handbook: The Resident Handbook (115.233) provides residents with multiple ways to make a report.
- Human Services Worker Handbook: Additionally, staff receive a handbook outlining staff expectations regarding the protection, detecting, reporting, and responding to allegations of sexual abuse and sexual harassment; to include various ways in which reports can be made.

Interviews

Random Sample of Staff – The interviewed staff reported that a resident who alleges sexual abuse, can do so verbally, in writing, anonymously and from a third party. Residents can report concerns regarding sexual abuse or sexual harassment verbally or in writing. All eight staff interviewed stated they would immediately notify a supervisor upon receiving a report and follow proper procedures to ensure the allegation is addressed promptly.

Resident Interview Questionnaire – Seven out of eleven residents interviewed were aware that they can make a report of sexual abuse or sexual harassment either in person or in writing. Residents reported they can tell staff, write a grievance, tell employer or family member to make the report on their behalf.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.251 (d). The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

Compliance Determination:

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

- Policy: Resident Reporting states that “CPA shall provide a method for staff to privately report sexual abuse and sexual harassment of residents as described in

	<p>the CPA Employee Handbook. (Refer to the “Communication and Problem Solving” and “Open Door” sections of the Handbook).</p> <ul style="list-style-type: none"> · Site Review: <ul style="list-style-type: none"> o As part of the audit process, the auditor initiated the review of staff reporting methods by engaging a staff member to demonstrate the procedures provided by the facility. This walkthrough aimed to ascertain the accessibility and functionality of the staff reporting method(s). o Observations were made regarding the availability of the staff reporting method(s) to all staff in the facility. The audit focused on determining whether the reporting system is readily accessible to staff members upon request. The staff reported making reports to the director. The director’s office is not near the resident area therefore confidential conversation could occur. o Additionally, the auditor assessed whether staff are mandated to report incidents to their direct colleagues or their immediate supervisor. While it is the preferred method to report to immediate supervisor, staff could articulate other means to make a report. <p>Interviews</p> <p>Random Sample of Staff – The interviewed staff reported that they could privately report sexual abuse and sexual harassment of residents by privately notifying the supervisor, PREA hotline, HR or PREA Coordinator.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.252	Exhaustion of administrative remedies
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Exhaustion of Administrative Remedies (Date Reviewed: 2025)</p> <p>Policy: Grievance</p> <p>Policy: Third Party Reporting</p> <p>Grievance Form Blank</p> <p>Review of Grievances</p> <p>Findings (By Provision):</p> <p>115.252 (a). An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none">· As reported in the PAQ, the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.· Policy: Exhaustion of Administrative Remedies states that “CPA shall have a formal process in place to address resident allegations of sexual abuse and sexual harassment. CPA prohibits informal processes or attempts to resolve with staff an alleged incident of sexual abuse and sexual harassment” (p. 1).· While the agency does not currently employ the grievance process to address allegations, it was determined that individuals have the option to utilize the grievance form to file a complaint. Upon filing, the complaint is promptly forwarded to the investigation process. During the onsite assessment, the auditor thoroughly examined the grievance logbook and found no instances of PREA-related grievances. <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p>

115.252 (b). (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

Compliance Determination:

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

- As reported in the PAQ, the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.
- Policy: Grievance states that "CPA clients shall have the opportunity to initiate grievance procedures on any condition or action within the program, without being subject to any adverse action. NOTE: Any incident of sexual abuse and/or sexual harassment must be reported immediately to staff or the state or local authorities" (p. 1).
- Resident Handbook: The resident handbook provides the resident with information on the agency policy related to the grievance procedure.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.252 (c). The agency shall ensure that: (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.

Compliance Determination:

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

- As reported in the PAQ, the agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure require that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.
- Policy: Grievance states that "The grievance procedure shall be summarized

concisely in the program's Handbook. It shall also be posted in the facility where it is accessible to clients. A grievance box shall be placed in a conspicuous place in the facility accessible to clients, with one side of the box labeled "Client Grievance Box" where clients may file grievances. A supply of grievance forms shall be available in the box" (p. 1).

Corrective Actions:

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

115.252 (d). (1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. (2) Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the residents in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

Compliance Determination:

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

- As reported in the PAQ, the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. In the past 12 months, the number of grievances filed that alleged sexual abuse: 0. In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0. In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0.

- Review of Grievances:

Corrective Actions:

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.252 (e). (1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. (2) 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. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

Compliance Determination:

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

- As reported in the PAQ, the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse.
- 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: 0.
- Policy: Third Party Reporting states that "Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents" (p. 1).
- Site Review:
 - o The auditor observed that the PREA signage was available in the common areas, administrative areas, and resident housing areas. The signage was originally available in English and during the site review the facility placed the Spanish signage.
 - o The signage language was clear and easy to understand.
 - o The contact information for the victim advocacy and emotional support was posted however there was no information on those services. During the site review the facility placed more detailed information on the extent of those services.
 - o Signage is provided in English and translated for the other languages most commonly spoken in the facility.
 - o The physical location of the signage was visible to residents who may have disabilities.
 - o The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage. The signage is laminated on the resident housing unit.
 - o Third-party reporting
- § Signage was posted in common areas where visitors may be located. Additionally, the agency website provides contact information on how anyone can make a report.
- o During the site inspection informal conversation with resident and staff

confirmed that signage is always placed throughout the facility. Additionally, residents reported that the case manager provided information on how to make a report.

o TESTING THIRD-PARTY REPORTING

o Either prior to the onsite, during the site review, or post-onsite, the auditor must:

§ The auditor evaluated all of the phone numbers provided to make a report. All numbers were active and working. The external reporting source provided the auditor with an overview of how allegations were managed that came through their hotline.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.252 (f). (1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Compliance Determination:

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

- As reported in the PAQ, the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0.

The number of those grievances in 115.252 (e)-3 that had an initial response within 48 hours: 0. The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0.

- Policy: Grievance Policy states that "A sign is to be placed on the other side of the grievance box which is to read as follows: "Emergency Grievances" may be sealed in a plain white envelope, labeled "Emergency," and given to a staff member

for processing. An emergency grievance relates to situations which, if not resolved quickly, present an imminent threat of:

- o Injury or death to a client or clients.
- o Serious disruption of the facility.
- o Endangering the physical health or safety of a client or clients “(pp. 1-2).

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. In the past 12 months, the number of residents alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0.

- Policy: Grievance states that “CPA clients shall have the opportunity to initiate grievance procedures on any condition or action within the program, without being subject to any adverse action. NOTE: Any incident of sexual abuse and/or sexual harassment must be reported immediately to staff or the state or local authorities” (p. 1).

Corrective Actions:

- Policy updates were made to ensure compliance with the provision. The resident handbook was updated to clearly articulate the process. No further action is needed.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Overall Findings:

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

	<p>facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Resident Access to Outside Confidential Support Services (Review Date: 2025)</p> <p>Policy</p> <p>YWCA Contract</p> <p>PREA Card</p> <p>Resident Acknowledgement</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> · Update Resident Handbook (Advocacy and Emotional Support) · Postings (Advocacy and Emotional Support) · Staff Training (Staff Acknowledgement Forms for Outside Support) (13) · Resident Education (Resident Acknowledgement of Victim Advocacy and Emotional Support Services (22) <p>Interviews:</p> <p>Resident Interview Questionnaire - (11)</p> <p>Findings (By Provision):</p> <p>115.253 (a). The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis</p>

organizations, and by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

Compliance Determination:

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

- As reported in the PAQ, the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.
- An agreement with the YWCA confirms the agencies community partner to have an outside agency advocate that can: provide sexual assault crisis counselor to accompany and support the victim throughout the forensic medical exam process and investigatory interviews, and provide emotional support, crisis intervention, information and referrals, as requested by the victim throughout the clients placement in CPAs facility.
- Policy: Resident Access to Outside Confidential Support Services states that “CPA shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse” (p. 1).
- PREA Card: During intake residents are provided telephone numbers to make a report along with contact information for the local advocacy and emotional support center.
- Site Review:
 - During the site review, the auditor must:
 - o The auditor observed that the PREA signage was available in the common areas, administrative areas, and resident housing areas. The signage was originally available in English and during the site review the facility placed the Spanish signage.
 - o The signage language was clear and easy to understand.
 - o The contact information for the victim advocacy and emotional support was posted however there was no information on those services. During the site review the facility placed more detailed information on the extent of those services.
 - o Signage is provided in English and translated for the other languages most commonly spoken in the facility.
 - o The physical location of the signage was visible to residents who may have

disabilities.

- o The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage. The signage is laminated on the resident housing unit.

- o Third-party reporting

§ Signage was posted in common areas where visitors may be located. Additionally, the agency website provides contact information on how anyone can make a report.

- o During the site inspection informal conversation with resident and staff confirmed that signage is always placed throughout the facility. Additionally, residents reported that the case manager provided information on how to make a report.

- o TESTING THIRD-PARTY REPORTING

- o Either prior to the onsite, during the site review, or post-onsite, the auditor must:

§ The auditor tested all of the phone numbers provided to make a report. All numbers were active and working. The external reporting source provided the auditor with an overview of how allegations were handled that came through their hotline.

§ Outside Emotional Support via Phone

The auditor tested the phone lines by calling the outside emotional support service provider. The telephone number was working, and the information was provided in English and Spanish. The phone number is local and there is a toll-free number provided. A live person was spoken to and explained the various services offered at the facility.

- o All persons at the site have regular access to phones to contact the outside emotional support service provider(s) and have reasonable accommodations.

- o Residents have access to their own cellphones; therefore, they can have unmonitored correspondence with outside emotional support services confidentially.

Additionally, the auditor should:

- o During informal conversation with staff, many line staff were not aware of the services. The case manager was aware of the services if needed to access.

PROCESSES FOR SENDING AND RECEIVING MAIL (MAIL DROP BOXES/MAILROOM)

During the site review, the auditor must:

- o During the site review the auditor observed that residents have the ability to utilize the public mail system, or they can leave mail at the front entry where staff place in a mail area. The mail carrier retrieves and leaves mail during the week at

the front entry. The case manager collects mail daily and provides to the resident. The resident has to open packages in front of the case manager. The residents access the community for work and appointments. The residents can utilize any mail service if they do not want to send mail through the facility.

- o On the weekends there is a secure mailbox located at the facility where the postal service would retrieve mail. The residents have access to use the secure mailbox as well.

- o During informal conversation with staff and residents, the residents have access to utilize the public or site mail service. The staff reported that they retrieve the mail every day and disburse to the residents. Staff reported that they do not read the resident mail. Staff who initially receive mail at the front entry reported that they will provide the resident with a stamp and envelope upon request.

Interviews

Resident Interview Questionnaire - Three of the 11 interviewed residents reported that they were aware of outside services that deal with sexual abuse if needed. These three residents mentioned one community resources CRT available to them for support and assistance. CRT is a mental health service available to them in the area. The three residents were unable to name additional resources by name, however mentioned they recalled list in handbook with email addresses and phone numbers. Furthermore, the three interview residents stated that they are able to contact services whenever a need arises. All residents can keep their cell phones therefore they are free to use when needed.

Residents who Reported a Sexual Abuse - There were no resident who reported sexual abuse during the audit period nor onsite during the audit process.

Corrective Actions:

Advocacy and Emotional Support Signage: While the facility had contact information on advocacy and emotional support services available in the handbook and posted in the facility, there was no information on what the services entailed. During the site review the facility updated the resident handbook and placed additional signage on service information.

Resident/Staff Education: The facility shall provide the residents and staff with information of victim advocacy and emotional support services. During the post onsite phase, the facility provided residents with information on access to confidential and support services. The information contained the following:

CPA Contract with YWCA New Britain's Sexual Assault Crisis Service (SACS). SACS is a program of the Connecticut Alliance to End Sexual Violence and covers a 46-town region, including all of Hartford County, part of Tolland County and the town of Plymouth. SACS offers free and confidential services to survivors of sexual violence and their loved ones.

- These services include:

	<ul style="list-style-type: none"> o 24 Hour Crisis Hotlines in English and Spanish o Text and chat lines are also available. o Short-term crisis counseling with certified, identity specific advocates including Adult, Youth, Men & Boys, LGBTQ+, Bilingual, and Campus available in-person, by phone, or over Zoom. o Accompaniments and Advocacy through emergency medical, police, and court proceedings o Support Groups o Information and Referrals o Prevention Education for Youth and Adults o Volunteer Opportunities o 48-Hour Sexual Assault Crisis Counselor and Advocate State-Certification Course o If you are in crisis or would like to speak to a sexual assault crisis counselor/advocate right away, please call our 24-hour crisis hotline at 860-505-0469 (English) -or 1-888- 568-8332 (Spanish). Please note the online inquiry is not confidential. _ · Residents signed acknowledgement verifying services (22). · Staff signed acknowledgement verifying services (13). <p>The auditor was able to verify that all corrective actions were completed. No further action is required.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.253 (b). The facility shall inform residents prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · As reported in the PAQ, the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant
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federal, state, or local law.

- Policy: Residents Access to Outside Confidential Support Services states that “HTH and WRP shall inform residents, prior to giving them access, of the extent to which their communications with outside victim advocates will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. HTH and WRP shall provide residents with mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. CPA shall enable reasonable communication between residents and these organizations in as confidential a manner as possible” (p. 1).
- Residents at the facility have access to their own cell phones and a majority receive services (job/mental health) outside of the facility therefore have the ability to have confidential communication.

Interviews

Resident Interview Questionnaire – Three of the 11 interviewed residents reported that they were aware of outside services that deal with sexual abuse if needed. All three of them stated that they are aware any discussions about sexual abuse would remain private and confidential. They have access to their cell phones therefore they can make calls outside of the placement.

Corrective Actions:

Advocacy and Emotional Support Signage: While the facility had contact information on advocacy and emotional support services available in the handbook and posted in the facility, there was no information on what the services entailed. During the site review the facility updated the resident handbook and placed additional signage on service information. No further action is required.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual

	<p>abuse.</p> <ul style="list-style-type: none"> · Policy: Resident Access to Outside Confidential Support Services states that “CPA shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers able to provide residents with confidential emotional support services related to sexual abuse. CPA shall maintain copies of such agreements or documentation showing attempts to enter into such agreements” (p. 1). · An agreement with the YWCA confirms the agencies community partner to have an outside agency advocate that can: provide sexual assault crisis counselor to accompany and support the victim throughout the forensic medical exam process and investigatory interviews, and provide emotional support, crisis intervention, information and referrals, as requested by the victim throughout the client's placement in CPAs facility. <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.254	Third party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Third Party Reporting</p> <p>Website: PREA Standards - CPA</p> <p>Findings (By Provision):</p>

115.254 (a). The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

Compliance Determination:

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

- As reported in the PAQ, the agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.
- Policy: Third Party Reporting states that "CPA shall ensure a method exists to receive third party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident" (p. 1).
- PREA Brochure (English/Spanish): provided to residents at intake provides various methods for reports of allegations of sexual abuse and sexual harassment.
- Prison Rape Elimination Act Client Sign Off
- Website PREA Standards - CPA: Provides information to the public on third party reporting.
- Audit Site Review:
 - o The auditor observed that the PREA signage was available in the common areas, administrative areas, and resident housing areas. The signage was originally available in English and during the site review the facility placed the Spanish signage.
 - o The signage language was clear and easy to understand.
 - o The contact information for the victim advocacy and emotional support was posted however there was no information on those services. During the site review the facility placed more detailed information on the extent of those services.
 - o Signage is provided in English and translated for the other languages most commonly spoken in the facility.
 - o The physical location of the signage was visible to residents who may have disabilities.
 - o The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage. The signage is laminated on the resident housing unit.
 - o Third-party reporting

	<p>§ Signage was posted in common areas where visitors may be located. Additionally, the agency website provides contact information on how anyone can make a report.</p> <p>o During the site inspection informal conversation with resident and staff confirmed that signage is always placed throughout the facility. Additionally, residents reported that the case manager provided information on how to make a report.</p> <p>o TESTING THIRD-PARTY REPORTING</p> <p>o Either prior to the onsite, during the site review, or post-onsite, the auditor must:</p> <p>§ The auditor tested all of the phone numbers provided to make a report. All numbers were active and working. The external reporting source provided the auditor with an overview of how allegations were managed that came through their hotline.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Staff and Agency Reporting Policy (Review Date: 2025)</p> <p>Sample of Reports to Investigators (2)</p> <p>Interviews:</p> <p>Random Sample of Staff (8)</p>

Director or Designee

PREA Coordinator

Findings (By Provision):

115.261 (a). The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Compliance Determination:

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

- As reported in the PAQ, the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- Policy: Staff and Agency Reporting Policy states that “CPA shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation” (p. 1). Furthermore, the policy states that “All staff must immediately report to the PREA Coordinator, the Program Manager/supervisory designee, the HR Director, or any supervisor or manager or senior management staff any knowledge, suspicion, or information regarding:
 - o An incident of sexual abuse or sexual harassment that occurred in the program.
 - o Retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment.
 - o Any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation (p. 1).
- Audit Site Review: Staff Reporting Method Review:
 - o During the site review, the auditor conducted an examination of the staff reporting methods offered by the facility.

- o A staff member was engaged to walk through the staff reporting process, allowing the auditor to gain a firsthand understanding of its functionality and accessibility.
- o The availability of the staff reporting method was assessed to ensure it could be accessed promptly and as needed by all staff members throughout the facility.
- o Additionally, the auditor evaluated whether staff were mandated to report incidents to their direct colleagues or immediate supervisors, thereby determining the hierarchical structure of the reporting process within the facility. While the expectation is to report to immediate supervisor staff was able to articulate other methods to report.

Interviews

Random Sample of Staff – The interviewed staff reported that the agency requires all staff to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. All eight staff also reported that they understand they are prohibited from retaliating against resident or staff that reported sexual abuse or sexual harassment. The various ways staff indicated that they would report included, but was not limited to:

- Report to supervisor
- PREA Coordinator/ Hotline
- Rape Crisis Counselor
- Contact Police
- Human Resource

Corrective Action:

- Policy was updated to meet the requirements of the provision. No further action is needed at this time.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

because:

- As reported in the PAQ, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.
- Policy: Staff and Agency Reporting Policy states that “Apart from reporting to designated supervisors or agency officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.” (p. 2).
- Audit Site Review:
 - o During the site review, the auditor conducted an assessment of the storage practices for information and documentation in adherence to the PREA Standards. Client information was stored in the assigned case managers locked office. The file cabinet also had a confidential sign on it.
 - o The physical storage area for hard copy documentation, including but not limited to risk screening information, medical records, and sexual abuse allegations, was observed to determine the level of security in place.
 - o Attention was given to whether access to this physical storage area was restricted, potentially through mechanisms such as key access.
 - o Furthermore, the electronic safeguards for information stored electronically, such as risk screening information, were examined to ascertain the measures implemented for securing access.
 - o Closed files were maintained in a locked storage room and a locked storage cabinet, accessible to the case workers and the facility leadership.

Interviews

Random Sample of Staff - The interviewed staff reported that the agency requires all staff to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. All eight staff also reported that they understand they are prohibited from retaliating against resident or staff that reported sexual abuse or sexual harassment. The various ways staff indicated that they would report included, but was not limited to:

- Report to supervisor
- PREA Coordinator/ Hotline
- Rape Crisis Counselor

- Contact Police
- Human Resource

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.261 (c). Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The facility does not have onsite medical and mental health staff.

Compliance Determination:

- The site does not have medical and mental health practitioners or services onsite.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- There are no residents under the age of 18.

Interviews

Director - The staff interviewed reported that the facility does not house residents under the age of 18.

PREA Coordinator - The staff interviewed reported that the facility does not house residents under the age of 18. Reporting protocols are followed for all individuals reporting an allegation of sexual abuse or sexual harassment. All CPA staff are mandated reporters and have received the required training. As a mandated reporter staff are required to report any and all abuse of someone under the age of 18 or someone considered a vulnerable adult. In this case, a 136 DCF form would be completed and submitted to DCF.

	<p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.261 (e). The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · Policy: Staff and Agency Reporting Policy states that "All reports of sexual abuse and sexual harassment that are received from third parties must be received and responded to according to policy by all staff" (p.1). · Sample reports for investigators (2) (115.317) were reviewed and there were no third-party reports. <p>Interviews</p> <p>Director or Designee: The interviewed staff reported that all allegations of sexual abuse and sexual harassment are received and reported.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard

	<div data-bbox="279 116 564 152">Auditor Discussion</div> <div data-bbox="279 192 1342 228"><p>The following evidence was analyzed in making compliance determination:</p></div> <div data-bbox="279 264 1035 300"><p>Supporting Documents, Interviews and Observations:</p></div> <div data-bbox="279 336 703 371"><p>Pre-Audit Questionnaire (PAQ)</p></div> <div data-bbox="279 407 735 443"><p>Policy: Agency Protection Duties</p></div> <div data-bbox="279 479 437 515"><p>Interviews:</p></div> <div data-bbox="279 551 469 586"><p>Agency Head</p></div> <div data-bbox="279 622 574 658"><p>Director or Designee</p></div> <div data-bbox="279 694 671 730"><p>Random Sample of Staff (8)</p></div> <div data-bbox="279 766 609 801"><p>Findings (By Provision):</p></div> <div data-bbox="279 837 1481 916"><p>115.262 (a). When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p></div> <div data-bbox="279 952 668 987"><p>Compliance Determination:</p></div> <div data-bbox="279 1023 1366 1102"><p>The facility has demonstrated compliance with this provision of the standard because:</p></div> <div data-bbox="279 1137 1481 2078"><ul style="list-style-type: none">· As reported in the PAQ, when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).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: 0. If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action: N/A. The longest amount of time (in hours or days) elapsed before taking action--if not "immediate" (i.e., without unreasonable delay). If not immediately, please explain in the comments section. N/A.· Policy: Agency Protection Duties states that “Substantial Risk of Imminent Sexual Abuse - When the program learns by any means of notice listed in this policy or by any other means that a resident is subject to a substantial risk of imminent sexual abuse, staff must take immediate action to protect the resident which may include:<ul style="list-style-type: none">Ø Consultation with Referral Source;Ø Direct sight and sound supervision;Ø Single room housing if available;Ø Placement in a room with a staff member close enough to intervene quickly.</div>
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	<p>Any resident found to be at risk will be segregated during transportation in a CPA vehicle” (p. 1)</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that if they learn that a resident is subject to a substantial risk of imminent sexual abuse the agency shall take immediate action to protect the resident. We have the HR director and the PREA Coordinator monitor. We will monitor for more than 90 days if necessary.</p> <p>Director or Designee – The interviewed staff reported that when they learn that a resident is subject to a substantial risk of imminent sexual abuse the agency shall take immediate action. We would notify superiors and supervising parole officers. The allegation would be documented, and notification would be made to the PREA Coordinator to monitor for retaliation.</p> <p>Random Sample of Staff – The interviewed staff reported that if they learn that a resident is at imminent risk of sexual abuse, they will promptly separate the individual from others, keep them in eyesight of another staff member, notify their supervisor, and initiate these actions immediately.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p>

Policy: Reporting to Other Confinement Facilities

Interviews:

Agency head

Director or designee

Findings (By Provision):

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

Compliance Determination:

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

- As reported in the PAQ, the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0.

- Policy: The Reporting to Other Confinement Facilities states that "Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Program Manager/PREA Coordinator of the program that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred" (p. 1).

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported the PAQ, the Agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the

allegation.

- Policy: The Reporting to Other Confinement Facilities states that “Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation” (p. 1).

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.263 (c). The agency shall document that it has provided such notification.

Compliance Determination:

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

- As reported in the PAQ, the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.
- Policy: The Reporting to Other Confinement Facilities states that “Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. CPA shall document that is has provided such notification” (p.1).
- There were no identified notifications to review.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0.

	<p>· Policy: The Reporting to Other Confinement Facilities states that “The facility head or agency office that receives such notification is responsible for ensuring the allegation is investigated in accordance with PREA Standards” (p. 1).</p> <p>Interviews</p> <p>Agency head – The interviewed agency head reported that it would be investigated. It could be challenging if it happened a long time ago, particularly with gathering evidence but we would still investigate.</p> <p>Director or designee – The interviewed staff reported that if the facility receives a report from another facility or agency that an incident of sexual abuse or sexual harassment occurred at the facility, the incident would be investigated and reported to the other entity. The current director was unaware of any allegations made.</p> <p>Corrective Actions:</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: 115.264</p> <p>First Responder Duties</p> <p>PREA Incident Checklist</p> <p>Interviews:</p>

Security Staff and Non-Security Staff First Responders (8)

Findings (By Provision):

115.264 (a). Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Compliance Determination:

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

- As reported in the PAQ, the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be 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. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- In the past 12 months, the number of allegations that a resident was sexually abused: 0.
- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0.
- In the past 12 months, the number of allegations where staff were notified

within a time period still allows for the collection of physical evidence: 0.

- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0.

- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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: 0.

- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0.

- Policy "Staff First Responder Duties states that "CPA shall take immediate action upon learning a resident was sexually abused via the Staff First Responder" (p. 1). The policy provides a detailed description of the procedures for staff first responder duties.

- PREA Incident Checklist: provides a checklist for staff to go over and sign off on all actions taken.

- First Responder Duties Form: The form provides a guided step by step process for staff on how to respond to allegations of sexual abuse. This document is highly effective because it meticulously outlines the procedures and policies surrounding the response to allegations of sexual abuse, ensuring clarity and compliance with the Prison Rape Elimination Act (PREA) standards. The detailed policy descriptions, checklist for first responders, and summary of staff interviews demonstrate a comprehensive approach to addressing and managing incidents. By providing clear protocols for evidence preservation and immediate action, the document enhances the facility's ability to maintain a safe environment for residents and uphold legal and ethical responsibilities.

Interviews

Security Staff and Non-Security Staff First Responders – All of the interviewed staff are considered first responders. The staff was able to articulate the first responder duties, such as securing the scene, getting the involved parties to a safe location, notifying their supervisor immediately or law enforcement, and ensuring that no one contaminated evidence.

Residents who Reported a Sexual Abuse – There were no resident who reported sexual abuse during the audit period nor onsite during the audit process.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. As reported by the agency all staff are considered first responders.
- Of the allegations that a resident was sexually abused in the past 12 months, the number of times a non-security staff member was the first responder: 0.
- Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0.
- Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0.
- Policy “Staff First Responder Duties states that “CPA shall take immediate action upon learning a resident was sexually abused via the Staff First Responder” (p. 1). The policy provides a detailed description of the procedures for staff first responder duties.
- PREA Incident Checklist: provides a checklist for staff to go over and sign off on all actions taken.
- First Responder Duties Form: The form provides a guided step by step process for staff on how to respond to allegations of sexual abuse. This document is highly effective because it meticulously outlines the procedures and policies surrounding the response to allegations of sexual abuse, ensuring clarity and compliance with the Prison Rape Elimination Act (PREA) standards. The detailed policy descriptions, checklist for first responders, and summary of staff interviews demonstrate a comprehensive approach to addressing and managing incidents. By providing clear protocols for evidence preservation and immediate action, the document enhances

	<p>the facility's ability to maintain a safe environment for residents and uphold legal and ethical responsibilities.</p> <p>Interviews</p> <p>Security Staff and Non-Security Staff First Responders/Random Sample of Staff - The interviewed staff reported that if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, their responsibility is to secure the area. While they could identify key actions such as separating the resident, securing the area, wearing gloves, notifying a supervisor, and completing necessary reports, they needed prompting to include critical steps such as preventing the resident from showering, brushing teeth or using the bathroom.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Policy: Coordinated Response</p> <p>PREA Incident Checklist</p> <p>First Responder Duties</p> <p>Interviews:</p> <p>Director</p>

Findings (By Provision):

115.265 (a). The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Compliance Determination:

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

- As reported in the PAQ, the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.
- Policy Coordinated Response states that “CPA shall ensure a coordinated response to any incident of sexual abuse among staff first responders, investigators, and agency leadership” (p. 1). The policy provides a detailed description of the first responder/coordinated response duties.
- PREA Incident Checklist: provides a checklist for staff to go over and sign off on all actions taken.
- First Responder Duties Form: The form provides a guided step by step process for staff on how to respond to allegations of sexual abuse. This document is highly effective because it meticulously outlines the procedures and policies surrounding the response to allegations of sexual abuse, ensuring clarity and compliance with the Prison Rape Elimination Act (PREA) standards. The detailed policy descriptions, checklist for first responders, and summary of staff interviews demonstrate a comprehensive approach to addressing and managing incidents. By providing clear protocols for evidence preservation and immediate action, the document enhances the facility’s ability to maintain a safe environment for residents and uphold legal and ethical responsibilities.

Interviews

Director or Designee – The interviewed staff reported that the plan includes separate the involved parties, protect the scene, notify CT. State Police, and seek medical and additional supportive services.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Overall Findings:

	The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Preservation of Ability to Protect Residents from Contact with Abusers</p> <p>Interviews:</p> <p>Agency Head</p> <p>Findings (By Provision):</p> <p>115.266 (a). Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · As reported in the PAQ, the agency, facility, or any other governmental entity is responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. Upon further discussion with the PREA Coordinator that response was provided in error. They do not have unions. · Policy: Preservation of Ability to Protect Residents from Contact with Abusers states that "CPA is a private, non-profit agency. CPA staff are not unionized. CPA does not enter into collective bargaining agreements pertinent to staffing" (p. 1).

	<p>Interviews</p> <p>Agency Head – The interviewed agency head reported that the agency has not entered into any collective bargaining agreements.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.266 (b). Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §115.272 and 115.276; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>N/A- Auditor is not required to audit this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Agency Protection Against Retaliation</p>

PREA Team

Corrective Action:

Monitoring and Retaliation Form

Interviews:

Agency Head

Director or Designee

Designated Staff Member Charged with Monitoring Retaliation (or Director if nonavailable)

Findings (By Provision):

115.267 (a). The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.

Compliance Determination:

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

- As reported in the PAQ, the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.
- The number of times an incident of retaliation occurred in the past 12 months: 0.
- Policy: The Agency Protection Against Retaliation Policy states that "CPA shall ensure the protection of 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" (p. 1). The policy provides details procedures to protect residents and staff who report sexual abuse or sexual harassment or cooperate with said investigations.
- PREA Team: the PREA Team serves as a list of staff who are responsible for upholding the requirements of the standard.
- The allegation of sexual abuse that should have been monitored did not occur as the resident was immediately removed from the Parole Officer. Informal conversation with the Parole Officer indicated that they typically would remove the aggressor, but everything is assessed.

- While the agency did not have a specific form to document monitor for retaliation, the auditor recommended that the site create a form so that monitoring could be documented on a specific form and consistently.

Corrective Actions:

Monitoring and Retaliation Form: The auditor recommended that the agency create a monitoring and retaliation form. The form was created and uploaded for review. No further action needed.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

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

- Policy: The Agency Protection Against Retaliation Policy states that “CPA shall ensure the protection of 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” (p. 1). For at least 90 days following a report of sexual abuse, CPA shall monitor 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 shall act promptly to remedy any such retaliation (p. 1).

- The policy provides details procedures to protect residents and staff who report sexual abuse or sexual harassment or cooperate with said investigations.

- PREA Team: the PREA Team serves as a list of staff who are responsible for upholding the requirements of the standard.

Interviews

Agency Head – The interviewed agency head reported that they would take

protective measures of retaliation is identified. We would continue to monitor for as long as needed but policy has at least 90 days.

Director or Designee/Designated Staff Member Charged with Monitor Retaliation – The interviewed staff reported that they will monitor for changes in behavior and if needed we will remove someone from the program.

Residents who Reported a Sexual Abuse – There were no resident who reported sexual abuse during the audit period nor onsite during the audit process.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.267 (c). For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of 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 shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Compliance Determination:

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

- As reported in the PAQ, the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The number of times an incident of retaliation occurred in the past 12 months: 0.

- Policy: The Agency Protection Against Retaliation Policy states that “CPA shall ensure the protection of 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” (p. 1). For at least 90 days following a report of sexual abuse, CPA shall monitor 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 shall act promptly to remedy any such retaliation (p. 1). Items CPA will monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of

staff. CPA shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of residents, such monitoring should also include periodic status checks.

- The policy provides details procedures to protect residents and staff who report sexual abuse or sexual harassment or cooperate with said investigations.

- PREA Team: the PREA Team serves as a list of staff who are responsible for upholding the requirements of the standard.

Interviews

Director or Designee/ Designated Staff Member Charged with Monitoring Retaliation

- The interviewed staff reported that if retaliation is suspected they would separate the involved parties, notify the parole officer, check on the resident and follow up with them. It was also reported that the site has a PREA room to use to keep parties separate.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.267 (d). In the case of residents, such monitoring should also include periodic status checks.

Compliance Determination:

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

- While the agency did not have a specific form to document monitor for retaliation, the auditor recommended that the site create a form so that monitoring could be documented on a specific form and consistently.

- The allegation of sexual abuse that should have been monitored did not occur as the resident was immediately removed from the Parole Officer. Informal conversation with the Parole Officer indicated that they typically would remove the aggressor, but everything is assessed.

Interviews

Designated Staff Member Charged with Monitoring Retaliation (or Director if nonavailable) - The interviewed staff reported that they will monitor for changes in behavior. Additionally, the director provided a list of various ways in which they would monitor for retaliation. We will document the monitoring and refer to HR if needed. Some of the measures employed include housing changes, removal of alleged staff or resident abusers from contact with victims, and emotional support

for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment.

Corrective Actions:

Monitoring and Retaliation Form: The auditor recommended that the agency create a monitoring and retaliation form. The form was created and uploaded for review. No further action needed.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.267 (e). If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Compliance Determination:

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

- The allegation of sexual abuse that should have been monitored did not occur as the resident was immediately removed from the Parole Officer. Informal conversation with the Parole Officer indicated that they typically would remove the aggressor, but everything is assessed.

Interviews

Agency Head – The interviewed agency head stated that if an individual who cooperates with an allegation expresses a fear of retaliation the program staff will increase the monitoring of the resident claiming sexual abuse or harassment, and employ any other necessary measures for safety. The HR Director and PREA Coordinator will monitor.

Director or Designee – The interviewed staff reported that they would monitor for changes in behavior, gather information and notify the parole officer.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

	<p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>N/A the auditor is not required to audit this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Criminal and Administrative Investigations</p> <p>Policy: Overarching PREA Policy</p> <p>PREA Incident Checklist</p> <p>First Responder Duties</p> <p>PREA Team</p> <p>Investigations (2)</p> <p>CPA Activity History</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Investigative Staff</p> <p>Director</p> <p>Findings (By Provision):</p>

115.271 (a). When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Compliance Determination:

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

- As reported in the PAQ, the agency/facility has a policy related to criminal and administrative agency investigations.
- Policy: The Criminal and Administrative Investigations policy states that “CPA does not conduct criminal or administrative investigations. CPA will contact local authorities for such investigations. CPA shall request of local authorities that they use investigators who have received special training in sexual abuse investigations pursuant to PREA Standard 115.234. It will be at the discretion of the local authorities as to whether allegations of conduct that appears to be criminal be referred for prosecution. CPA will fully cooperate with investigators and endeavor to remain informed about the progress.” (p. 1).
- Policy: The Overarching PREA Policy states that “Allegations of sexual harassment of residents by staff will be reported for investigation by the Administrative Office of CPA” (pp. 8-9).
- PREA Incident Checklist: provides a checklist for staff to go over and sign off on all actions taken.
- First Responder Duties Form: The form provides a guided step by step process for staff on how to respond to allegations of sexual abuse. This document is highly effective because it meticulously outlines the procedures and policies surrounding the response to allegations of sexual abuse, ensuring clarity and compliance with the Prison Rape Elimination Act (PREA) standards. The detailed policy descriptions, checklist for first responders, and summary of staff interviews demonstrate a comprehensive approach to addressing and managing incidents. By providing clear protocols for evidence preservation and immediate action, the document enhances the facility’s ability to maintain a safe environment for residents and uphold legal and ethical responsibilities.
- All criminal matters will be referred to and investigated by CT State Police.
- Investigations (2) were reviewed and determined that allegations of sexual harassment were administratively investigated.
- Overall, the auditor found that the facility maintained detailed notes and documentation for the investigation process.

Interviews

Investigative Staff – The interviewed staff stated that investigations are initiated

immediately upon report of an allegation of sexual abuse or sexual harassment and are conducted promptly. All investigations are managed by the same standards. Anonymous or third-party reports follow the same protocols. When the agency conducts the investigation, they do so promptly and thoroughly. Criminal investigations refer to CT state police.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.271 (b). Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234.

Compliance Determination:

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

- As reported in the PAQ, the agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting) and Training Certificate (Your Roles and Responsibilities) can be located in standard 115.234.

Interviews

Investigative Staff – The interviewed staff stated that they have completed training and would send all criminal related allegations information to outside law enforcement.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- All criminal matters will be referred to and investigated by CT State Police.
- Investigations (2) were reviewed and determined that allegations of sexual harassment were administratively investigated.

Interviews

Investigative Staff – The interviewed staff stated that they are conducting an initial investigation of allegations of sexual abuse. For criminal-related allegations, all the information will be gathered and sent to the outside law enforcement.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- Investigative Report: There were no criminal-related allegations during the audit period.
- All criminal matters will be referred to and investigated by CT State Police.
- Investigations (2) were reviewed and determined that allegations of sexual harassment were administratively investigated.

Interviews

Investigative Staff – The interviewed staff reported that all information and referral for prosecution would be managed by outside law enforcement.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and

review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- All criminal matters will be referred to and investigated by CT State Police.
- Investigations (2) were reviewed and determined that allegations of sexual harassment were administratively investigated.

Interviews

Investigative Staff – The interviewed staff stated that all reports will be taken seriously, and we would not be judgmental no matter if it is an alleged victim, suspect, or witness. We do not decide on credibility we would investigate everything. We would determine if the allegation fell under PREA. They would not require a polygraph.

Residents who Reported Sexual Abuse – There were no reported residents at the site during the onsite audit who had reported sexual abuse.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.271 (f). Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Compliance Determination:

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

- Investigations (2) were reviewed and determined that allegations of sexual harassment were administratively investigated.

· Audit Site Review:

RECORD STORAGE

- o During the site review, the auditor conducted an assessment of the storage practices for information and documentation in adherence to the PREA Standards. Client information was stored in the assigned case managers locked office. The file cabinet also had a confidential sign on it.
- o The physical storage area for hard copy documentation, including but not limited to risk screening information, medical records, and sexual abuse allegations, was observed to determine the level of security in place.
- o Attention was given to whether access to this physical storage area was restricted, potentially through mechanisms such as key access.
- o Furthermore, the electronic safeguards for information stored electronically, such as risk screening information, were examined to ascertain the measures implemented for securing access.
- o Closed files were maintained in a locked storage room and a locked storage cabinet, accessible to the case workers and the facility leadership.
- o Informal conversations with the case manager provided an opportunity to observe the direct location of the files and that each case manager only has access to their caseload records.

Interviews

Investigative Staff – The interviewed staff reported that internal investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving suspected perpetrator. The information would document in written reports which includes a description of the physical and testimonial fact/evidence, the reasoning behind credibility of assessments and investigate the facts and findings. CPA will make every effort to determine whether staff actions or failures to act contributed to the abuse. These efforts will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.271 (g). Criminal investigations shall be documented in a written report that

contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. There were no reported criminal investigations.

Compliance Determination:

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

- Investigative Report: there were no identified criminal investigations reports during the audit period.
- All criminal matters will be referred to and investigated by CT State Police.
- Investigations (2) were reviewed and determined that allegations of sexual harassment were administratively investigated.

Interviews

Investigative Staff - The interviewed staff reported that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. We would stay connected with local law enforcement on the status of the investigations.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.271 (h). Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Compliance Determination:

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

- As reported in the PAQ, substantiated allegations of conduct that appear to be criminal are referred for prosecution. There were zero number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0.
- Policy: Criminal and Administrative Investigations states that "It will be at the discretion of the local authorities as to whether allegations of conduct that appears to be criminal be referred for prosecution. CPA will fully cooperate with investigators

and endeavor to remain informed about the progress” (p. 1).

- There were no reported criminal investigations.

Interviews

Investigative Staff – The interviewed staff reported that outside law enforcement would address referrals for prosecution.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

- Policy: The Criminal and Administrative Investigations states that “Document in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings, if provided to the agency by investigators” (p. 1).

- PREA Investigations (2): the auditor was able to review the written reports of allegations that were made during the audit period.

- CPA PREA Activity History: contains the allegations of sexual abuse and sexual harassment that were reported since 2011.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

investigation.

Compliance Determination:

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

- Policy: The Criminal and Administrative Investigations states that the “The departure of the alleged abuser or victim from the employment or control of the program/agency shall not provide a basis for terminating an investigation” (p. 2).

Interviews

Investigative Staff – The interviewed staff reported that the investigation continues regardless of employees’ status with the agency. The investigation continues regardless of the victim’s status with the agency. CPA will ensure that all members of the response team, victim advocates, law enforcement authorities are aware of the victim’s new location.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.271 (k). Auditor is not required to audit this provision.

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

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

Compliance Determination:

- Policy: The Criminal and Administrative Investigations states that the CPA will fully cooperate with investigators and endeavor to remain informed about the progress” (p. 1).

Interviews

Director – The interviewed staff reported that outside law enforcement investigations would be monitored by having constant communication with the state trooper.

PREA Coordinator – The interviewed staff reported that the PREA Coordinated and PREA Compliance Manager are responsible for maintaining regular contact with the outside agency that is investigating the allegations.

	<p>Investigative Staff – The interviewed staff reported that the facility would be fully compliant with an outside agency investigation. The information would be promptly reported to the higher-level supervisor along with the Parole Officer. Any assistance would be provided to the outside law enforcement agency.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Following analysis, upon review of additional information the facility is compliant with the standard.</p>
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115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Evidentiary Standards for Administrative Investigations</p> <p>Investigations (2)</p> <p>Interviews:</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.272 (a). The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Compliance Determination:</p>

	<p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · Policy: Evidentiary Standard for Administrative Investigations states that “CPA will not make a determination as to whether allegations of sexual abuse are substantiated. This determination will be at the discretion of the local authorities conducting the investigation” (p. 1). · Investigations (standard 115.271) were reviewed and determined that the facility utilized a preponderance of evidence to determine the results of the allegation. <p>Interviews</p> <p>Investigative Staff – The interviewed staff reported that CPA uses the required standard: A preponderance of the evidence is used to determine if an incident did occur. No more than 50% is considered to make a final determination.</p> <p>Corrective Actions:</p> <ul style="list-style-type: none"> · As reported in the PAQ, the agency does not impose a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse of sexual harassment are substantiated. · There were no identified or reported allegations; therefore, documentation of administrative findings for proper standard of proof could not be observed. <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Reporting to Residents

Corrective Action:

Notification Form

Interviews:

Director

Investigative Staff

Findings (By Provision):

115.273 (a). Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Compliance Determination:

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

- As reported in the PAQ, the agency has a policy requiring that any resident who alleges that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. 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: 0. Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0.

- Policy: The Reporting to Residents policy states that "Following an investigation into a resident's allegation of sexual abuse suffered in HTH or WRP, CPA shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded." (p. 1).

- Notification: The facility currently has a process where they verbally notify the residents. Upon review of the PREA investigations the auditor could not determine if notifications were made; however, it should be noted that residents left prior.

Interviews

Director or Designee - The interviewed staff reported that the facility notifies a resident who makes an allegation of sexual abuse when the allegation has been determined substantiated, unsubstantiated, or unfounded following an

investigation. The notification is done verbally and noted in the case note file.

Investigative Staff – The interviewed staff reported that the agency would inform the resident of the results of the investigation. CPA will share the results of the investigation with the resident who made the report whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

Residents who Reported a Sexual Abuse – There were no resident who reported sexual abuse during the audit period nor onsite during the audit process.

Corrective Actions:

- Notification Form: The facility created a notification form at the auditor's request to document and verify notifications through resident signatures.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.273 (b). If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

Compliance Determination:

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

- As reported in the PAQ, if an outside entity conducts the investigation, the agency will request the relevant information from the investigation entity in order to inform the resident of the outcome of the investigation. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0. Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: N/A no investigations by the outside agency.

- Notification: The facility currently has a process where they verbally notify the residents. Upon review of the PREA investigations the auditor could not determine if notifications were made; however, it should be noted that there were no allegations of sexual abuse.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.273 (c). Following a resident's allegation that a staff member has committed

sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Compliance Determination:

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

- As reported in the PAQ, following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless unfounded) whenever:
 - o The staff member is no longer posted within the residents' unit;
 - o The staff member is no longer employed at the facility;
 - o The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; or
 - o The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
- Policy: Reporting to Residents states that "Following a resident's allegation that a staff member has committed sexual abuse against the resident, CPA shall subsequently inform the resident (unless it has determined the allegation is unfounded) whenever:
 - o The staff member is no longer posted within the residents' unit;
 - o The staff member is no longer employed at the facility;
 - o The agency learns the staff member has been indicted on a charge related to sexual abuse within the program; or
 - o The agency learns the staff member has been convicted on a charge related to sexual abuse within the program" (p. 1).
- Notification: The facility currently has a process where they verbally notify the residents. Upon review of the PREA investigations the auditor could not determine if notifications were made; however, it should be noted that there were no allegations of sexual abuse. There were no allegations involving staff.

Interviews

Residents who Reported a Sexual Abuse – There were no resident who reported sexual abuse during the audit period nor onsite during the audit process.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.273 (d). Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: 1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications shall be documented.

Compliance Determination:

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

- As reported in the PAQ, the following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whomever the agency learns that the alleged abuser has been indicated on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- Policy: Reporting to Residents states that "Following a resident's allegation that he has been sexually abused by another resident, CPA shall subsequently inform the alleged victim whenever:
 - o The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
 - o The agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility" (2).
- Notification: The facility currently has a process where they verbally notify the residents. Upon review of the PREA investigations the auditor could not determine if notifications were made; however, it should be noted that there were no allegations of sexual abuse.

Interviews

Residents who Reported a Sexual Abuse - There were no resident who reported sexual abuse during the audit period nor onsite during the audit process.

Corrective Actions:

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

	<p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.273 (e). All such notifications or attempted notifications shall be documented.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · As reported in the PAQ, the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0. Of those notifications made in the past 12 months, the number that were documented: 0. · Policy: Reporting to Residents states that “All such notifications or attempted notifications shall be documented and maintained by the PREA Coordinator” (p. 2). · Notification: The facility currently has a process where they verbally notify the residents. Upon review of the PREA investigations the auditor could not determine if notifications were made; however, it should be noted that there were no allegations of sexual abuse. <p>Interviews</p> <p>Corrective Actions:</p> <p>Notification Form: The facility did not have a form to document notifications. The facility created a form to use in the event there is a sexual abuse allegation. No further action is required.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.273 (f). The auditor is not required to audit this provision of the standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Disciplinary Sanctions for Staff</p> <p>Findings (By Provision):</p> <p>115.276 (a). Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none">· As reported in the PAQ, staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.· Compliance Determination:· Policy: Disciplinary Sanctions for Staff states that “Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies” (p. 1). <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.276 (b). Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>Compliance Determination:</p> <ul style="list-style-type: none">· As reported in the PAQ, the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual

harassment policies: 0. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

- Policy: Disciplinary Sanctions for Staff states that "Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies" (p. 1).

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 0

- Policy: Disciplinary Sanctions for Staff states that "Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies" (p. 1).

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.276 (d). All terminations for violations of agency sexual abuse or sexual

	<p>harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · As reported in the PAQ, 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, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. 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: 0. · Policy: Disciplinary Sanctions for Staff states that "Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies" (p. 1). <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Corrective Action Plan Contractors and Volunteers

Interviews:

Director

Findings (By Provision):

115.277 (a). Any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity is clearly not criminal, and to relevant licensing bodies.

Compliance Determination:

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

- Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.
- In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0.
- In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0.
- Policy: Corrective Action Plan Contractors and Volunteers states that "Any substantiated allegation of sexual abuse or sexual harassment by a contractor or volunteer shall be immediate grounds for removal from the program/agency. Any contractor or volunteer who engages in sexual abuse shall be immediately prohibited from contact with residents. Such conduct will be reported to local authorities and relevant licensing bodies as applicable" (p. 1).

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.277 (b). The facility shall take appropriate remedial measures and shall

	<p>consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · As reported in the PAQ, the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. · Policy: Corrective Action Plan Contractors and Volunteers states that “CPA shall take appropriate remedial measures and consider whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or vendor” (p.1). <p>Interviews</p> <p>Director or Designee – The interviewed staff reported that if any volunteer or contractor was found guilty of sexual abuse or sexual harassment, they would not be allowed to enter the site with having no contact with residents. They would also be reported to law enforcement.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Disciplinary Sanctions for Residents

Interviews:

Director

Medical and Mental Health Staff

Findings (By Provision):

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

Compliance Determination:

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

- As reported in the PAQ, residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.
- In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0.
- In the past 12 months, the number of criminal findings guilty of resident-on-resident sexual abuse has occurred at the facility: 0.
- Policy: Policy: Disciplinary Sanctions for Residents states that “HTH and WRP residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following a finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed” (p. 1).

Interviews

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- Policy: Disciplinary Sanctions for Residents states that "HTH and WRP residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following a finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed" (p. 1).
- There were no reported allegations that required sanctions to review.

Interviews

Director or Designee - The interviewed staff reported that residents shall be subject to disciplinary action pursuant to a formal disciplinary process following an administrative finding that the resident engaged in sexual abuse or following a criminal finding. Disciplinary action should consider whether or not a resident's mental disability or illness contributed to the behavior. Such actions include removal from the facility; however, parole would make the decision if the action was a parole violation.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- Policy: Disciplinary Sanctions for Residents states that “The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed” (p. 1).
- There were no reported allegations that required sanctions to review.

Interviews

Director or Designee – The interviewed staff reported that residents shall be subject to disciplinary action pursuant to a formal disciplinary process following an administrative finding that the resident engaged in sexual abuse or following a criminal finding. Disciplinary action shall consider whether or not a resident’s mental disability or illness contributed to the behavior. Such actions include removal from the facility; however, parole would make the decision if the action was a parole violation.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

- As reported in the PAQ, the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Services are referred to a community partner.

- Policy: Disciplinary Sanctions for Residents states that “HTH and WRP do not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse” (p. 2).

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

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

Compliance Determination:

- As reported in the PAQ, the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.
- Policy: Disciplinary Sanctions for Residents states that “HTH/WRP may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact” (p. 1).

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

- There were no reported allegations that required sanctions to review.

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

- As reported in the PAQ, the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation.
- Policy: Reviewing and Responding to Allegations of Sexual Abuse states that “For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if a review does not establish evidence sufficient to substantiate the allegation” (p. 3).

Interviews

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the

	<p>provisions of this standard.</p> <p>115.278 (g). An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · As reported in the PAQ, the agency prohibits all sexual activity between residents and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. · Policy: Disciplinary Sanctions for Residents states that “For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation” (p. 2). <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p>

Pre-Audit Questionnaire (PAQ)

Policy: Access to Emergency Medical Health Care

PREA Incident Check Sheet

First Responder Duties

YWCA Contract

Interviews:

Security Staff and Non-Security Staff First Responders (7)

Findings (By Provision):

115.282 (a). Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

Compliance Determination:

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

- As reported in the PAQ, resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The facility does not have onsite medical and mental healthcare.
- Policy: Access to Emergency Medical Health Care states that “Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical health practitioners according to their professional judgment. CPA’s HTH and WRP do not employ medical and mental health staff and will therefore rely on the services of qualified outside providers for these services for residents as necessary” (p. 1).
- An agreement with the YWCA confirms the agencies community partner to have an outside agency advocate that can: provide sexual assault crisis counselor to accompany and support the victim throughout the forensic medical exam process and investigatory interviews, and provide emotional support, crisis intervention, information and referrals, as requested by the victim throughout the clients placement in CPAs facility.
- PREA Incident Checklist: provides a checklist for staff to go over and sign off on all actions taken.
- First Responder Duties Form: The form provides a guided step by step process

for staff on how to respond to allegations of sexual abuse. This document is highly effective because it meticulously outlines the procedures and policies surrounding the response to allegations of sexual abuse, ensuring clarity and compliance with the Prison Rape Elimination Act (PREA) standards. The detailed policy descriptions, checklist for first responders, and summary of staff interviews demonstrate a comprehensive approach to addressing and managing incidents. By providing clear protocols for evidence preservation and immediate action, the document enhances the facility's ability to maintain a safe environment for residents and uphold legal and ethical responsibilities.

Interviews

Medical and Mental Health Staff-The facility does not have medical or mental health staff.

Residents who Reported a Sexual Abuse -There were no identified residents onsite who reported sexual abuse.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.282 (b). If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.

Compliance Determination:

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

- Policy: Access to Emergency Medical Health Care states that "Pursuant to PREA Standard 115.262, staff first responders shall take preliminary steps to protect the resident victim and shall immediately notify the appropriate medical and mental health providers" (p. 1).

Interviews

Security Staff and Non-Security Staff First Responders - All of the direct care staff are first responders. The staff interviewed were responsible for the agency's first responder protocol, which included how to protect the evidence, separate the parties involved, and report to supervisor/ management for further action.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.282 (c). As reported in the PAQ, resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Compliance Determination:

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

- As reported in the PAQ, resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
- Policy: Access to Emergency Medical Health Care states that "Resident victims of sexual abuse shall be offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate" (p. 1).

Interviews

Medical and Mental Health Staff-The facility does not have medical or mental health staff.

Residents who Reported a Sexual Abuse -There were no identified residents onsite who reported sexual abuse.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, treatment services are provided to every victim without

	<p>financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <ul style="list-style-type: none"> Policy: Access to Emergency Medical Health Care states that “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident” (p. 1). <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers</p> <p>Policy: Access to Emergency Medical and Mental Health Services</p> <p>YWCA Contract</p> <p>Findings (By Provision):</p> <p>115.283 (a). The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard</p>

because:

- As reported in the PAQ, the facility does 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.
- Policy: The Policy: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers states that "CPA's HTH and WRP do not employ medical or mental health care staff. All residents in need of such care shall be referred to local providers for assistance. HTH and WRP shall refer residents in need of medical and mental health care, pertinent to sexual abuse, to local providers who are PREA compliant such as Hartford Hospital" (p. 1).
- An agreement with the YWCA confirms the agencies community partner to have an outside agency advocate that can: provide sexual assault crisis counselor to accompany and support the victim throughout the forensic medical exam process and investigatory interviews, and provide emotional support, crisis intervention, information and referrals, as requested by the victim throughout the clients placement in CPAs facility. Additionally, the agreement states that the YWCA will collaborate for continuity of care and discharge planning for residents who are victims of sexual assault and/or abuse.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- Policy: The Policy: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers states that "HTH and WRP shall attempt to secure treatment services for victims at no cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident" (p. 1).
- There were no identified victims of sexual abuse to review information.
- An agreement with the YWCA confirms the agencies community partner to have an outside agency advocate that can: provide sexual assault crisis counselor to accompany and support the victim throughout the forensic medical exam process

and investigatory interviews, and provide emotional support, crisis intervention, information and referrals, as requested by the victim throughout the clients placement in CPAs facility. Additionally, the agreement states that the YWCA will collaborate for continuity of care and discharge planning for residents who are victims of sexual assault and/or abuse.

Interviews

Medical and Mental Health Staff-The facility does not have medical or mental health staff.

Residents who Reported a Sexual Abuse – There were no resident who reported sexual abuse during the audit period nor onsite during the audit process.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- Policy: The Policy: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers states that “HTH and WRP shall attempt to refer all known resident on resident abusers for a mental health evaluation and/or treatment within 30 days of learning of such abuse history” (p.1).
- There were no identified victims of sexual abuse to review information.
- An agreement with the YWCA confirms the agencies community partner to have an outside agency advocate that can: provide sexual assault crisis counselor to accompany and support the victim throughout the forensic medical exam process and investigatory interviews, and provide emotional support, crisis intervention, information and referrals, as requested by the victim throughout the clients placement in CPAs facility. Additionally, the agreement states that the YWCA will collaborate for continuity of care and discharge planning for residents who are victims of sexual assault and/or abuse.

Interviews

Medical and Mental Health Staff-The facility does not have medical or mental health staff.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.283 (d). NA-the facility only houses male residents.

115.283 (e). NA-the facility only houses male residents.

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

Compliance Determination:

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

- As reported in the PAQ, resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. The agency does not provide treatment services onsite all services will be referred for offsite medical care.
- Policy: Access to Emergency Medical and Mental Health Services states that "Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical health practitioners according to their professional judgment. CPA's HTH and WRP do not employ medical and mental health staff and will therefore rely on the services of qualified outside providers for these services for residents as necessary" (p 1).

Interviews:

Residents who Reported a Sexual Abuse - There were no resident who reported sexual abuse during the audit period nor onsite during the audit process.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- There were no identified victims of sexual abuse to review information.

Interviews:

Residents of Sexual Abuse: There were no residents of sexual abuse at the facility during the onsite audit period.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- Policy: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers states that "HTH and WRP shall attempt to refer all known resident on resident abusers for a mental health evaluation and/or treatment within 30 days of learning of such abuse history" (p. 1).

Interviews

Medical and Mental Health Staff-The facility does not have medical or mental health staff.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

Overall Findings:

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

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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Sexual Abuse Incident Reviews</p> <p>PREA Incident Check Sheet</p> <p>CPA PREA Activity History</p> <p>Investigations (2)</p> <p>CPA Org. Chart</p> <p>PREA Team</p> <p>Corrective Action:</p> <p>PREA Incident Form (blank)</p> <p>Interviews:</p> <p>Director</p> <p>PREA Coordinator</p> <p>Incident Review Team</p> <p>Findings (By Provision):</p> <p>115.286 (a). The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p>

- As reported in the PAQ, the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 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: 2.
- Policy: Sexual Abuse Incident Reviews states that “CPA shall ensure a sexual abuse incident review is conducted at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded” (p. 1).
- Investigations (2). The investigations were reviewed. It was determined that there was one allegation of sexual abuse, and the findings were unfounded.
- CPA PREA Activity History: contains the allegations of sexual abuse and sexual harassment that were reported since 2011.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.286 (b). Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

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

- As reported in the PAQ, the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0.
- Policy: Sexual Abuse Incident Reviews states that “Reviews shall occur within 30 days of the conclusion of the investigation” (p. 1).
- The reported PREA allegations did not require an incident review; however, the PREA Coordinator reported that the reviews were done however there was not a formal process to document the reviews. The auditor recommended that the site create a form to document the incident reviews.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and

review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.
- Policy: Sexual Abuse Incident Reviews states that “The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners if available and applicable” (p. 1).
- The reported PREA allegations did not require an incident review; however, the PREA Coordinator reported that the reviews were done however there was not a formal process to document the reviews. The auditor recommended that the site create a form to document the incident reviews.
- PREA Incident Review sample was provided, showing how the agency documents sexual abuse incident reviews.
- Investigations (2). The investigations were reviewed. It was determined that there was one allegation of sexual abuse, and the findings were unfounded.

Interviews

Director or Designee - The interviewed staff reported that the incident review team consists of upper-level management. This would also include local law enforcement that investigated the allegation.

Corrective Actions:

- o Incident Review Team Form: the auditor recommended that the facility create an incident review team form to formally document that the incident reviews occurred and the involved team members. Form was created and no further action is needed at this time.

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.286 (d). The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect,

or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise 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) Assess 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 its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Coordinator.

Compliance Determination:

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

- As reported in the PAQ, the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator.
- Policy: Sexual Abuse Incident Reviews states that “The review team shall:
 - o Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - o Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
 - o Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - o Assess the adequacy of staffing levels in that area during different shifts;
 - o Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 - o Prepare a report of its findings and recommendations for improvement and submit such a report to CPA’s Executive Director, HR Director and PREA Compliance Manager (p. 1).
- The reported PREA allegations did not require an incident review; however, the PREA Coordinator reported that the reviews were done however there was not a formal process to document the reviews. The auditor recommended that the site create a form to document the incident reviews.

Interviews

Director – The interviewed staff reported that during the incident review, the team would consider if there needed changes to policy, was there any actions that motivated the incident, was there adequate staffing levels and if there was a need to enhance technology. The HR director and PREA Coordinator maintain all records of incidents.

PREA Coordinator – The interviewed staff reported that they are a part of the incident review team. After a report is submitted, it is the PREA Team’s responsibility to ensure the following:

- On-going safety of all residents and monitor for retaliation.
- Maintain regular conduct with outside agencies involved in the investigation.
- Support services are offered to residents involved.
- Review reports and assessments for necessary program improvements.
- Share allegation investigation with residents involved and continue to monitor for safety concerns.

CPA’s Administrative process includes the following:

- CPA ensures that all protocols are followed for crime scene preservation to enable the local authorities to conduct a proper investigation of all allegations of sexual abuse.
- CPA completes an Incident Report in accordance with CPA procedures. An Incident Report is completed for all allegations of sexual harassment.

Reports include:

- Description of physical evidence
- Testimonial evidence
- Credibility assessments and the reasoning behind them
- Investigative facts and findings
- Documentary evidence, if any, should be attached.

Staff are expected to cooperate fully with the local authorities in all areas of any criminal and/or administrative investigations.

Incident Review Team - The Incident Review Team ensures that incident reviews are completed and documented within 30 days following an incident or alleged incident. During each review, the team examines whether the incident or allegation was motivated by race, ethnicity, gender identity, sexual orientation (including lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status),

	<p>gang affiliation, or other group dynamics within the facility. The team's assessment includes verifying if the review process was followed, confirming staff presence, and reviewing camera footage. If required, policy changes or additional training for staff will be implemented. The Parole Officer will also be included in this review process.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.286 (e). The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · As reported in the PAQ, the facility implements recommendations for improvement or documents and its reasons for not doing so. · The reported PREA allegations did not require an incident review; however, the PREA Coordinator reported that the reviews are done. However, there was no formal process to document the reviews. The auditor recommended that the site create a form to document the incident reviews. <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Data Collection

CPA PREA Activity History

SSV Report

Findings (By Provision):

115.287 (a). The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Compliance Determination:

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

- As reported in the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
- Policy: The Data Collection states that “CPA shall collect accurate, uniform data for every allegation of sexual abuse at its programs using a standardized instrument and set of definitions” (p. 1).
- CPA PREA Activity History: contains the allegations of sexual abuse and sexual harassment that were reported since 2011.
- SSV Report: The Department of Justice (DOJ) Serious Sexual Victimization (SSV) Report is a crucial document aimed at ensuring the safety and well-being of individuals in detention facilities across the nation. Its primary purpose is to collect, analyze, and report data on incidents of sexual abuse and harassment within these institutions. These reports include comparisons of current and previous years' data, offering insights into trends and the impact of implemented measures. The ultimate goal of the SSV Report is to foster a safer environment for inmates and detainees, ensuring that any incidents of sexual victimization are swiftly and effectively addressed.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.287 (b). The agency shall aggregate the incident-based sexual abuse data at least annually.

Compliance Determination:

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

- Policy: The Data Collection states that “CPA’s PREA Team shall aggregate the incident based sexual abuse data annually” (p. 1).
- Annual Report (standard 115.286) provides aggregate data of the allegations of sexual abuse and sexual harassment.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, 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.
- Policy: The Data Collection Policy states that “The incident-based data collected shall include, at minimum: data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice” (p. 1).

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
- Policy: The Data Collection Policy states that CPA shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews” (p. 1).
- CPA PREA Activity History: contains the allegations of sexual abuse and sexual harassment that were reported since 2011.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

N/A the agency does not contract for the confinement of its residents.

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

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

- As reported in the PAQ, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
- SSV Report: The Department of Justice (DOJ) Serious Sexual Victimization (SSV) Report is a crucial document aimed at ensuring the safety and well-being of individuals in detention facilities across the nation. Its primary purpose is to collect, analyze, and report data on incidents of sexual abuse and harassment within these institutions. These reports include comparisons of current and previous years' data, offering insights into trends and the impact of implemented measures. The ultimate goal of the SSV Report is to foster a safer environment for inmates and detainees, ensuring that any incidents of sexual victimization are swiftly and effectively addressed.

Corrective Actions:

	<p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.288	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Data Review and Collection (Review Date: 2025)</p> <p>Website PREA Standards - CPAAnnual Report (2024)</p> <p>SSV Report</p> <p>Interviews:</p> <p>Agency Head</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.288 (a). The agency shall 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard</p>

because:

- As reported in the PAQ, the agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.
- Policy: The Data Review and Collection states that “CPA’s PREA Team shall review data collected and aggregated pursuant to Standard 115.287” (p. 1).
- The annual report can be located on the agency website at: PREA Standards - CPA
- Any corrective action plans are addressed on the agency annual report.
- SSV Report: The Department of Justice (DOJ) Serious Sexual Victimization (SSV) Report is a crucial document aimed at ensuring the safety and well-being of individuals in detention facilities across the nation. Its primary purpose is to collect, analyze, and report data on incidents of sexual abuse and harassment within these institutions. These reports include comparisons of current and previous years' data, offering insights into trends and the impact of implemented measures. The ultimate goal of the SSV Report is to foster a safer environment for inmates and detainees, ensuring that any incidents of sexual victimization are swiftly and effectively addressed.

Interviews:

Agency Head – The interviewed agency head reported that following the report of an allegation, an incident review is conducted to determine how the incident occurred and make steps to prevent the possibility of abuse or harassment happening.

PREA Coordinator – The interviewed staff reported that CPA shall assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by:

- Identifying problem areas;
- Taking corrective action on an ongoing basis.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.288 (b). Such report shall include a comparison of the current year's data and

corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

Compliance Determination:

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

- As reported in the PAQ, the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.
- Annual Report (2024): the annual report was reviewed and found to have provided data and corrective actions for prior years.
- The annual report can be located on the agency website at: PREA Standards - CPA
- CPA PREA Activity History: contains the allegations of sexual abuse and sexual harassment that were reported since 2011.
- SSV Report: The Department of Justice (DOJ) Serious Sexual Victimization (SSV) Report is a crucial document aimed at ensuring the safety and well-being of individuals in detention facilities across the nation. Its primary purpose is to collect, analyze, and report data on incidents of sexual abuse and harassment within these institutions. These reports include comparisons of current and previous years' data, offering insights into trends and the impact of implemented measures. The ultimate goal of the SSV Report is to foster a safer environment for inmates and detainees, ensuring that any incidents of sexual victimization are swiftly and effectively addressed.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.288 (c). The agency's report shall be approved by the agency head and made readily available to the public through its Web site or, if it does not have one, through other means.

Compliance Determination:

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

- As reported in the PAQ, the agency makes its annual report readily available to the public at least through its website. The annual report is approved by the agency head.

- Annual Report (2024): the annual report was reviewed and found to have provided data and corrective actions for prior years.
- The annual report can be located on the agency website at: PREA Standards - CPA
- CPA PREA Activity History: contains the allegations of sexual abuse and sexual harassment that were reported since 2011.
- SSV Report: The Department of Justice (DOJ) Serious Sexual Victimization (SSV) Report is a crucial document aimed at ensuring the safety and well-being of individuals in detention facilities across the nation. Its primary purpose is to collect, analyze, and report data on incidents of sexual abuse and harassment within these institutions. These reports include comparisons of current and previous years' data, offering insights into trends and the impact of implemented measures. The ultimate goal of the SSV Report is to foster a safer environment for inmates and detainees, ensuring that any incidents of sexual victimization are swiftly and effectively addressed.

Interviews

Agency Head – The interviewed agency head reported that they approve the annual reports.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

Compliance Determination:

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

- As reported in the PAQ, when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.
- Policy: The Data Review and Collection states that “CPA shall redact specific material from the reports when publication would present a clear and specific threat to the safety and security of its programs but will include the nature of the material redacted.”

	<ul style="list-style-type: none"> Annual Report: upon review of the annual report, there are no identifiers provided that could pose a threat to safety and security at the facility. CPA PREA Activity History: contains the allegations of sexual abuse and sexual harassment that were reported since 2011. SSV Report: The Department of Justice (DOJ) Serious Sexual Victimization (SSV) Report is a crucial document aimed at ensuring the safety and well-being of individuals in detention facilities across the nation. Its primary purpose is to collect, analyze, and report data on incidents of sexual abuse and harassment within these institutions. These reports include comparisons of current and previous years' data, offering insights into trends and the impact of implemented measures. The ultimate goal of the SSV Report is to foster a safer environment for inmates and detainees, ensuring that any incidents of sexual victimization are swiftly and effectively addressed. <p>Interviews:</p> <p>PREA Coordinator- The interviewed staff reported that CPA prepares an annual report of its findings and any associated corrective action for its programs. Such a report should include a comparison of the current year's data and corrective actions with those from prior years (as available) and shall provide an assessment of CPA's progress in addressing sexual abuse.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Data Storage, Publication, and Destruction (Review Date: 2025)

Website: PREA Standards - CPA

CPA Activity History

Interviews:

PREA Coordinator

Findings (By Provision):

115.289 (a). The agency shall ensure that data collected pursuant to § 115.287 are securely retained.

Compliance Determination:

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

- As reported in the PAQ, the agency ensures that incident-based and aggregate data are securely retained. The agency indicates the nature of material redacted.
- Policy: The Data Storage, Publication, and Destruction policy states that “CPA shall ensure data collected pursuant to Standard 115.287 are securely retained” (p. 1).
- CPA PREA Activity History: contains the allegations of sexual abuse and sexual harassment that were reported since 2011.

Interviews

PREA Coordinator – The interviewed staff reported that the annual report information is securely retained and that personal identifiers are not part of the report.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

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

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

- As reported in the PAQ, agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which its contracts are made readily available to the public at least annually.
- Policy: The Data Storage, Publication, and Destruction policy states that "PREA data shall be entered into CPA's computer network by a member of the PREA Team. This system is password protected, housed within a secure network, and closely monitored by the agency's IT Department" (p. 1).
- The annual report can be located on the agency website at: PREA Standards - CPA
- CPA PREA Activity History: contains the allegations of sexual abuse and sexual harassment that were reported since 2011.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.289 (c). Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

Compliance Determination:

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

- As reported in the PAQ, before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.
- Policy: The Data Storage, Publication, and Destruction policy states that "CPA shall make all aggregated sexual abuse data from its programs readily available to the public at least annually via its website" (p. 1).
- CPA PREA Activity History: contains the allegations of sexual abuse and sexual harassment that were reported since 2011.

Corrective Actions:

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

Discussion: A review of the appropriate documentation, interviews with staff, and

	<p>review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.289 (d). The agency shall 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.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <ul style="list-style-type: none"> · As reported in the PAQ, the agency shall 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. · Policy: The Data Storage, Publication, and Destruction policy states that “Before making aggregated sexual abuse data publicly available, CPA shall remove all personal identifiers” (p. 1). · CPA PREA Activity History: contains the allegations of sexual abuse and sexual harassment that were reported since 2011. <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewed staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>1. Documents:</p>

	<p>a. Website: PREA Standards - CPA</p> <p>Findings (By Provision):</p> <p>115.401 (a). The agency website contains the results of all the PREA audits conducted.</p> <p>115.401 (b). The site is in Cycle 4 Audit Year 3.</p> <p>115.401 (h). During the inspection of the physical plant the auditor and was escorted throughout the site by the program lead. The auditor was provided unfettered access throughout the institution. Specifically, the auditor was not barred or deterred entry to any areas. The auditor had the ability to freely observe, with entry provided to all areas without prohibition. Based on review of documentation the site is compliant with the intent of the provision.</p> <p>115.401 (i). During the on-site visit, the auditor was provided access to all documents requested. All documents requested were received to include, but not limited to employee and resident files, sensitive documents, and investigation reports. Based on review of documentation the site is compliant with the intent of the provision.</p> <p>115.401 (m). The auditor was provided private rooms throughout the site to conduct interviews. The staff staged the residents in a fashion that the auditor did not have to wait between interviews. The rooms provided for inmate interviews were soundproof and somewhat visually confidential from other residents which was judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related content during interview.</p> <p>A review of the appropriate documentation and interviews with staff indicates that the site is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.401 (n). Residents were able to submit confidential information via written letters to the auditing agency PO Box or during the interviews with the auditor. The auditor did not receive any correspondence from the site.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>The following evidence was analyzed in making compliance determination:</p> <p>1. Documents:</p> <p>a. Website: PREA Standards - CPA</p> <p>Findings (By Provision):</p> <p>115.403 (a). The Community Partners In Action, posts its PREA Audit reports on the Agency website. The reports are available for review at PREA Standards - CPA. There is a link to the final PREA reports. The facility is compliant with the intent of the standard.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p>
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Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

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

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

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

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

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

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

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

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

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	na
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes