

PREA Facility Audit Report: Final

Name of Facility: Dana's House Residential Mental Health Treatment Facility

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/04/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Adam T. Barnett, Sr.	Date of Signature: 08/04/2022

AUDITOR INFORMATION	
Auditor name:	Barnett, Adam
Email:	adam30906@gmail.com
Start Date of On-Site Audit:	06/24/2022
End Date of On-Site Audit:	06/25/2022

FACILITY INFORMATION	
Facility name:	Dana's House Residential Mental Health Treatment Facility
Facility physical address:	75 Henry Street, New Haven, Connecticut - 06511
Facility mailing address:	75 Henry St, New Haven, Connecticut - 06511

Primary Contact	
Name:	Randy Braren
Email Address:	randybraren@familyreentry.org
Telephone Number:	2034646416

Facility Director	
Name:	Randy Braren
Email Address:	randybraren@familyreentry.org
Telephone Number:	2034646416

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

Facility Characteristics	
Designed facility capacity:	15
Current population of facility:	13
Average daily population for the past 12 months:	15
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18 and over
Facility security levels/resident custody levels:	community
Number of staff currently employed at the facility who may have contact with residents:	20
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Family Reentry, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	75 Washington Avenue, Bridgeport, Connecticut - 06604
Mailing Address:	
Telephone number:	2038480496

Agency Chief Executive Officer Information:	
Name:	Deborah O'Brien
Email Address:	dobrien@crj.org
Telephone Number:	6174822520

Agency-Wide PREA Coordinator Information**Name:** Randy Braren**Email Address:** randybraren@familyreentry.org**SUMMARY OF AUDIT FINDINGS**

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

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

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-06-24
2. End date of the onsite portion of the audit:	2022-06-25

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:	JDI NSVRC

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	15
15. Average daily population for the past 12 months:	15
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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	12
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	12
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	20
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Request a facility resident roster and PAQ information.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>PAQ and discussion with staff management.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>PAQ and discussion with staff management.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>PAQ and discussion with staff management.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

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

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

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Race
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.

Specialized Staff, Volunteers, and Contractor Interviews

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

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	5
76. Were you able to interview the Agency Head?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to interview the Agency Head:	Designee
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) </p>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p> <input type="checkbox"/> Agency contract administrator <input type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input type="checkbox"/> Staff on the sexual abuse incident review team <input type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input type="checkbox"/> Intake staff <input type="checkbox"/> Other </p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>

82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	0
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input type="radio"/> Yes <input checked="" type="radio"/> No

88. Informal conversations with staff during the site review (encouraged, not required)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
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Documentation Sampling

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

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

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	No Allegations.
99. Did your selection of SEXUAL ABUSE 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 abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. 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)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)

Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. 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)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	No investigations.
107. 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	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. 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)
110. 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	

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. 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)
113. 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)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	21

AUDITING ARRANGEMENTS AND COMPENSATION

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

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Supporting Documents, Interviews and Observations:

- Organizational Chart - Administration
- PREA Manual – Dana’s House Policy
- State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc.
- State of Connecticut Department of Correction Administrative Directive: 6.12 – Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
- Online PREA Audit: Pre-Audit Questionnaire for Community
- Formal and Informal Interviews

115.211 (a)

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

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

The agency policy clearly defines general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassments.

115.211 (b)

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

Policy: Family Reentry PREA Manual: PREA Policy Section – 115.211:

I. POLICY:

Family Reentry, Inc (FRE) shall have a zero-tolerance policy for all forms of resident on resident and staff on resident sexual abuse or sexual harassment. FRE shall designate an agency wide PREA Coordinator.

II. PROCEDURES:

- A. The agency PREA Coordinator shall be a person of Program Director level or higher.
- B. The coordinator shall work with Program staff to develop, implement and oversee FRE’s effort to prevent, detect, and respond to such contact.
- C. FRE will protect all residents and staff who report sexual abuse or sexual harassment or cooperate with an investigation from retaliation by other residents or staff.
- D. The PREA Coordinator will monitor for instances of retaliation.

Central Office Staff: Agency coordinator question, do you feel that you have enough time to manage all of your PREA related responsibilities? Yes, I have enough time to manage all my PREA related responsibilities. The PREA Team works closely throughout the year to assist with PREA related tasks.

Central Office Staff: Agency coordinator question, discuss how you coordinate your agency’s efforts to comply with the PREA standards. The agency PREA coordinator indicated that the agency has policy and procedures completed detailing the agency PREA protocols to ensure compliance with the standards and providing residents with the safest environment during their stay in the program. The agency PREA coordinator has close contact with all program directors to ensure that the agency/facility is preventing sexual abuse and harassment and responding to it in a timely fashion if it needed. Additional duties include Single Facility, Knowledgeable HR, Fiscal Operations Staff, Staff Training and Resident Education.

Central Office Staff: Agency coordinator question, if you identify an issue with complying with a PREA standard, what actions or process do you undertake to work toward compliance with that standard? It is my responsibility as PREA coordinator to ensure all program areas are compliant with the PREA standards. If a non-compliance issue is identified with a PREA standard, I will work directly with the program area staff to identify the issue, develop an action plan to address the issue and implement the action plan. It is important that all staff understand the compliance issue and help to create solutions. Additionally, review standard, research issue, revisit agency policy and revise policy if needed.

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

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

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Supporting Documents, Interviews and Observations:

- PREA Manual – Dana’s House Policy
- CDC Directory of Contracted Programs
- Legislative Research – DOC Judicial Branch
- State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc.
- Online PREA Audit: Pre-Audit Questionnaire for Community
- Formal and Informal Interviews

115.212 (a)

A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards.

Policy: Family Reentry PREA Manual: PREA Policy Section – 115.212:

I. POLICY:

In the event that FRE contracts for the confinement of its residents with a private agency or other entity, including another government agency, shall include in any new contract or renewal the entity’s obligation to adopt and comply with its PREA standards.

II. PROCEDURES:

A. Any new contract or contract renewal with FRE shall be required to do the following:

1. Obligated to comply with FRE’s PREA standards.

B. Exceptions to this are as follows:

1. Emergency situations in which all reasonable attempts to find a private agency or other entity in compliance with PREA standards have failed.

2. In such a case FRE shall document its unsuccessful attempts to find an entity in compliance with the standard.

Central Office Staff: Agency coordinator, do your agency/facility contract with other private agencies or other entities, including other government agencies to house your residents? No. The agency/facility does not contract with other entity for the confinement of its residents.

Discussion: The facility has ensured that the contract agreement required language for adoption of and compliance with the PREA standards has been reviewed, discussed, and agreed upon with the contracted entity prior to entering into or renewing the contract.

The agency/facility has had PREA audits. The audit results were reviewed to ensure that all contracted facilities are being audited according to the schedule standards require and are in full compliance with the standards. However, do to COVID-19 the audits maybe behind or audited the upcoming year.

Monitoring the facility’s compliance for PREA includes the years that the facility is not required to un-goes a certified PREA audit. The contract monitor includes monthly reports, annual reports, and monitoring all PREA allegations.

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.

See section (a).

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.

Discussion: The facility has not had any emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed because the facility does not contract with other entities to house their residents.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • PREA Manual – Dana’s House Policy • House Cameras and Locations • Staffing Plan Revised • PREA-Staffing Plan Annual Review • Staff Roster • Facility Tour/Observations • Online PREA Audit: Pre-Audit Questionnaire for Community • Formal and Informal Interviews <p>115.213 (a)</p> <p>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:</p> <ol style="list-style-type: none"> (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>State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract 21DOC01112AA section states, “The contractor shall provide 24/7 on-site supervision of residents. The staffing matrix submitted with the contractor’s proposal to the Department’s REP #DOC-Res/Non-Res/PS-2021-SM, which is on file the Department, provides the staffing, patterns, and schedule to be maintained for the duration of this state fiscal year unless otherwise authorized by the Department.</p> <p>The contractor shall assign the following staff to the program. Said staff shall be responsible for implementing and providing the required services.</p> <p>The Staffing Matrices are established by the funding source however the funding source is open to suggestions based on the agency’s on-going assessments of their needs. The staffing matrix is submitted every year. If the agency/facility has changes to recommend, the funding agency does give consideration to the justifications for the requests.</p> <p>The facility has cameras to supplement supervision of residents. They are located in and out of the facility to help eliminate blind spots and to assist in monitoring during security.</p> <p>Policy: Family Reentry PREA Manual: PREA Policy Section – 115.213:</p> <p>I. POLICY:</p> <p>FRE shall have staff coverage 24 hours per day seven days a week. Staff will be alert and awake at all times. There shall be adequate staff on site to ensure the safety of the residents.</p> <p>II. PROCEDURES:</p> <p>A. Dana’s House staff work three shifts, Monday through Sunday:</p> <ol style="list-style-type: none"> 1. 8:00AM to 4:00PM 2. 4:00PM to 12:00AM 3. 12:00AM to 8:00AM <p>B. Staff shall conduct hourly rounds to locate and observe clients. Hourly rounds are staggered.</p> <p>C. The facility has security cameras located inside and outside the facility. Staff monitors the cameras and has the ability to review the tape if necessary. Cameras are located in hallways and common areas.</p> <p>D. Currently, per contract the facility, may be required to take sex offenders.</p> <p>E. All residents are required to sign out and into the facility.</p> <p>F. Staff will randomly contact employers to verify employment.</p> <p>G. Residents on overnight furlough will be contacted by staff.</p> <p>H. Residents on pass/appointments/job search will be required to provide written verification.</p>

I. The facility shall complete an annual staffing plan assessment. The plan shall consider the following:

1. Insure an adequate level of staff.
2. Review prevailing staffing patterns.
3. Deployment of the video monitoring system.
4. Other monitoring technologies, if available.
5. Available resources.
6. Supervisory staff to complete unannounced rounds.

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

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

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

115.213 (b)

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

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

Central Office Staff: Agency coordinator question, who reviews and follow up on deviations from the staffing plan? In situations in which a deviation is made from the staffing plan, written justification for such deviation is documented and sent to the PREA coordinator/compliance manager by the facility supervisors.

115.213 (C)

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

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

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

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

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

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

115.215 **Limits to cross-gender viewing and searches**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- PREA Manual – Dana’s House Policy
- Employees Data Sheet
- Required Number of Staff Interviews
- Staff Roster
- Training Record and Agenda 9/6/19
- Training Record and Agenda 12/12/20
- Training Record and Agenda 11/18/21
- Training Record and Agenda 4/30/22
- Online PREA Audit: Pre-Audit Questionnaire for Community
- Formal and Informal Interviews

115.215 (a)

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

Policy: Family Reentry PREA Manual: PREA Policy Section – 115.215:

I. POLICY:

FRE shall not allow staff to conduct cross-gender strip searches, cross-gender body cavity searches or cross-gender pat down searches.

Medical practitioners entering the facility are exempt from this ban.

II. PROCEDURES:

- A. FRE facilities do not conduct strip or body cavity searches. Facility staff will only conduct male on male pat down searches. FRE DOES NOT AUTHORIZE OR ALLOW CROSS GENDER VIEWING AND SEARCHES.
- B. Medical practitioners, who enter the facility, to examine a resident, must present proper ID and have a verifiable appointment. Staff will make a copy of the ID and place it in the client’s file.
- C. If a resident’s genital status is unknown, it may be determined during conversation with the resident, or by reviewing referral information.
- D. Staff of the opposite gender will announce their presence when entering an area where residents are likely showering, performing bodily functions, or changing clothing.
- E. Transgender and intersex residents will be given the opportunity to shower, perform bodily functions, and to change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances, or when viewing is incidental to routine checks.
- F. Staff shall be prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status.

Facility Random Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts. They were asked: Have you received training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs? Twelve (12) interviewed random staff reported that they are not allowed to conduct cross-gender pat down searches. Most of the interviewed staff could articulate that they are to search in a professional and respectful manner and that they receive training/discussion that is conducted during orientation.

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

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

gender of the staff or resident, even in exigent circumstances.

115.215 (b)

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

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

115.215 (c)

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

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

115.215 (d)

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

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

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

Facility Random Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts. They were asked: Are residents able to dress, shower, and toilet without being viewed by staff of the opposite gender? One hundred percent of staff interviewed (12) stated that residents are allowed to dress, shower, toilet without being viewed by staff of the opposite gender.

During the facility onsite review, the showers and restroom were observed.

Facility Random Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts. They were asked: "Do you or other staff announce your presence when entering a housing unit that houses residents of the opposite gender (from yourself)?" All twelve staff reported that opposite gender staff announce their presence when entering the resident room. The staff reported that they will make announcement by saying "female staff" or knock of the resident's door. During the facility onsite review the auditor observed staff on the tour announcing their presence by knocking on the resident's door.

Resident Interviews: Total of ten (10) residents randomly interviewed, 2 White, 4 Hispanic and 4 Asian. Ten (10) were random and has cognitive disabilities (Mental Health Facility). The arrival year: one in 2019, one in 2020, 4 in 2021 and 4 in 2022. Resident were asked, are you and other residents ever naked in full view of female staff (not including medical staff such as doctors, nurses)? Ten (10) of the interviewed residents stated they were never naked in full view of female staff while showering, dressing, or while using the restroom. Several of the residents said female staff do not come into the shower area.

Resident Interviews: Total of ten (10) residents randomly interviewed, 2 White, 4 Hispanic and 4 Asian. Ten (10) were random and has cognitive disabilities (Mental Health Facility). The arrival year: one in 2019, one in 2020, 4 in 2021 and 4 in 2022. They were asked: Do female staff announce their presence when entering your housing area? Nine (9) said female staff announce their presence, by saying something like "female staff on the floor" or knocking on the door. One (1) of the interviewed residents said female staff do not announce their presence or they cannot here it because they maybe sleep.

115.215 (e)

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

Facility Random Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts. They were asked: "Are you aware of the policy prohibiting staff from searching or physically examining a transgender or intersex for the purpose of determining that resident's genital status?" Twelve reported yes, that they were aware of the policy prohibiting staff from searching or physically examining a transgender or intersex for the purpose of determining the resident's genital status. Some staff were able to further articulate that such determination would be addressed with medical staff.

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.

Central Office Staff: Agency coordinator question, do security staff receive training on how to conduct cross-gender pat down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? If yes, when do they receive this training? Yes. The facility staff receive training on how to conduct cross-gender pat down searches, and searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. In addition, staff receive refreshers annually or as needed.

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

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

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

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

115.216 Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- PREA Manual – Dana’s House Policy
- Information Required Prior to Onsite Visit
- Resident Handbook English
- Resident Handbook Spanish
- PREA Poster English
- PREA Poster Spanish
- List of Residents who are Blind, Deaf, or Hard of Hearing – 0
- List of Residents who are LEP – 0
- List of Residents with Cognitive Disabilities - 10
- Parole and Community Services 2018 Residential Audit
- Policy: Prison Rape Elimination Act (PREA) Synopsis
- American with Disabilities Policy and Procedure
- Contract: Contract, Grant, Lease, and Loan Agreement Review Form
- Online PREA Audit: Pre-Audit Questionnaire for Community
- Formal and Informal Interviews

115.216 (a)

The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency’s effort to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract #21DOC0112AA Section 2 Americans with Disabilities Act (ADA). “The contractor shall be and remain in compliance with the Americans with Disabilities Act of 1990 as amended from time to time to the extent applicable, during the term of this contract. The agency may cancel or terminate this contract if the contractor fails to comply with the ADA. The contractor represents that it is familiar with the terms of this Act and that it is in compliance with the law. The contractor warrants that it shall hold the state harmless from any liability which may be imposed upon the state as a result of any failure of the contractor to be in compliance with this ADA.”

Policy: Family Reentry PREA Manual: PREA Policy Section – 115.216:

I. POLICY:

FRE shall take appropriate steps regarding equal opportunity of disabled residents and those who are limited English proficient to participate in or benefit from all efforts to prevent, detect and respond to sexual abuse and sexual harassment.

The facilities shall not rely on resident interpreters, readers or other types of client assistance except on limited circumstances where an extended delay could compromise a resident’s safety.

II. PROCEDURES:

A. FRE shall ensure effective communications with all residents who have a disability or who are limited English proficient. The agency shall ensure that appropriate interpreters and written information are available.

B. Contacts include the following:

- Vision Impaired: Connecticut Institute for the Blind, 1198 Farmington Avenue, West Hartford, CT 06107. Telephone: 860-216-5620.
- Hearing Impaired: Deaf and Hearing-Impaired Services: 410 Capitol Avenue, Hartford, CT 06134. Telephone: 860-418-7000. Fax: 860-418-6780.
- Speech Impaired: Center for Speech and Learning: 801 Edgewood Avenue, New Haven, CT 06515. Telephone: 203-397-3224.
- Non-English speakers: Contact Language Line. Telephone: 800-752-6096. OR
- ABC Languages Services, 1880 Silas Deane highway, Suite 202, Rocky Hill, CT 06067. Telephone: 860-883-0102

- Forms, handbooks for non-English residents: Staff will utilize Google Translator to translate all pertinent information.
- Intellectual Disabilities: Department of Social Services, 50 Humphrey Street, New Haven, CT 06513. Telephone 855-626-6632.
- Veterans with an honorable discharge: Department of Veterans Affairs, District 3 Office, 487 B Campbell Avenue, West Haven, CT 06516. Telephone: 203-931-0460.

C. It will be the responsibility of the Program Director or client Case Manager to contact the above agencies as needs arise.

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

Central Office Staff: Agency head/designee question, has the agency established procedures to provide residents with disabilities and residents who are English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment? Yes, Spanish speaking staff member available for interpretive services; all published materials (Resident Handbook, PREA Brochures and Posters) available in Spanish; Sexual Abuse Hotline available in Spanish; and Dana's House has a number of resources available to assist LEP residents and for those who are vision or hearing impaired.

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

115.216 (b)

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

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

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

115.216 (c)

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

Facility Random Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts. They were asked: Does the agency ever allow the use of resident interpreters, resident readers, or other types of resident assistants to assist residents with disabilities who are limited English proficient when making an allegation of sexual abuse or sexual harassment?

Eleven random staff reported that resident interpreters are not allowed; nor have resident interpreters, resident readers, or other type of resident assistants been used in relation to allegations of sexual abuse or sexual harassment. One (1) staff member reported that they would initially allow another resident, however, if it is a PREA issue they would stop and get a supervisor.

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

115.217 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- PREA Manual – Dana’s House Policy
- Accurate Background #1
- Accurate Background #2
- Accurate Background #3
- Application Questionnaire – PREA
- Employees Data Sheet
- Information Required Prior to Onsite Visit
- Required Number of Staff Interviews
- Application – DCF Elder Abuse Checks Form
- PREA Supplementary Employment Questionnaire
- Application Consent to Criminal Background Check
- Staff Roster
- Online PREA Audit: Pre-Audit Questionnaire for Community
- Formal and Informal Interviews

115.217 (a)

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

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

State of Connecticut Purchase of Services Contract with (Department of Correction) and The Connection, Inc. Original Contract 21DOC01112AA section 15 Criminal History, states, “The contractor shall provide written notification to the CTDOC Director of Parole and Community Services prior to hiring staff who are currently under any type of criminal justice supervision (that is, state or federal probation or parole, or under the care, custody, and/or supervision of the Connecticut Judicial Branch, CTDOC or the Board of Pardons and Paroles). CTDOC reserves the right to prohibit the contractor from allowing such individual to work in a CTDOC funded program with CTDOC offenders”.

Policy: Family Reentry PREA Manual: PREA Policy Section – 115.217:

I. POLICY:

FRE shall not hire or promote anyone nor enlist the services of a contractor 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 refused.

Has been civilly or administratively adjudicated to have engaged in 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 refused.

II. PROCEDURES:

- A. Before hiring new staff, the agency will conduct a criminal background investigation.
- B. The agency will make its best effort to contact all prior employers for information on substantial allegations of sexual abuse or any resignation during a pending investigation of an alleged sexual abuse. This will be consistent with Federal, state and local laws.
- C. The agency shall perform a criminal background record check before enlisting the services of any contractor who may have contact with residents.
- D. The agency shall wither conduct criminal background records check at least every five years on current employees and contractors.

- E. The agency shall ask all applicants and current employees about previous misconducts of a sexual nature. This can be done in writing on an application or during an interview for hiring or promotion.
- F. The agency shall impose upon employees a continuing affirmative duty to disclose any such misconduct.
- G. Omission regarding such misconduct or the provision of materially false information shall be grounds for termination.
- 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 intuitional employee for whom such employee has applied to work.

III. SUPPORTING DOCUMENTATION:

- A. Criminal Background Check (Initial and 5 Year)
- B. DCF Elder/Child Abuse Registry Check

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

115.217 (b)

The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Central Office Staff: Administrative HR staff question, does the facility consider prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? The HR staff indicated yes that they consider any prior incidents of sexual abuse or sexual harassment. Supplement questionnaire for all new hires and contractors' queries candidates regarding prior sexual abuse/harassment complaints or incidents.

115.217 (c)

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

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

Central Office Staff: Administrative HR staff question, what system does the agency/facility presently have in place to conduct criminal record background checks of current employees and contractors who may have contact with residents? HR staff indicated that a background check is conducted on every new hire and contractor who is brought in to provide services to our participants. The agency/facility engaged with selected vendor to conduct criminal background checks is "Accurate Background". Backgrounds checked on al new hires and at the 5-year point; Facility Head request the 5-year check and HR maintains a calendar backup to ensure checks are completed in timely manner.

115.217 (d)

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

See section (c).

115.217 (e)

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

See section (c).

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

115.217 (f)

The agency shall ask all applicants and employees who may have contact with residents directly about previous misconduct

described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

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

Central Office Staff: Administrative HR staff question, does the agency/facility impose upon employees a continuing affirmative duty to disclose any such previous misconduct? HR staff indicated yes, for any criminal convictions occurring from date of last criminal record check.

115.217 (g)

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

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

115.217 (h)

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

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

Central Office Staff: Administrative HR staff question, when a former employee applies for work at another institution, upon request from that institution, does the agency/facility provide information on substantiated allegations of sexual harassment involving the former employee, unless prohibited by law? The HR staff indicated yes.

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

115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • PREA Manual – Dana’s House Policy • Facility Tour/Observations • House Cameras and Locations • Information Required Prior to Onsite Visit • Online PREA Audit: Pre-Audit Questionnaire for Community • Formal and Informal Interviews <p>115.218 (a)</p> <p>When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse.</p> <p>Policy: Family Reentry PREA Manual: PREA Policy Section – 115.218:</p> <p>I. POLICY:</p> <p>When installing a new or updating video monitoring system, electronic surveillance system, or other monitoring technology, FRE shall consider how such technology may enhance the facilities ability to protect residents from sexual abuse.</p> <p>II. PROCEDURES:</p> <p>When designing or acquiring any new facility and in planning any substantial expansion or modification to Dana’s House shall consider the effect of the design, acquisition, expansion, or modification upon the programs ability to protect residents from sexual abuse.</p> <p>When installing a new or updating a video monitoring system, electronic surveillance system, or other monitoring technology, FRE shall consider how such technology may enhance the facilities ability to protect residents from sexual abuse FRE shall ensure that PREA standards are considered when designing, acquiring or upgrading facilities.</p> <p>Central Office Staff: Agency head/designee question, when designing, acquiring, or planning substantial modifications to facilities, how does the agency consider the effects of such changes on its ability to protect residents from sexual abuse? The agency/facility ensures PREA standards are considered when designing or acquiring or upgrading facilities and technologies. The agency considers floor plans, lines of site; proximity to staff; and adequacy of staffing plan.</p> <p>115.218 (b)</p> <p>When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse.</p> <p>Central Office Staff: Agency head/designee question, how does the agency use monitoring technology to enhance the protection of residents from incidents of sexual abuse? When installing or updating a video monitoring system, electronic surveillance system, or other technology, the agency considers invest adequate resources in video technology accounting for all common areas and eliminating blind spots; ensure video system is place prior to admission of residents; and review annually to determine if additional cameras may be necessary.</p> <p>Discussion: The PREA coordinator/PREA compliance manger or designee is responsible for ensuring PREA is considered whenever the agency/facility designs, acquires or requests specific upgrades to facility and technologies. The recipient of such requests will depend on the nature of the request.</p> <p>There have been no upgrades or modifications to the physical plant nor have there been any upgrades to the monitoring technology.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • PREA Manual – Dana’s House Policy • MOU: Outside Advocacy Organization – The Center for Family Justice • Information Required Prior to Onsite Visit • Online PREA Audit: Pre-Audit Questionnaire for Community • Formal and Informal Interviews <p>115.221 (a)</p> <p>To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>Policy: Family Reentry PREA Manual: PREA Policy Section – 115.221:</p> <p>I. POLICY:</p> <p>FRE shall contact local authorities to investigate allegations of sexual abuse. FRE shall offer victims of sexual abuse access to a forensic medical examination. This will be of no cost to the resident. FRE shall also attempt to make available to the resident a victim advocate.</p> <p>II. PROCEDURES:</p> <p>A. ACCESS TO FORENSIC MEDICAL EXAMINATIONS: Dana’s House shall offer victims of sexual abuse access to a forensic medical examination at Yale New Hospital. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFE’s) or Sexual Assault Nurse Examiners (SANE’s) where possible. If SAFE or SANE cannot be made available, the examination will be performed by other qualified medical practitioners. FRE shall document its efforts. There will be no cost to the resident.</p> <p>B. VICTIM ADVOCATE: FRE has an MOU in place with The Center for Women and Families to provide advocacy services.</p> <p>C. STAFF SUPPORT: As requested by the victim, the victim advocate, qualified FRE 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> <p>D. QUALIFICATIONS OF INVESTIGATING AGENCY: FRE shall request that the investigating agency abide by all PREA requirements and/or standards.</p> <p>III. SUPPORTING DOCUMENTATION:</p> <p>A. MOU with The Center for Women and Families of Bridgeport, CT</p> <p>Facility Random Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts. They were asked: “do you know and understand the agency’s protocol for obtaining unusable physical evidence if a resident alleges sexual abuse?” During the on-site audit, twelve random staff were interviewed. Eleven of the twelve interviewed staff could clearly articulate the agency’s protocols. The staff that were aware of the protocols, were able to describe the process and steps required to protect physical evidence, which included take immediate action, stay with the resident, separate the victim from the perpetrator, isolate/secure the scene and secure evidence, notify supervisor, secure evidence in a bag, don’t allow the resident to shower, bath, brush teethe, and overall treat as a crime scene. Most of the direct care staff also reported that they would send the victim to outside medical for an initial evaluation of his/her medical condition.</p> <p>115.221 (b)</p> <p>The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011.</p> <p>The protocol is required to be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent editions of the US Department of Justice’s Office on Violence for Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents”, or similarly comprehensive and authoritative protocols developed after 2011.</p>

115.221 (c)

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

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

115.221 (d)

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

Memorandum of Agreement between Family ReEntry (FRE) and The Center for Family Justice.

The Center for Family Justice agree to the following:

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

Central Office Staff: Agency coordinator question, in what ways does the agency or facility attempt to make available a victim advocate from a rape crisis center? The agency/facility has an active MOU with the local Sexual Assault Crisis Services These services are offered to residents at no charge.

115.221 (e)

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

Central Office Staff: Agency coordinator question, if a rape crisis center provides victim advocate services, how do you ensure that it meets the qualifications described in standard 115.221? The rape crisis center has qualified staff, if not the local hospital will have qualified staff. The facility has an established relationship with Center for Family Justice, a member of statewide network of Rape Crisis Services.

115.221 (f)

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

Facility Random Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts. They were asked: "do you know who is responsible for conducting sexual abuse investigations?" During the on-site audit, the staff answers varied from the Program Manager, PREA Coordinator, or local police department.

115.221 (g)

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

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

See Section (a) response.

115.221 (h)

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

The agency/facility has a Memorandum of Agreement with The Center for Family Justice is a certified provider of sexual assault services in CT.

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

115.222 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- PREA Manual – Dana’s House Policy
- Sexual Abuse and Harassment Allegation Overview
- MOU: Outside Advocacy Organization – The Center for Family Justice
- PREA Investigation Packages for past 12 months (0)
- Facility Incident Reports for past 12 months (0)
- Online PREA Audit: Pre-Audit Questionnaire for Community
- Formal and Informal Interviews

115.222 (a)

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

Policy: Family Reentry PREA Manual: PREA Policy Section – 115.222:

I. POLICY:

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

II. PROCEDURES:

- A. Allegations of sexual abuse shall be referred to the New Haven Police Department.
- B. Local authorities shall be responsible for conducting criminal investigations.
- C. Allegations that do not involve potential criminal behavior will not be referred to the New Haven Police Department.
- D. All referrals shall be documented.

Central Office Staff: Agency head/designee question, does the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment? Yes, the agency/facility ensures that an internal administrative investigation is completed. The agency’s PREA administrative investigator oversees this investigation. The agency/facility works closely with the state and local police departments to ensure criminal investigation is completed.

115.222 (b)

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

Central Office Staff: Agency head/designee question, describe how an administrative or criminal investigation is completed for allegations of sexual abuse or harassment? The agency/facility does not conduct criminal investigations. Criminal investigations are conducted by the state or local police department. However, the agency works closely with the state and local police throughout the investigation process for allegations of sexual abuse.

Administrative investigations are completed internally, with collaboration from all relevant parties, which include but are not limited to: Human Resources, Agency Leadership and the PREA Coordinator. Criminal investigations are handled by the New Haven Police Department.

Facility Specialized Staff: Staff who conduct investigations were asked: “does agency policy require that allegation of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?”

Staff indicated yes, all administrative cases are conducted by the facility, and potentially criminal cases are referred to the local police department.

115.222 (c)

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

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

115.222 (d)

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

See Section (a and c) response.

115.222 (e)

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

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

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

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- PREA Manual – Dana’s House Policy
- Sexual Abuse and Harassment Allegation Overview
- MOU: Outside Advocacy Organization – The Center for Family Justice
- PREA Investigation Packages for past 12 months (0)
- Facility Incident Reports for past 12 months (0)
- Online PREA Audit: Pre-Audit Questionnaire for Community
- Formal and Informal Interviews

115.222 (a)

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

Policy: Family Reentry PREA Manual: PREA Policy Section – 115.222:

I. POLICY:

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

II. PROCEDURES:

- A. Allegations of sexual abuse shall be referred to the New Haven Police Department.
- B. Local authorities shall be responsible for conducting criminal investigations.
- C. Allegations that do not involve potential criminal behavior will not be referred to the New Haven Police Department.
- D. All referrals shall be documented.

Central Office Staff: Agency head/designee question, does the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment? Yes, the agency/facility ensures that an internal administrative investigation is completed. The agency’s PREA administrative investigator oversees this investigation. The agency/facility works closely with the state and local police departments to ensure criminal investigation is completed.

115.222 (b)

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

Central Office Staff: Agency head/designee question, describe how an administrative or criminal investigation is completed for allegations of sexual abuse or harassment? The agency/facility does not conduct criminal investigations. Criminal investigations are conducted by the state or local police department. However, the agency works closely with the state and local police throughout the investigation process for allegations of sexual abuse.

Administrative investigations are completed internally, with collaboration from all relevant parties, which include but are not limited to: Human Resources, Agency Leadership and the PREA Coordinator. Criminal investigations are handled by the New Haven Police Department.

Facility Specialized Staff: Staff who conduct investigations were asked: “does agency policy require that allegation of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?”

Staff indicated yes, all administrative cases are conducted by the facility, and potentially criminal cases are referred to the local police department.

115.222 (c)

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

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

115.222 (d)

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

See Section (a and c) response.

115.222 (e)

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

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

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

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

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 770 300">Supporting Documents, Interviews and Observations</p> <ul data-bbox="240 327 1038 824" style="list-style-type: none"> • PREA Manual – Dana’s House Policy • Employees PREA Training Acknowledgements - 1 • Employee PREA Training Acknowledgements • Employee Data Sheet • New Hire Orientation Checklist PREA • Required Number of Staff Interviews • Staff Roster • Staff Training Records-PREA • PREA PowerPoint Overview • PREA Refresher: Community Confinement PREA Basics • State of Connecticut Department of Correction Administrative Directive: 6.12 – • Parole and Community Services 2018 Residential Audit 8/23/18 • Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention • Online PREA Audit: Pre-Audit Questionnaire for Community • Formal and Informal Interviews <p data-bbox="240 853 360 882">115.231 (a)</p> <p data-bbox="240 911 1023 940">The agency shall train all employees who may have contact with residents on:</p> <ul data-bbox="240 969 1489 1330" style="list-style-type: none"> • Its zero-tolerance policy for sexual abuse and sexual harassment. • How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. • Residents’ right to be free from sexual abuse and sexual harassment. • The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. • The dynamics of sexual abuse and sexual harassment in confinement. • The common reactions of sexual abuse and sexual harassment victims. • How to detect and respond to signs threatened and actual sexual abuse. • How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and • How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p data-bbox="240 1359 951 1388">Policy: Family Reentry PREA Manual: PREA Policy Section – 115.231:</p> <p data-bbox="240 1417 352 1447">I. POLICY:</p> <p data-bbox="240 1476 1142 1505">The facility shall train all employees who may have contact with residents on the following:</p> <ol data-bbox="240 1534 1489 1928" style="list-style-type: none"> A. FRE zero tolerance policy for sexual abuse and sexual harassment. B. How to fulfill their responsibilities under FRE sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures. C. The resident’s right to be free from sexual abuse and sexual harassment. D. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. E. The dynamics of sexual abuse and sexual harassment in confinement. F. The common reactions of sexual abuse and sexual harassment victims. G. How to detect and respond to signs of threatened and actual sexual abuse. H. How to avoid inappropriate relationships with residents. I. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex or gender non-conforming residents. J. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p data-bbox="240 1935 1473 1995">Training will be tailored to the gender of the facility residents. Employees shall receive additional training if transferred from a male only facility to a female only facility and vice versa.</p> <p data-bbox="240 2024 435 2054">II. PROCEDURES:</p> <ol data-bbox="240 2083 1489 2143" style="list-style-type: none"> A. FRE shall provide training for all new facility employees. B. FRE shall provide refresher training every two years to ensure all employees know the agency’s current sexual abuse and

sexual harassment policies and procedures.

C. In years in which an employee does not receive refresher training, FRE shall also provide refresher information on current sexual abuse and sexual harassment policies.

D. FRE shall document all training through employee signature or electronic verification that the employee understands the training received.

Facility Random Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts. They were asked: "have you received PREA training? And what are some of the topics?" Twelve staff indicated yes that they received PREA training. Staff were aware of the Zero Tolerance Policy, employee and resident rights, signs and symptoms of sexual abuse, reporting and responding. One hundred percent of the direct care staff reported being knowledgeable of the topics they had been trained in. When probed, staff were able to describe the training on zero tolerance, resident and staff rights, dynamics of sexual abuse and sexual harassment, prevention and response protocol as well supportive services available to Residents. Staff indicated they have received training on working with vulnerable populations (LGBTQI, prior history of sexual victimization). The staff reported receiving training in person and online.

During documentation review, the auditor reviewed staff acknowledgement statements of training and certificates.

115.231 (b)

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

See section (a) response.

115.231 (C)

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

See Section (a) response.

115.231 (d)

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

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

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

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

115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • PREA Manual – Dana’s House Policy • Employees Data Sheet • Information Required Prior to Onsite Visit • Required Number of Staff Interviews • List of Volunteers 0 • List of Contractors 0 • Online PREA Audit: Pre-Audit Questionnaire for Community • Formal and Informal Interviews <p>115.232 (a)</p> <p>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>Policy: Family Reentry PREA Manual: PREA Policy Section – 115.232:</p> <p>I. POLICY:</p> <p>The facility shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under FRE’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>II. PROCEDURES:</p> <p>Contractors shall be informed of their responsibilities under FRE’s sexual abuse and sexual harassment prevention, detection and response policies and procedures. All contractors will receive a copy of their PREA responsibilities. A signed copy will be kept on file with the program.</p> <p>All volunteers shall receive the training stated in Standard 115.231.</p> <p>III. SUPPORTING DOCUMENTATION:</p> <p>A. Verification of Volunteer training</p> <p>115.232 (b)</p> <p>The level and type of training provided to volunteers and contractors shall be based on the services they provided and level of contact they have with residents, but all volunteer and contractors who have contact with residents shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>See Section (a) response.</p> <p>115.232 (c)</p> <p>The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>See Section (a) response.</p> <p>Discussion: The agency/facility ensure that volunteers and contractors who have contact with residents are trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, response policies and procedures at the agency/facility in which they are working.</p> <p>The agency/facility also ensures that everyone in the facility, including volunteers and contractors, understand the agency’s zero-tolerance policy toward sexual abuse and sexual harassment, that the agency prohibits them from engaging in sexual relations with residents and that sexual abuse and sexual harassment is always reported.</p> <p>During the audit period, the facility did not have any volunteers or contractors.</p>

115.234	Specialized training: Investigations
	<p data-bbox="240 143 740 172">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 778 300">Supporting Documents, Interviews and Observations:</p> <ul data-bbox="240 327 855 824" style="list-style-type: none"> • PREA Manual – Dana’s House Policy • PREA Orientation Sign-Offs-Dana’s House 1 • Information Required Prior to Onsite Visit • Required Number of Resident Interviews • Resident Data Sheet • Resident Handbook English • Resident Handbook Spanish • Resident Roster • PREA Intake/Screening Questions • PREA Poster Spanish • PREA Poster English • PREA Brochure (English) • PREA Brochure (Spanish) • Online PREA Audit: Pre-Audit Questionnaire for Community • Formal and Informal Interviews <p data-bbox="240 853 360 882">115.233 (a)</p> <p data-bbox="240 911 1489 1039">During the intake process, residents shall receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.</p> <p data-bbox="240 1068 951 1097">Policy: Family Reentry PREA Manual: PREA Policy Section – 115.233:</p> <p data-bbox="240 1126 352 1155">I. POLICY:</p> <p data-bbox="240 1184 1484 1379">During the intake process, residents shall receive information explaining FRE’s zero tolerance policy regarding sexual abuse and sexual harassment. Residents will be informed how to report incidents or suspicions of sexual abuse or sexual harassment, their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding FRE’s policies and procedures for responding to such incidents. This information will be accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills.</p> <p data-bbox="240 1408 435 1438">II. PROCEDURES:</p> <ol data-bbox="240 1442 1484 1872" style="list-style-type: none"> A. During the intake process staff will provide residents with information regarding FRE’s policy regarding sexual abuse and sexual harassment. B. Staff will ensure that all residents education regarding sexual abuse and sexual harassment be accessible to all residents. C. During the intake the resident will be required to sign a form stating they have been informed of FRE’s policy regarding sexual abuse and sexual harassment. D. Dana’s House shall provide refresher information whenever a resident is transferred from another facility. E. Key information will be readily available to residents. This can be through a combination of posters, client handbook, handout or other written form, including PREA Education sessions which will include documentation of resident participation. F. The facility will document any outside source providing PREA education/training. G. Residents wishing to make a private telephone call to report sexual abuse or sexual harassment will be allowed to do so. In programs where residents are authorized a private cell phone, they will be allowed to call using their telephone. In a program where residents are not authorized a private cell phone, the resident will be allowed to use a facility land line, located in an office, to make the private call. <p data-bbox="240 1901 1493 2063">Central Office Staff: Agency coordinator question, what type of PREA education is provided to the residents? The residents receive information explaining the agency’s zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting; multiple ways for residents to privately report sexual abuse or sexual harassment and reporting sexual abuse and sexual harassment and remain anonymous.</p> <p data-bbox="240 2092 1473 2152">Resident Interviews: Total of ten (10) residents randomly interviewed, 2 White, 4 Hispanic and 4 Asian. Ten (10) were random and has cognitive disabilities (Mental Health Facility). The arrival year: one in 2019, one in 2020, 4 in 2021 and 4 in</p>

2022. They were asked: When you first came here, did you get information about the facility's rules against sexual abuse and harassment? Ten (10) residents stated they were given some information related to PREA at admission.

When asked how that information was given, residents indicated they were given a PREA brochure or pamphlet and handbook. Some said they were given a sheet with information on it. Others said they were given the information orally. They also said the information is on the walls in the facility.

Resident Interviews: Total of ten (10) residents randomly interviewed, 2 White, 4 Hispanic and 4 Asian. Ten (10) were random and has cognitive disabilities (Mental Health Facility). The arrival year: one in 2019, one in 2020, 4 in 2021 and 4 in 2022. They were asked: When you came here, were you told about:

- Your right to not be sexually abused or sexually harassed? Ten (10) interviewed residents stated they had been made aware of their rights.
- How to report sexual abuse or sexual harassment? Ten (10) interviewed residents stated they had been made aware of how to report.
- Your right not to be punished for reporting sexual abuse or sexual harassment? Ten (10) interviewed residents stated they aware of their rights not to be punished for reporting.
- About how long after coming here did you get the information above? When asked this question, there were a wide variety of answers. Eight (8) residents said they receive the information the same day they were admitted. Two said they thought it occurred within the first week of admission.

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

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

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

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

115.233 (b)

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

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

115.233 (c)

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

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

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

115.233 (d)

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

Discussion: Residents sign an acknowledgment affirming they understand the agency has a zero-tolerance policy toward all

forms of sexual abuse and sexual harassment and policies and procedures in place to protect residents from victimization. Residents are encouraged to report it in person, writing or by telephone.

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

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

115.233 (e)

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

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

115.235 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- PREA Manual – Dana’s House Policy
- Employee Data Sheet
- Required Number of Staff Interviews
- Sexual Abuse and Harassment Allegation Overview
- PREA Training Cert Investigations – NIC Investigating Sexual in a Confinement Setting
- Online PREA Audit: Pre-Audit Questionnaire for Community
- Formal and Informal Interviews

115.234 (a)

In addition to the general training provided to all employees pursuant to standard 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

Policy: Family Reentry PREA Manual: PREA Policy Section – 115.234:

I. POLICY:

FRE shall ensure that, to the extent, the agency/program itself conducts sexual abuse investigations, its investigator(s) have received training in conducting such investigations.

II. PROCEDURES:

- A. Specialized training shall include techniques for interviewing sexual assault 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.
- B. All specialized training in conducting sexual abuse investigation shall be properly documented.
- H. Any state or local entity component that investigates sexual abuse in confinement settings shall provide such training to investigators who conduct such investigations.

III. SUPPORTING DOCUMENTATION:

A. NIC PREA Investigator Training completed by Program Director

Facility Specialized Staff: Staff who conduct investigations were asked: “Did you receive specialized training regarding conducting sexual abuse investigations in confinement settings?” Staff indicated yes that staff have completed the NIC online training for conducting sexual abuse investigations in confinement setting. The online topics included, interviewing sexual abuse victims, Miranda and Garrity warning, sexual abuse evidence collection, criteria and evidence required to substantiate a case and referrals.

The facility does not conduct criminal investigations.

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

115.234 (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.

Facility Specialized Staff: Staff who conduct investigations were asked, what topics were included in your training?

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

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

includes the following topics:

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

115.234 (c)

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

The facility maintains documentation of investigations.

115.234 (d)

Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

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

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

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

115.241 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- PREA Manual – Dana’s House Policy
- PREA Risk Tools – Dana’s House #1
- PREA Intake Screens Dana’s House #1
- PREA Intake Screens Dana’s House
- PREA Risk Tools-Dana’s House
- Required Number of Resident Interviews
- Resident Data Sheet
- Resident Roster
- PREA Risk Screening Tool
- Online PREA Audit: Pre-Audit Questionnaire for Community
- Formal and Informal Interviews

115.241 (a)

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

Policy: Family Reentry PREA Manual: PREA Policy Section – 115.241:

I. POLICY:

All residents shall be assessed during intake for their risk of being sexually abused by other residents or sexually abusive toward other residents.

II. PROCEDURES:

A. Intake screening shall take place within 72 hours of arrival

B. Such assessment shall be conducted using an objective screening instrument. It shall include, at a minimum the following criteria to assess 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 offense.
7. Whether the resident is perceived to be gay, bisexual, transgender, intersex, or gender nonconforming.
8. Whether the resident has previously experienced sexual victimization.
9. The resident’s own perception of vulnerability.

C. The intake 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 residents for risk of being sexually abusive.

D. Within 30 days from the resident’s arrival, facility staff shall reassess the resident’s risk of victimization or abusiveness. This will be based upon any additional, relevant information.

E. A resident’s risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of added information on the resident’s risk of sexual victimization or abusiveness.

F. Residents will not be disciplined for refusing to answer, or not disclose information in response to questions in paragraph d – 1, 7, 8 or 9 of this section.

G. The agency shall have appropriate controls regarding the dissemination of sensitive information on any resident in order to ensure that sensitive information is not exploited to the resident’s detriment. Information will be disseminated to the following personnel:

1. Program Director
2. Clinical Program Director

3. Clinical Case Manager
4. Supervising Parole/Probation Officer
5. Consulting APRN

Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked: "do you screen residents upon admission to your facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents?" Staff indicated yes.

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

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

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

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

115.241 (b)

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

Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked: "do you screen residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake?" Staff indicated that most PREA screening is completed within 24 hours of the resident arriving at the facility, but all with 72 hours.

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

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

115.241 (c)

Such assessments shall be conducted using an objective screening instrument.

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

115.241 (d)

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

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

The Risk for Victimization or Abusiveness objective screening instrument addresses the following:

PREA Intake/Screening Questions:

1. Have you been victimized?
2. Have you ever been extorted?
3. Do you have or expect any problems with anyone here?
4. Are you or have you ever been a member of a gang?
5. Should we be concerned that you might try to harm yourself in anyway?
6. Are you related to any staff or resident at this facility?
7. Physical Build
8. Physical Disabilities
9. Mental Disabilities
10. Developmental Disabilities
11. Sexual Orientation (Heterosexual, Homosexual, Bisexual, Transgender, Intersex, Gender Non-Conforming)
12. Have you ever been the victim of sexual abuse?
13. Have you ever sexually abused another person?
14. Do you feel vulnerable to being sexually abused in this facility?
15. Have you ever been convicted of a sex offense?
16. Have there been any PREA related issues since your last intake or transfer screening?
17. Housing Placement
18. History of convictions for violent offenses
19. History of institutional violence
20. Is criminal history exclusively non-violent?

PREA Risk Screening Tool:

1. Admit Date
2. Reassessment Date
3. Initial PREA Risk Screening (To be completed within 72 hours of admission).
4. PREA Risk Screen Reassessment (admission to be reassessed within 30 days or as warranted)

Potential Aggressor

1. Institutional incidents of sexually abusing other offenders
2. Resident has prior acts of violent sexual abuse (non-institutional)
3. Resident has prior convictions for violent offenses
4. Resident has prior violence within institutional setting

Note: scoring: if question 1 is marked yes, then score AP. If any 3 or more are yes, then score as AP.

Potential Victim

1. Presents or identifies a mental, physical or developmental disability
2. History of prior sexual victimization (institutional)
3. History of prior sexual victimization (non-institutional)
4. Resident is less than 21 years older over 65 years old
5. Resident is of slight physical stature (less than 5'6 or less than 140lbs)
6. Resident's first incarceration
7. Criminal history is exclusively non-violent
8. Resident is perceived to be LGBTQ or Gender Non-Conforming
9. Resident has current or prior convictions for sex offenses
10. Resident believes he is vulnerable to being sexually victimized

Note: scoring: if question 1 or 2 marked yes then score VP. If any 3 or more are yes then score VP.

Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked what the initial risk screening considers?

Staff indicated that the PREA screening covers all the requirements listed in 115.41 (b). Staff did list the requirements with the exception of missing one or two, however they were included on the written instrument. Staff discussed objective factors related to potential risk of aggression and objective factors related to potential risk of victimization.

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

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

know to the facility or agency.

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

115.241 (e)

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

Resident Interviews: Total of ten (10) residents randomly interviewed, 2 White, 4 Hispanic and 4 Asian. Ten (10) were random and has cognitive disabilities (Mental Health Facility). The arrival year: one in 2019, one in 2020, 4 in 2021 and 4 in 2022. They were asked: When you first came here, do you remember whether you were asked any questions like whether you had been in jail or prison before, whether you have ever been sexually abused, whether you identify with being gay, lesbian, or bisexual, and whether you think you might be in danger of sexual abuse here? Ten (10) residents interviewed stated they recalled being asked the PREA related questions.

Residents that said they were asked the PREA related questions, were asked the same day as admission or within one week. Of those who recalled being asked the questions, they also stated the questions were asked in private by staff.

Residents were asked a follow-up question; do you know if staff asked you these types of questions again while you have been here (reassessment)? All of the interviewed residents indicated they were asked those questions again by their case manager.

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.

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

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

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

115.41 (g)

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

Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked if they reassess a resident's risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? Staff indicated reassessments are required within 30 days for resident's risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

115.241 (h)

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

Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked if residents are disciplined in any way for refusing to respond to or for not disclosing complete information related to the PREA risk screening? Staff indicated no, saying residents are not disciplined in any way for refusing to respond to or for not disclosing complete information related to the PREA risk screening. If staff receive additional information regarding the PREA screening, they would place a note in the resident files.

Discussion: Residents are not required to answer questions that they are not ready to disclosed or share information on. The

residents are not disciplined for not answering any of the sensitive questions.

115.241 (i)

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

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

Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked: "has the agency outlined who can have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitations?" Staff indicated that the facility has outlined who have access to risk assessment. This includes, the Director, Case Manager, APRA, PREA Coordinator, investigators and a need-to-know bases.

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

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • PREA Manual – Dana’s House Policy • House Cameras and Locations • Information Required Prior to Onsite Visit • Resident Roster • List of Transgender and Intersex Residents – 0 • List of Bisexual Gay and Lesbian – 0 • Online PREA Audit: Pre-Audit Questionnaire for Community • Formal and Informal Interviews <p>115.242 (a)</p> <p>The agency shall use information from the risk screening required by standard 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>Policy: Family Reentry PREA Manual: PREA Policy Section – 115.242:</p> <p>I. POLICY:</p> <p>FRE shall utilize information from the risk screening from standard 115.241 in determining client housing and bed assignments, work sites, education, and program assignments. This will be utilized with the goal of ensuring the safety of all facility residents.</p> <p>II. PROCEDURES:</p> <p>A. During the initial intake, the Case Manager will determine if the resident is at high risk of being a high-risk sexual assault victim or abuser. This will be based on the information from the risk screening in Standard 115.241.</p> <p>B. All residents deemed high risk, to include transgender, gay; bisexual and intersex residents shall be placed in one of the first-floor rooms. Staff will have the ability to monitor them closely, with room decision made on a case-by-case basis.</p> <p>C. High risk residents will be under staff supervision during chore assignments.</p> <p>D. High risk residents will not be referred to employers who have hired potential abusers.</p> <p>E. High risk residents will not be referred to any education program that has a current resident who is a potential abuser.</p> <p>Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked: “how does the agency/facility use information from the risk screening during intake to keep residents safe from being sexual victimized or from being sexually abusive? Staff indicated that the initial PREA screen are entered in the resident file. The screener processes the ratings which determine where the residents will be assigned for housing and programming. Residents deemed high risk may be placed in single rooms on 1st floor, have job or treatment referral screened for safety and closely monitored.</p> <p>Discussion: The facility is using PREA information to make determinations for all residents regarding housing, bed, work, education, and program assignments. The information is use to maintain separation between residents at risk of being sexually victimized and residents likely to commit sexual abuse.</p> <p>The facility physical layout also considers in the determinations of housing assignments.</p> <p>115.242 (b)</p> <p>The agency shall make individualized determinations about how to ensure the safety of each resident.</p> <p>Discussion: The facility uses the PREA screening information from standard 115.41 to make individualized determinations for all residents regarding housing, bed work, education, and program assignments. These determinations are to maintain separation between residents’ persons at risk of being sexually victimized and residents likely to commit sexual abuse.</p> <p>115.242 (c)</p> <p>In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the residents health and safety, and whether the placement would present management or security problems.</p>

Central Office Staff: Agency coordinator/facility PREA compliance manager question, how does the agency or facility determine housing and program assignments for transgender or intersex residents? The facility ensures all residents are screened to assess their risk of being sexually abused or being sexually abusive toward other residents using an objective assessment/screening instrument.

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

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

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

115.242 (d)

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

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

Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked, "are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?" According to staff, if the facility receives a transgender or intersex resident, the facility would meet with each transgender or intersex at least quarterly to review any threats to safety experienced by the resident and document in the file.

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

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

115.242 (e)

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

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

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

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

115.242 (f)

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

Central Office Staff: Agency coordinator/facility PREA compliance manager question, are transgender and intersex residents given the opportunity to shower separately from other residents? If yes, how are they given the opportunity? Yes, the resident will use the shower that can be monitored by staff to ensure that no other person is going in the location if the resident is showering. The resident is informed to notify staff prior to showering so staff can monitor or they can use the 1st floor shower in the office.

Facility Specialized Staff: Staff who perform screening for risk of victimization and abusiveness were asked if transgender and intersex residents are given the opportunity to shower separately from other residents? According to staff, if the facility receives a transgender or intersex resident, the facility would have a face-to-face meeting with each transgender or intersex coming into the facility and the resident would be asked if they felt vulnerable and if so, what the facility might do to make them feel safer. Staff indicated the resident's views for their own safety would be given serious consideration. They also stated if the resident requested to shower separately because of safety and personal issues, the facility would strive to arrange that. Housing assignments for each transgender and intersex residents would be made, according to staff, based on the PREA assessment and the resident's feelings regarding safety. If a resident request to shower separately, they would shower in the front office.

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

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

115.242 (g)

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

Central Office Staff: Agency coordinator/facility PREA compliance manager question, how does the agency/facility ensure against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wing solely on the basis of their sexual orientation, genital status, or gender identity? The facility does not place lesbian, gay bisexual, transgender, or intersex residents in dedicated housing. The facility is not subject to a consent decree, legal settlement, or legal judgement requiring that it establish a dedicated housing.

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

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

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

115.251 Resident reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- PREA Manual – Dana’s House Policy
- Required Number of Resident Interviews
- Resident Data Sheet
- Resident Handbook English
- Resident Handbook Spanish
- Resident Roster
- Brochure: (PREA English)
- Brochure: (PREA Spanish)
- PREA Poster English
- PREA Poster Spanish
- CDOC Administrative Directive 9.6 – Inmate Administrative Remedies
- Investigation Packages Past 12 Months (0)
- Resident Phones (Observed)
- Online PREA Audit: Pre-Audit Questionnaire for Community
- Formal and Informal Interviews

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.

Policy: Family Reentry PREA Manual: PREA Policy Section – 115.251:

I. POLICY:

Dana’s House shall provide 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.

Residents shall be informed of at least one way to report sexual abuse or sexual harassment to a public or private entity or office that is not part of FRE.

Staff shall accept reports made verbally, in writing, anonymously, and from third parties.

All reports will be promptly documented, but no later than 24 hours from acceptance of report.

II. PROCEDURES:

Residents may report sexual abuse and sexual harassment as follows:

- A. Verbally to any facility staff or other FRE staff.
- B. In writing to any facility staff or other FRE staff.
- C. Submit a grievance in the grievance box. The resident may sign his name or make the grievance anonymous.
- D. Having a family member or friend contact facility staff or other staff. This can also be done anonymously.
- E. Contacting the CT DOC and/or Parole verbally or in writing.
- F. Contact Senior FRE staff by calling 203-663-3626 and asking for the Executive Director.
- G. Contact the Sexual Abuse Crisis Service at 1-888-999-5545 – English. 888-568-8332 – Spanish
- H. Contact the Greater New Haven Sexual Assault Crisis Service, 911 State Street, New Haven, CT, 203-624-2273.

All reports made either verbally or in writing shall be documented within 24 hours. Information sheets with contact numbers are provided and posted as well. Posters are located throughout the facility providing information on reporting sexual abuse or sexual harassment.

Central Office Staff: Agency coordinator/facility PREA compliance manager question, how does the agency or facility provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency? The agency/facility has a toll-free hotline, the hotline number posted in all programs to report. The agency also provides these phone numbers at intake and the Resident Handbook. Further, the agency provides this information on the agency’s website. All the additional ways for residents to report abuse or harassment is located in section (a) of this

standard. All resident is made aware of 3rd party reporting and local police department.

Central Office Staff: Agency coordinator question, do these procedures enable receipt and immediate transmission of resident's reports of sexual abuse and sexual harassment to agency officials that allow the resident to remain anonymous upon request? The agency website identifies agency PREA coordinator and contact information. Residents can make an anonymous written report of the incident and place it in the grievance/incident box.

Facility Random Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts. They were asked: "how can residents privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment?"

The interviewed random sample of twelve staff reported that the residents can privately report by using the hotline number, notify staff, family, or friends. Such reports can be made verbally or in writing. All the interviewed staff reported that if a resident makes a report verbally or in writing, sexual abuse or harassment, the allegations are responded to immediately and they would immediately document the allegation.

Resident Interviews: Total of ten (10) residents randomly interviewed, 2 White, 4 Hispanic and 4 Asian. Ten (10) were random and has cognitive disabilities (Mental Health Facility). The arrival year: one in 2019, one in 2020, 4 in 2021 and 4 in 2022. They were asked: How would you report any sexual abuse or sexual harassment that happened to you or someone else? They were all asked is there someone who does not work at this facility who you could report to about sexual abuse or sexual harassment? Ten (10) interviewed residents could name more than one way they could report if they needed to. Residents said they would call the PREA Hotline. Some residents said they could report to a trusted staff. Ten (10) interviewed residents said they could also report to a family member outside the facility.

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

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

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

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

115.251 (b)

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

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

115.251 (c)

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

Facility Random Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts. They were asked: "when a resident alleges sexual abuse or sexual harassment, can he or she do so verbally, in writing, anonymously, and from third parties?"

The interviewed random sample of Twelve staff reported that the residents can privately report by using the hotline number, notify staff, family, or friends. Such reports can be made verbally or in writing. All the interviewed staff reported that if a resident makes a report verbally or in writing, sexual abuse or harassment, the allegations are responded to immediately and they would immediately document the allegation.

Resident Interviews: Total of ten (10) residents randomly interviewed, 2 White, 4 Hispanic and 4 Asian. Ten (10) were random and has cognitive disabilities (Mental Health Facility). The arrival year: one in 2019, one in 2020, 4 in 2021 and 4 in 2022. They were asked: Do you know if you are allowed to make a report without having to give your name?

Eight (8) interviewed residents said they knew they could make an anonymous report. Two (2) residents said they did not know whether they could or not. The interviewer explained how they could make an anonymous report.

Resident Interviews: Total of ten (10) residents randomly interviewed, 2 White, 4 Hispanic and 4 Asian. Ten (10) were random and has cognitive disabilities (Mental Health Facility). The arrival year: one in 2019, one in 2020, 4 in 2021 and 4 in 2022. Resident were asked, can you make reports of sexual abuse or sexual harassment either in person or in writing? 100% said both.

Resident Interviews: Total of ten (10) residents randomly interviewed, 2 White, 4 Hispanic and 4 Asian. Ten (10) were random and has cognitive disabilities (Mental Health Facility). The arrival year: one in 2019, one in 2020, 4 in 2021 and 4 in 2022. They were asked: Have you ever reported to the authorities, either in person or in writing, that you were sexually abused or sexually harassed while in this facility?

Ten residents stated they have never reported that they were sexual abused or sexually harassed while in this facility and that that was because it had never happen. A number of residents, during the interviews reported that they have not heard of any allegations of either sexual abuse or sexual harassment at this facility.

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

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

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

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

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

115.251 (d)

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

Facility Random Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts. They were asked: "how can staff privately report sexual abuse and sexual harassment of residents?"

The interviewed twelve random staff reported that staff can privately reporting by using the hotline number, notify supervisor, notify the warden, or notify the PREA staff. Such reports can be made verbally or in writing. All of the interviewed staff also could articulate at least one method in which staff could make a private report. The majority of staff reported they would notify their supervisor.

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

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

115.252 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- PREA Manual – Dana’s House Policy
- Sexual Abuse and Harassment Allegation Overview
- CDOC Administrative Directive 9.6 – Inmate Administrative Remedies
- Grievances that are PREA Related (0)
- Investigation Packages Past 12 Months (0)
- Online PREA Audit: Pre-Audit Questionnaire for Community
- Formal and Informal Interviews

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.

Central Office Staff: Agency coordinator/facility PREA compliance manager question, what happens to and resident grievance regarding sexual abuse and sexual harassment? When a resident submits a grievance alleging sexual abuse and/or sexual harassment, the grievance coordinator immediately submits the grievance to the PREA investigator or the office responsible for investigating PREA allegations.

Facility Staff: The facility Program Manager indicated that all PREA issues that comes through the formal grievance process are send directly to the investigator for processing.

115.252 (b)

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

See section (a)

115.252 (c)

The agency shall ensure that:

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

The agency/facility do not required residents who alleges sexual abuse may submit a grievance with without submitting it to staff member who is the subject of the compliant and grievances are not referred to a staff member who is the subject of the compliant. The facility has drop boxes.

See section (a)

115.252 (d)

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

See Section (a) response.

115.252 (e)

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

See section (a)

115.252 (f)

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

See section (a)

115.252 (g)

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

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

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

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

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

115.253 Resident access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- PREA Manual – Dana’s House Policy
- Required Number of Resident Interviews
- Resident Handbook English
- Resident Handbook Spanish
- Dana’s House Client Handbook
- PREA Poster English
- PREA Poster Spanish
- PREA Brochure Spanish
- PREA Brochure English
- MOU with Advocacy Center – The Center for Family Justice
- Online PREA Audit: Pre-Audit Questionnaire for Community
- Formal and Informal Interviews

115.253 (a)

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

Policy: Family Reentry PREA Manual: PREA Policy Section – 115.253:

I. POLICY:

FRE shall provide residents with access to outside victim advocates for confidential emotional support services related to sexual abuse.

Residents will have mailing address, telephone numbers, hotline telephone numbers available of local, State, or national advocacy organizations. This is to enable reasonable communications between residents and these organizations.

II. PROCEDURES:

A. Residents who contact an outside advocate may do so at any time. Contact may be done without staff knowledge. If staff is aware then the communications will be monitored and the extent to which reports of sexual abuse will be forwarded to authorities will be in accordance with mandatory reporting laws.

B. Any FRE location that has pay telephones shall allow a resident the use of a program office in order to make the call-in confidence.

FRE facilities will maintain or attempt to maintain a memorandum of understanding with a community provider to provide confidential support related to sexual abuse. All copies of agreements or documentation showing attempts to enter into such agreements will be kept on file.

Central Office Staff: Agency coordinator question, does the agency/facility maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes. The agency/facility has an active MOU with the Center for Family Justice. These services are offered to resident free of charge.

Resident Interviews: Total of ten (10) residents randomly interviewed, 2 White, 4 Hispanic and 4 Asian. Ten (10) were random and has cognitive disabilities (Mental Health Facility). The arrival year: one in 2019, one in 2020, 4 in 2021 and 4 in 2022. Resident were asked, does the facility give you mailing addresses and telephone numbers for these outside services? Interviewed residents reported that there are numbers and mailing addresses posted in the facility. Most of the residents said they don't know the details of the services but feels they could confidentiality communicate with the services if needed.

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

Discussion: The facility has determined which rape crisis center that are available to provide emotional support services to residents. The facility has an agreement/MOU with YWCA New Britain, a member center of the Connecticut Alliance to End

Sexual Violence.

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

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

115.253 (b)

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

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

115.253 (c)

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

Memorandum of Agreement between Family ReEntry (FRE) and The Center for Family Justice.

The Center for Family Justice agree to the following:

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

The auditor reached out to the following organizations:

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

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

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

Contact: National Sexual Violence Resources Center (NSVRC) /2101 N. Front Street Governor's Plaza North, building #2 Harrisburg, PA 17110 / Email sent: 3/25/22 at 6:10 am. Received response on 3/25/22 at 1:33 pm. The staff indicated that

the organization do not track who requests information from them. The organization do not provide direct services and are simply an information and referral service.

Resident Interviews: Total of ten (10) residents randomly interviewed, 2 White, 4 Hispanic and 4 Asian. Ten (10) were random and has cognitive disabilities (Mental Health Facility). The arrival year: one in 2019, one in 2020, 4 in 2021 and 4 in 2022. They were asked: Do you know if there are services available outside of this facility for dealing with sexual abuse, if you needed it? Four (4) interviewed residents said no, when probe, residents said they never had a need to use the outside services. Continue to probe regarding PREA information, residents said they were given PREA information and/or they saw PREA information on the walls or the PREA hotline numbers, but they never used it.

115.254	Third party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • PREA Manual – Dana’s House Policy • Sexual Abuse and Harassment Allegation Overview • Agency Website • Online PREA Audit: Pre-Audit Questionnaire for Community • Formal and Informal Interviews <p>115.254 (a)</p> <p>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.</p> <p>Policy: Family Reentry PREA Manual: PREA Policy Section – 115.253:</p> <p>I. POLICY:</p> <p>FRE shall establish a method to receive third party reports of sexual abuse and sexual harassment. FRE shall distribute information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>II. PROCEDURES:</p> <p>A. FRE shall accept third party reports of sexual abuse and sexual harassment as follows:</p> <ol style="list-style-type: none"> 2. By mail to the facility or main office. 3. By telephone call to the facility, other facility or main office. 4. In person – coming directly to the facility and speaking directly to any staff person, or going to another facility or main office and speak to any agency staff member. 5. By e-mail to any agency staff person. 6. By having any other agency contact the facility, other facility or main office by mail, telephone, e-mail or in person. <p>Discussion: The agency/facility has established a method for receiving reports of sexual abuse and sexual harassment from third parties and ensure that the reports are handle the same way as other reports of sexual abuse or sexual harassment, including ensuring that any identified or potential victims are safe and receive necessary support services, and that reports are thoroughly investigated.</p> <p>The agency/facility publicize information on third-party reporting, through websites; by posting in public areas of the facility lobby or visitation area and pamphlets.</p> <p>Interviews with staff confirmed they have been trained to take all allegations and reports seriously and to report them immediately, including those reported by third parties. The verbal reports are to be followed up with a written report before the end of the shift.</p> <p>Discussion: Below are the Sexual Abuse, Sexual Harassment Allegations and Investigations Overview:</p> <ul style="list-style-type: none"> • The Total number of investigations for the past 12 months = 0 • The total number of sexual abuse investigations = 0 • The total number of sexual harassment investigations = 0 • The number of criminal sexual abuse referred for prosecution = 0

115.261 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- PREA Manual – Dana’s House Policy
- Information Required Prior to Onsite Visit
- List of Residents Under the Age of 18 – 0
- Education Acknowledgement Statements (0)
- Online PREA Audit: Pre-Audit Questionnaire for Community
- Formal and Informal Interviews

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.

Policy: Family Reentry PREA Manual: PREA Policy Section – 115.261:

I. POLICY:

FRE 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 clients/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.

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 to make treatment, investigation, and other security and management decision.

Unless otherwise precluded by Federal, State or local law, medical and mental health practitioners shall be required to report sexual abuse and to inform residents of a practitioner’s duty to report, and the limits of confidentiality, at the initiation of services.

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

II. PROCEDURES:

- A. The Program Director or designee shall report all allegations of sexual abuse and sexual harassment to the PREA Coordinator.
- B. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the agency PREA Coordinator shall notify the head of the facility or appropriate office of the facility where the allegation occurred. Such notification shall be provided as soon as possible, but not later than 72 hours after receiving the allegation.
- C. FRE shall document all allegations and notifications. All allegations shall be investigated in accordance with these standards.

Facility Staff: The Program Manager question, are all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) reported directly to designated facility investigators? Yes. All reports of sexual abuse and sexual harassment that are received from third-party, and anonymous sources must be received, responded to and investigated according to policies.

Facility Random Staff Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts. They were asked: “Does the agency require all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation?” Twelve random staff interviews indicated a clear understanding of the duty 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 immediately.

The various ways staff indicated that they could make a report included, but was not limited to:

- Report to supervisor
- Report to the PREA “person” and Warden
- Complete an incident report

The twelve interviewed staff consistently described a process for reporting any information related to sexual abuse incidents as: reporting immediately, taking the resident to medical, isolate the resident from other residents, don't allow the resident to bath, shower, or brush teeth, preserve evidence; and report to someone else for the investigation.

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 decision.

Staff will only reveal PREA information to the Program Manager and PREA coordinator. Any other information will only be disseminated to individuals necessary to make treatment, investigation, and other security or management decision.

Staff are required to maintain confidentiality of any PREA related issues.

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.

Policy requires all staff to report sexual abuse.

115.261 (d)

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

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

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

115.261 (e)

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

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

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

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

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

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- PREA Manual – Dana’s House Policy
- Information Required Prior to Onsite Visit
- List of Residents in Segregation that was/are PREA Related Past 12 Months (0)
- Online PREA Audit: Pre-Audit Questionnaire for Community
- Formal and Informal Interviews

115.262 (a)

When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

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

Policy: Family Reentry PREA Manual: PREA Policy Section – 115.262:

I. POLICY:

When FRE staff learns that a resident is subject to a substantial risk of imminent sexual abuse, immediate action will be taken to protect the resident.

II. PROCEDURES:

A. Once the facility learns that one of its residents is subject to a substantial risk of sexual abuse staff will do the following:

1. Inform the Program Management on duty or on-call.
2. Bring the resident into the main office.
3. Contact the Program Director and explain the situation.
4. Contact the agency PREA Coordinator and explain the situation.
5. The PREA Coordinator will contact FRE Administrative staff.
6. Contact the referral source and explain the situation

B. If the sexual assault is to be committed by another facility resident, the potential victim will not be out of sight by staff.

C. The alleged assaulter will be confined to his room.

D. An investigation will be conducted by the PREA Coordinator who will report his findings to the referral source.

E. If the investigation shows that the assault was imminent the PREA Coordinator will request removal of the resident who would have committed the assault.

F. If the assault was to occur while the resident was off site, the resident will be placed on lockdown. The referral source and the New Haven Police Department would be contacted.

Central Office Staff: Agency head/designee question, when you learn that a resident is subject to a substantial risk of imminent sexual abuse what protective action does the agency take? The agency/facility employs all available measures to protect a resident that is subject to a substantial risk of imminent sexual abuse. The following protective actions are employed by the agency/facility:

- Consultation with referral source – Accelerate Discharge Plans for victim with parole approval
- Removing alleged resident abusers from contact with victims,
- Removing alleged staff abusers from contact with victims,
- Monitoring resident rooms, including by director observation,
- Transferring potential victims/abusers to other facilities,
- Actively monitoring the conduct and treatment of residents or staff who have reported abuse and of residents who have reported to have suffered abuse for signs of retaliation.

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

- Line staff will monitor the allege residents until supervisor respond with additional instructions.

- Staff will keep the allege resident from the allege abusers.

Facility Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts. They were asked: if you learn a resident is at risk of imminent sexual abuse, what actions do you take to protect the resident?

Staff stated they would protect the residents by remove them from the alleged abuser, contact supervisor for additional instructions.

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

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

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- PREA Manual – Dana’s House Policy
- Information Required Prior to Onsite Visit
- Sexual Abuse and Harassment Allegation Overview
- List of Residents arriving at the facility that reported allegations while at another facility – 0
- List of Residents reported allegations to another facility that occurred while at your facility - 0
- Online PREA Audit: Pre-Audit Questionnaire for Community
- Formal and Informal Interviews

115.263 (a)

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

Policy: Family Reentry PREA Manual: PREA Policy Section – 115.263:

I. POLICY:

Upon receiving an allegation that a resident was sexually abused while confined in another facility, The Program Director or designee, once notified of the allegation will contact the head of the facility or appropriate office of the agency where the allegation occurred.

II. PROCEDURES:

A. Once an allegation has been received staff will immediately contact the Program Director or designee along with the FRE’s PREA Coordinator.

B. Staff receiving the alleged abuse shall complete a detailed incident report to include the following information:

1. Name of the resident
2. Location of the alleged abuse
3. Name of the person(s) involved in the alleged abuse.
4. Date and time the alleged abuse took place
5. Names of any witnesses

C. The Program Director, designee or PREA Coordinator will contact the head of the facility, or appropriate office where the alleged abuse took place. This shall be done as-soon-as possible, but no later than 72 hours after receiving the allegation.

Initially contact will be made by telephone. Follow up will be having the incident report faxed or e-mailed to the proper individual. A copy of the fax receipt or e-mail along with the incident report will be placed in the resident’s file.

D. The PREA Coordinator shall document that it has provided notification.

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

Central Office Staff: Agency head/designee question, if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred, is there a designated point of contact? Yes, the agency/facility responds immediately to all allegations of sexual abuse or sexual harassment whether it occurs at our facility are the resident reported to another facility after leaving our facility.

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

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

115.263 (b)

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

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

115.263 (c)

The agency shall document that it has provided such notification.

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

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

Notification:

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

115.263 (d)

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

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

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

115.264 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- PREA Manual – Dana’s House Policy
- Sexual Abuse and Harassment Allegation Overview
- Sexual Abuse Incident Coordinated Response Plan
- Online PREA Audit: Pre-Audit Questionnaire for Community
- Formal and Informal Interviews

115.264 (a)

Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser.
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Policy: Family Reentry PREA Manual: PREA Policy Section – 115.264:

I. POLICY:

Dana’s House staff shall take immediate action upon learning a resident was sexually abused via the staff first responder

II. PROCEDURES:

A. Upon learning a resident was sexually abused, the first staff member to respond is required to do the following crime scene requirements:

1. Separate the victim from the abuser.
 - The victim will be kept in the staff office under staff supervision.
 - The abuser must remain in his/her room, also under staff supervision.
2. Staff shall ensure that both the victim and the alleged abuser do not destroy any physical evidence by requesting that they are not: take a shower, brush their teeth, eat, drink, urinate, defecate, change clothing, smoke etc.
3. Staff shall preserve and protect the crime scene. Staff will close off any room, or area, that the alleged abuse took place. Residents nor staff will not be allowed to enter the area is cleared by law enforcement (SEE B).
4. Staff will then contact the Program Director and/or PREA Coordinator.

B. Preserving the crime scene.

This is critical. This is required to keep the pertinent evidence uncontaminated until it can be recorded and collected.

Staff on duty will be responsible for protecting the crime scene. Duties include:

1. Place a note on the room or area the alleged assault occurred. The note will state that no one is allowed to enter the room or area
2. The note will also state that nothing can be removed from the room or area
3. If staff is available that person shall be placed in front of the door or area the alleged assault occurred.
4. The room or area will be handed over to the New Haven Police Department on their arrival.
5. Each agency facility shall have on site, a list of those who have a need to enter the area.

If the first staff responder is not a security staff member, which staff person shall be required to request that the alleged victim not take any action that could destroy physical evidence by requesting that they are not: shower, brush teeth, eat, drink, urinate, defecate, change clothing smoke etc. Once that has been completed that staff person will notify security staff.

Facility Random Staff: Twelve (12) staff were randomly interviewed. The random staff representing staff from all shifts. They were asked: "If you are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, what is your responsibility in that situation?" Twelve interviewed random staff reported being aware of the agency procedure for reporting any information related to a resident who may be at imminent risk of sexual abuse. One hundred percent of the interviewed staff could articulate immediate notification to the supervisor. Ten of the interviewed staff also stated that they would seek to have the resident moved into another area, separate involved parties, secure evidence and immediately complete an incident report.

When probed on protecting the DNA evidence, staff indicated they would not let the residents brush their teeth, used the bathroom, eating or drinking.

When the twelve interviewed staff were probed on who they would not share the information with staff that they would only share with immediate supervisor or higher ups, and that they would not share with other residents.

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

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

- Medical Referrals –
- Mental Health Referrals -

115.264 (b)

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

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

Discussion: The agency/facility thru training distinguish the roles of first responders from investigators. First responders do not conduct any part of the investigation and their role is to protect the victim, separate the victim and alleged abuser, to protect and preserve the scene and any evidence that may exist at the scene or evidence on the victim and alleged abuser.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • PREA Manual – Dana’s House Policy • Sexual Abuse Incident Coordinated Response Plan • Investigation Packages for past 12 Months (0) • Online PREA Audit: Pre-Audit Questionnaire for Community • Formal and Informal Interviews <p>115.265 (a)</p> <p>The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>Policy: Family Reentry PREA Manual: PREA Policy Section – 115.265:</p> <p>I. POLICY:</p> <p>FRE shall ensure a coordinated response to any incident of sexual abuse among staff, first responders and Agency leadership, and shall establish a Written Facility Plan in order to operationalize the plan.</p> <p>II. PROCEDURES:</p> <p>A. First Responder Duties</p> <ol style="list-style-type: none"> 1. Upon learning a resident was sexually abused, the first staff member to respond must do the following: <ol style="list-style-type: none"> a. Not leave the victim alone. b. Call the person in charge to request assistance from the Program Director or designee, PREA Coordinator or senior management staff. c. Call 911 to obtain transportation to a local hospital. d. Separate the alleged victim and abuser. e. Preserve and protect the crime scene. f. As soon as practical contact the CT Sexual Assault Crisis Center to arrange for a sexual assault advocate to meet the resident at the hospital. 2. Preserve the crime scene: <ol style="list-style-type: none"> a. If the abuse occurred within a time period that would allow for the collection of physical evidence, request that the alleged victim and abuser not take any action that could destroy physical evidence. This would include washing, brushing teeth, changing cloths, and smoking, urinating, defecating or eating unless medically indicated. If toileting needs to take place, instruct the resident not to wipe. 3. PREA Incident check sheet <ol style="list-style-type: none"> a. The first responder will utilize the PREA Incident check sheet to ensure first responder duties have been fulfilled. <p>B. Investigative Responsibilities:</p> <ol style="list-style-type: none"> 1. Local and/or State Authorities <ol style="list-style-type: none"> a. FRE shall rely on the local and/or state authorities to investigate allegations of sexual abuse. 2. Qualifications of Local and/or State Authorities: <ol style="list-style-type: none"> a. FRE shall ensure the local and/or state authorities investigating the abuse have completed the required specialized training in conducting sexual abuse investigations and maintain documentation of such. <p>C. Responsibilities of FRE Leadership</p> <ol style="list-style-type: none"> 1. Reporting Duties: <ol style="list-style-type: none"> a. All FRE staff must immediately report to the PREA Coordinator, Program Director/designee, the HR Director, or any supervisor or manager or senior management staff any knowledge, suspicion or information regarding: <ol style="list-style-type: none"> b. Any incident of sexual abuse that occurred in the program. c. Retaliation against residents or staff who reported an incident of sexual abuse. d. Any staff neglect or violation of responsibility that may have contributed to such an incident or retaliation. 2. All reports of sexual abuse that are received from third parties must be

received and responded to according to policy by all staff.

3. As soon as practical, FRE must report all allegations of sexual abuse, including third party and anonymous reports, to the local authorities for further investigation.
4. Upon receiving an allegation that a resident was sexually abused while residing at Dana's House, the staff receiving this information must immediately notify the PREA Coordinator, Program Director or designee, the HR Director, or a supervisor, manager, or senior management staff.
 - a. The person receiving such notice will immediately notify the PREA Coordinator, if the PREA Coordinator was not initially notified.
 - b. The PREA Coordinator will notify FRE Administration as soon as possible, but not longer than the end of the business day of the date the allegation was received.
 - c. FRE Senior Management must:
 - 1.) Institute the Incident Report process
 - 2.) Contact local authorities to begin a criminal investigation, if they have not already been contacted.
5. Upon receiving an allegation that a resident has been sexually abused, the Director must immediately contact the PREA Coordinator and document such report and notification in the Staff Communications Log.
 - a. The PREA Coordinator will notify FRE Administration as soon as possible, but not later than the end of the business day the report the allegation was received.
6. The PREA Coordinator will keep a record of the details of the notification to include the following:
 - a. All persons notified.
 - b. Date and time of the notification.
 - c. Date and time notice of allegation was received.
 - d. Any details of the allegation.
7. If the allegation of sexual abuse is reported to staff after the alleged victim has been transported to a medical facility, staff must:
 - a. Notify the receiving facility of the allegation of sexual abuse and the victim's potential need for medical or social services unless the victim has requested otherwise.
 - b. Complete an Incident Report in accordance with FRE procedures.

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

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • PREA Manual – Dana’s House Policy • All Union Contracts (Collective Bargaining) - 0 • Online PREA Audit: Pre-Audit Questionnaire for Community • Formal and Informal Interviews <p>115.266 (a)</p> <p>Neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Policy: Family Reentry PREA Manual: PREA Policy Section – 115.266:</p> <p>Preservation of ability to protect residents from contact with abusers</p> <p>Not applicable</p> <p>FRE is a private, not-for-profit agency. The agency staff is not unionized. FRE does not enter into collective bargaining agreements with staff, and as such is not bound by staff termination or transfer decision.</p> <p>Central Office Staff: Agency head/designee question, has your agency, or any governmental entity responsible for collective bargaining on agency behalf, entered or renewed any collective bargaining agreements or other agreements since August 20, 2012? No. There are no employees represented by collective Bargaining agreements.</p> <p>115.266 (b)</p> <p>Nothing in this standard shall restrict the entering into or renewal of agreement that govern:</p> <ul style="list-style-type: none"> • The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of standards 115.72 and 115.76; or • Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated. <p>Discussion: The agency/facility is not involved in any form of collective bargaining and has the ability to remove any staff alleged to have violated an agency sexual abuse or sexual harassment policy.</p>

115.267 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- PREA Manual – Dana’s House Policy
- Investigation Package for the Past 12 Months (0)
- Retaliation Monitoring Documentation (0)
- Sexual Abuse and Harassment Allegation Overview
- Online PREA Audit: Pre-Audit Questionnaire for Community
- Formal and Informal Interviews

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.

Policy: Family Reentry PREA Manual: PREA Policy Section – 115.267:

I. POLICY:

FRE shall protect all residents and staff who report sexual abuse or sexual harassment or cooperate with any investigation from retaliation by other residents or staff.

The PREA Coordinator and Program Director will monitor retaliation.

II. PROCEDURES:

FRE shall employ the following measures to protect residents and staff from retaliation:

- A. Transfer of victim and/or abuser to another facility.
- B. Transfer staff to another agency residential facility or program, if operationally possible.
- C. Removal of alleged staff or resident from contact with victim.
- D. Provide emotional support services for resident(s) and/or staff that fear retaliation for reporting the incident.
- E. Segregation during transportation
- F. Consult with the referring source.
- G. Actively monitor the conduct and treatment of residents or staff who have reported abuse and of residents who have reported and/or suffered abuse for signs of retaliation.
- H. Protect individuals who cooperate in investigations who express fear of retaliation.

The PREA Coordinator along with the Program Director, for a period of 90 days following the incident, shall monitor the conduct and treatment of the resident(s) and/or staff who reported the incident. This is done to see if there is anything to suggest possible retaliation by other residents or staff.

FRE staff shall monitor the following:

- A. Staff and resident disciplinary reports.
- B. Housing or program changes.
- C. Negative performance reviews.
- D. Resident misconducts.
- E. Reassignment of staff.

III. DOCUMENTATION and TERMINATION

All efforts to monitor for retaliation shall be documented on the Retaliation Monitoring Log which shall be maintained by the Program Director and PREA Coordinator, and who shall record all efforts in chronological order as they occur. The Program Director shall review the Log with the Clinical Program Director not less than weekly.

FRE shall continue to monitor beyond the 90 days if the initial monitoring indicates a continuing need. In the case of residents, such monitoring shall include their Monthly Reports. FRE’s obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

Central Office Staff: Agency head/designee question, how do you protect residents and staff from retaliation for sexual abuse or sexual harassment allegations? The agency has zero tolerance for all forms of resident on residents and staff on resident

sexual abuse or sexual harassment. The agency/facility has designated a PREA coordinator to develop, implement, and oversee the agency/facility's efforts to prevent, detect and respond to PREA allegations. The agency protects all residents and staff who report sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The PREA coordinator monitor retaliation for the agency.

The following protective actions may be employed by the agency/facility:

- Consultation with referral source,
- Removing alleged resident abusers from contact with victims,
- Removing alleged staff abusers from contact with victims,
- Monitoring resident rooms, including by director observation,
- Transferring potential victims/abusers to other facilities,
- Actively monitoring the conduct and treatment of residents or staff who have reported abuse and of residents who have reported to have suffered abuse for signs of retaliation.

Facility Staff: The Program Manager question, what measures do you take when you suspect retaliations? The same as required by the agency.

The following protective actions are employed by the agency/facility:

- Consultation with referral source,
- Removing alleged resident abusers from contact with victims,
- Removing alleged staff abusers from contact with victims,
- Monitoring resident rooms, including by director observation,
- Transferring potential victims/abusers to other facilities,
- Actively monitoring the conduct and treatment of residents or staff who have reported abuse and of residents who have reported to have suffered abuse for signs of retaliation.

115.267 (b)

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

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

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

115.267 (c)

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

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

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

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

115.267 (d)

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

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

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

- The Total number of investigations for the past 12 months - 0
- The total number of sexual abuse investigations - 0
- The total number of sexual harassment investigations - 0
- The number of criminal sexual abuse referred for prosecution - 0
- The number of residents monitor for retaliation - 0

115.267 (e)

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

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

Central Office Staff: Agency head/designee question, if an individual who cooperates with an investigation expresses a fear of retaliation, how does the agency take measures to protect that individual against retaliation?

The following protective actions may be employed by the agency/facility:

- Consultation with referral source,
- Removing alleged resident abusers from contact with victims,
- Removing alleged staff abusers from contact with victims,
- Monitoring resident rooms, including by director observation,
- Transferring potential victims/abusers to other facilities,
- Actively monitoring the conduct and treatment of residents or staff who have reported abuse and of residents who have reported to have suffered abuse for signs of retaliation.

115.267 (f)

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

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

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

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

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

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

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

115.271 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- PREA Manual – Dana’s House Policy
- Sexual Abuse and Harassment Allegation Overview
- PREA Investigation Packages for Past 12 Months (0)
- Online PREA Audit: Pre-Audit Questionnaire for Community
- Formal and Informal Interviews

115.271 (a)

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Policy: Family Reentry PREA Manual: PREA Policy Section – 115.271:

POLICY:

FRE shall conduct administrative investigations into allegations of sexual abuse and sexual harassment in a prompt, thorough, and objective manner, including third party and anonymous reports.

When sexual assault is alleged, FRE shall contact the New Haven Police Department who shall conduct a criminal investigation.

II. PROCEDURES:

A. When an allegation of a serious sexual abuse incident has been reported, the agency investigator (PREA Coordinator and Program Director), if possible, shall protect the crime scene. This would include any available physical and DNA evidence, any electronic monitoring data and interview alleged victims, perpetrators and witnesses.

B. Regarding all allegations of sexual assault, agency staff shall contact the New Haven Police Department, who will be responsible for conducting a criminal investigation. The New Haven Police Department shall gather all evidence and information.

C. The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by a person’s status as resident or staff.

D. Administrative Investigations:

1. Shall include an effort to determine if staff actions or failures contributed to the abuse
2. A written report on the incident shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and figures

E. Criminal Investigations:

1. Shall be conducted by the New Haven Police Department
2. Interviewing alleged victim(s), suspects and witnesses
3. Collection of all evidence
4. Shall receive all evidence from the agency
5. Conduct that appears to be criminal shall be referred for prosecution.

F. FRE shall cooperate with the New Haven Police Department investigators and endeavor to remain informed regarding the progress of the investigation.

G. FRE shall retain all written records from all sources for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

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

I. Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to PREA Standard 115.271

Facility Specialized Staff: Staff who conduct investigations was asked, “How do you handle anonymous or third-party reports of sexual abuse or sexual harassment?”

Are they investigated differently?" Staff indicated that all PREA allegations are treated the same as any investigation as well as the using the same investigation process.

Facility Specialized Staff: Staff who conduct investigations were asked. "How long does it take to initiate an investigation following an allegation of sexual abuse or sexual harassment?"

Staff indicated that the investigation process starts immediately after receiving an allegation. The investigations policies and procedures require that as soon as an incident of sexual contact, sexual abuse, or sexual harassment, comes to the attention of staff, the staff receiving the information is required to immediately inform the Program Director, PREA Coordinator and the local police department verbally and followed up with a written report.

115.271 (b)

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

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

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

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

115.271 (c)

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

Facility Specialized Staff: The facility investigator was asked to describe any direct and circumstantial evidence he would be responsible for gathering in an investigation of an incident of sexual abuse.

Staff indicated that the investigator collects any direct or circumstantial evidence, such as video footage, witness statements, photos, incident reports and other PREA reports, and sealed off the crime scene for police.

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

115.271 (d)

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

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

Facility Specialized Staff: Staff who conduct investigations were asked: "When you discover evidence that a prosecutable crime may have taken place, do you consult with prosecutors before you conduct compelled interviews?"

If evidence is discovered that will lead to a prosecutable crime, this information is immediately referred to the local police department. Immediate referral to NHPD, they will consult with prosecutors according to their established protocols.

115.271 (e)

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

Facility Specialized Staff: Staff who conduct investigations were asked, "Would you, under any circumstances, require an inmate who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation"

The staff responded, "no, this is not a requirement.

115.271 (f)

Administrative Investigations:

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

Facility Specialized Staff: Staff who conduct investigations were asked, "What efforts do you make during and administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse?"

Staff indicated that they will review agency and/or facility policies and procedures that govern staff behavior and job duties. Staff past actions will also be reviewed to determine whether staff actions or failures to act contributed to the abuse.

Facility Specialized Staff: Staff who conduct investigations were asked, "Do you document administrative investigations in written reports? What information do you include in those reports?" Staff indicated that administrative investigations are in written format.

They include summary of findings, evidence, staff statements, inmates' statements, incident reports, offender grievance, supplement reports, inmates' personal data summary and disciplinary reports.

115.271 (g)

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

Facility Specialized Staff: Staff who conduct investigations were asked, "Do you document investigations and what is included in the reports?"

Staff indicated that criminal investigations are in written format. They include a summary of findings, evidences, staff statements, inmates' statements, incident reports, offender grievances, supplemental reports, inmates' personal data summary and disciplinary reports.

115.271 (h)

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

Facility Specialized Staff: Staff who conduct investigations were asked, "When do you refer cases for prosecution?"

The facility refers all criminal cases to local police department, and the local police department will send the cases for prosecution if warranted.

115.271 (i)

The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged

abuser is incarcerated or employed by the agency, plus five years.

The agency retains all written reports regarding investigations.

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

115.271 (j)

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

Facility Specialized Staff: Staff who conduct investigations were asked, "How do you proceed when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct?"

Staff indicated if it is criminal, it will be sent to the local police department. If it is administrative the facility investigator will continue to investigate. The case whether it is criminal or administrative the investigation will not stop until completion.

115.271 (k)

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

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

115.271 (l)

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

Facility Specialized Staff: Staff who conduct investigations were asked, "When an outside agency investigates an incident of sexual abuse in this facility, what role do you play?"

Staff indicated that they will serve as the facility point of contact. They will assist in setting up staff and inmates' interviews, collect statements, and provide any additional information that is needed by the outside agency.

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

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

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

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

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

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

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

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

- The Total number of investigations for the past 12 months - 0

- The total number of sexual abuse investigations - 0
- The total number of sexual harassment investigations - 0
- The number of criminal sexual abuse referred for prosecution - 0

115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • PREA Manual – Dana’s House Policy • Investigation Packages for Past 12 Months (0) • Online PREA Audit: Pre-Audit Questionnaire for Community • Formal and Informal Interviews <p>115.272 (a)</p> <p>The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The agency’s PREA Review, requires no standard higher than a preponderance of the evidence in determining whether PREA related allegations of sexual abuse and sexual harassment are substantiated.</p> <p>Policy: Family Reentry PREA Manual: PREA Policy Section – 115.272:</p> <p>I. POLICY:</p> <p>FRE shall impose no higher standard than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>FRE will not make a determination as to whether allegations of sexual assault are substantiated. This determination shall be at the discretion of the local authorities conducting the investigation.</p> <p>II. PROCEDURES:</p> <p>A. An investigation may include but not be limited to the following:</p> <ol style="list-style-type: none"> 1. Review of relevant documents. 2. Review of audio, video, photographic and/or electronic information. 3. Interview of complainants 4. Interview of witnesses. 5. Interview of technical experts 6. Observations made by the investigator(s) 7. Examination of evidence. <p>B. The greater weight of the evidence will be utilized to decide who may be at fault. This preponderance is based on the more convincing evidence and its probable truth or accuracy.</p> <p>Facility Specialized Staff: Staff who conduct investigations were asked, “What standard of evidence do you require to substantiate allegations of sexual abuse or sexual harassment?” Staff indicated the preponderance of evidence is used in determining allegations of sexual abuse or sexual harassment.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- PREA Manual – Dana’s House Policy
- Investigation Packages for Past 12 Months (0)
- Online PREA Audit: Pre-Audit Questionnaire for Community
- Formal and Informal Interviews

115.273 (a)

Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Policy: Family Reentry PREA Manual: PREA Policy Section – 115.273:

I. POLICY:

Following an investigation into a resident’s allegation of sexual abuse occurring at Dana’s House, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

FRE did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the resident.

II. PROCEDURES:

A. Following a resident’s allegation and an investigation FRE shall inform the resident the following if the allegation was against staff:

1. The allegation was unfounded.
2. The allegation was substantiated, and the staff member is either no longer posted at the facility or is no longer employed at the agency.
3. Staff may have been indicted on a charge of sexual abuse.
4. Staff may have been convicted of sexual abuse

B. Following a resident’s allegation and an investigation FRE shall inform the resident the following if the allegation was against another resident:

1. The allegation was unfounded.
2. The allegation was substantiated, and the alleged abuser has been indicted on a charge of sexual abuse.
3. The alleged abuser has been convicted of sexual abuse.

C. Following a resident’s allegation that a staff member has committed a Sexual abuse against a resident shall inform the resident whenever:

1. The staff member is no longer posted at the resident’s facility.
2. The staff member is no longer employed at the facility.
3. The agency has learned the staff member has been indicted on charges.
4. The agency has learned the staff member has been convicted on a charge of sexual assault.

D. All notifications or attempted notifications shall be documented.

E. FRE’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody.

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.

The PREA coordinator to request the relevant information from the investigative entity in order to inform the alleged victim of the outcome of the investigation. At the conclusion of a PREA investigation, the PREA coordinator or program staff will notify the alleged victim, verbally or in writing whether the allegation was determined to be substantiated or unsubstantiated whenever:

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

115.273 (c)

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

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

The PREA coordinator to request the relevant information from the investigative entity in order to inform the alleged victim of the outcome of the investigation. At the conclusion of a PREA investigation, the PREA coordinator or program staff will notify the alleged victim, verbally or in writing whether the allegation was determined to be substantiated or unsubstantiated whenever:

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

Facility Specialized Staff: Staff who conduct investigations were asked, do your agency procedures require that a resident who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation? The agency/facilities procedures require notification to be made to any current resident when the outcome is substantiated, unsubstantiated, or unfounded. The agency does not report back to residents the outcomes of allegations against staff that are unfounded.

115.273 (d)

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

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

In the event of a resident-on-resident PREA allegation, the PREA coordinator or program staff, is required to inform the alleged victim whenever:

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

115.273 (e)

All such notifications or attempted notifications shall be documented.

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

Facility Specialized Staff: Staff who conduct investigations were asked, "Does your agency procedures require that an inmate who makes an allegation of sexual abuse must be informed as to whether the allegation has been determine to be substantiated, unsubstantiated, or unfounded following an investigation?" Staff indicated yes.

115.273 (f)

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

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

is released from custody.

115.276

Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- PREA Manual – Dana’s House Policy
- Information Required Prior to Onsite Visit
- Investigation Packages for Past 12 Months (0)
- List of Staff that Received Disciplinary Sanctions - 0
- Online PREA Audit: Pre-Audit Questionnaire for Community
- Formal and Informal Interviews

115.276 (a)

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

Policy: Family Reentry PREA Manual: PREA Policy Section – 115.276:

I. POLICY:

FRE staff shall be subject to disciplinary sanctions up to an including termination for violating agency sexual abuse or sexual harassment policies.

Termination shall be the presumptive disciplinary sanction for staff who engages in sexual abuse. Disciplinary sanctions for violating agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the act committed, the staff members’ disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

All termination of violations of 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.

II. PROCEDURES:

A. All allegations of sexual abuse and sexual harassment against residents will be forwarded to the agency PREA Coordinator.

B. All complaints should be documented and include, but not be limited to the following:

1. Date and time of the allegation.
2. Name of the alleged abuser.
3. Complaint’s name.
4. Name and location of the program.
5. Description of the allegation.
6. Name of any witness.

C. The PREA Coordinator shall conduct the investigation.

D. Disposition of all allegations will be forwarded to The Director of Human Resources and Executive Director.

E. If it is concluded that the allegation is valid, immediate and appropriate corrective action will take place.

F. Disciplinary action can range from verbal or written warnings up to termination, depending on the circumstances.

G. If applicable, law enforcement agencies will be contacted.

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.

115.276 (b)

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

See section (a).

115.276 (c)

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

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

115.276 (d)

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

The agency PREA coordinator indicated that all terminations for violations of sexual abuse or sexual harassment policies or resignations by staff who would have been terminated if not for their resignation will be reported to law enforcement agencies.

Discussion: During the audit period, the agency/facility did not have any disciplinary sanctions of residents.

115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • PREA Manual – Dana’s House Policy • Information Required Prior to Onsite Visit • List of Contractors that Received Corrective Action -0 • List of Volunteers the Received Corrective Action - 0 • Online PREA Audit: Pre-Audit Questionnaire for Community • Formal and Informal Interviews <p>115.277 (a)</p> <p>Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>Policy: Family Reentry PREA Manual: PREA Policy Section – 115.277:</p> <p>I. POLICY:</p> <p>FRE shall ensure a prompt response to any allegation of sexual abuse or sexual harassment by a contractor or volunteer.</p> <p>II. PROCEDURES:</p> <p>All contractors and volunteers are required to read and sign a form stating FRE’s zero tolerance policy regarding sexual abuse and sexual harassment.</p> <p>Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be immediately prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>FRE 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 volunteer. Remedial measures may include:</p> <ul style="list-style-type: none"> • Place the volunteer or contractor on a probationary period for 90 days. • Issue either a written or verbal warning (in writing) to the volunteer or contractor. • Inform the contractor’s employer, in writing, of the incident. • Provide additional training to the volunteer or contractor. <p>The facility staff indicated that all substantiated allegations would result in sanctions, including but not limited to termination and referral for prosecution. The facility does not have any contractors or volunteers however staff indicated if they did have a contractor or volunteer who had violated an agency sexual abuse or sexual harassment policy the services would be suspended, and they would not be allowed back into the program pending an investigation. If the allegations were substantiated the contractor or volunteer would be referred to prosecution and barred from coming back into the facility.</p> <p>115.277 (b)</p> <p>The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>See section (a).</p> <p>Discussion: During this PREA audit period, there were no corrective action of volunteer and contract staff.</p>

115.278	Disciplinary sanctions for residents
	<p data-bbox="240 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 778 300">Supporting Documents, Interviews and Observations:</p> <ul data-bbox="240 327 855 521" style="list-style-type: none"> • PREA Manual – Dana’s House Policy • Information Required Prior to Onsite Visit • Investigation Packages for Past 12 Months (0) • List of Residents the Received Disciplinary Sanctions - 0 • Online PREA Audit: Pre-Audit Questionnaire for Community • Formal and Informal Interviews <p data-bbox="240 555 360 584">115.278 (a)</p> <p data-bbox="240 611 1469 703">Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p data-bbox="240 730 951 759">Policy: Family Reentry PREA Manual: PREA Policy Section – 115.278:</p> <p data-bbox="240 792 352 822">I. POLICY:</p> <p data-bbox="240 853 1469 945">Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for a resident-on-resident sexual abuse.</p> <p data-bbox="240 976 1481 1037">Sanctions shall be commensurate with the nature and circumstances of the abuse committed, that the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.</p> <p data-bbox="240 1068 1409 1128">The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="240 1160 1449 1220">FRE shall sanction a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact.</p> <p data-bbox="240 1252 435 1281">II. PROCEDURES:</p> <p data-bbox="240 1312 691 1341">A. All incidents shall be investigated by FRE.</p> <p data-bbox="240 1350 1490 1411">B. The agency will discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact.</p> <p data-bbox="240 1420 1310 1449">C. Should allegations of sexual abuse be proved true; the New Haven Police Department will be contacted.</p> <p data-bbox="240 1458 1465 1518">D. The facility does not offer in house therapy specific to victimization. However, should a resident require such therapy or counseling, arrangement will be made for an outside agency to provide services.</p> <p data-bbox="240 1527 1465 1588">E. 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.</p> <p data-bbox="240 1619 1481 1711">For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p data-bbox="240 1742 360 1771">115.278 (b)</p> <p data-bbox="240 1803 1437 1863">Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses other residents with similar histories.</p> <p data-bbox="240 1895 1350 1955">Central Office Staff: The agency PREA coordinator indicated, sanctions are commensurate with the nature and circumstances of the abuse committed.</p> <p data-bbox="240 1986 360 2016">115.278 (c)</p> <p data-bbox="240 2047 1437 2107">The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, in any, should be imposed.</p> <p data-bbox="240 2139 1485 2168">Central Office Staff: The agency PREA coordinator indicated, the disciplinary process considers whether a resident’s mental</p>

disabilities or mental illness contributed to the behavior.

115.278 (d)

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

Central Office Staff: The agency PREA coordinator indicated, the facility may not offer therapy or counseling, however if needed the facility will recommend outside services.

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.

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

115.278 (f)

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

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

115.278 (g)

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

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

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

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • PREA Manual – Dana’s House Policy • MOU with Advocacy Center – The Center for Family Justice • Online PREA Audit: Pre-Audit Questionnaire for Community • Formal and Informal Interviews <p>115.282 (a)</p> <p>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.</p> <p>Policy: Family Reentry PREA Manual: PREA Policy Section – 115.282:</p> <p>I. POLICY:</p> <p>Resident victim 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.</p> <p>II. PROCEDURES:</p> <p>A. FRE does not have qualified medical or mental health practitioners at their facilities on a 24-hour basis. Staff will take steps pursuant to standard 115.262 to protect the victim and notify the appropriate medical and mental health practitioners.</p> <p>B. Treatment will be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.</p> <p>115.282 (b)</p> <p>If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to standard 115.62 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>The resident has access to the Connecticut Sexual Assault Crisis Services, enabling the resident to access crisis intervention services, including an advocate to accompany the resident through any forensic exam and investigatory process.</p> <p>115.282 (C)</p> <p>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.</p> <p>The PREA Coordinator is responsible for ensuring the safety of the resident within the program; contacting the over-seeing Parole/Probation Officer to determine if an immediate investigation is required; and if agreed by the resident, contacting the Connecticut Alliance to End Sexual Violence so that the victim(s) of sexual abuse will receive timely and unimpeded access to emergency medical treatment services.</p> <p>115.282 (d)</p> <p>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> <p>These services will be provided to the victim at no cost, regardless of cooperation with the investigation. These services, according to policy, will be available on an on-going basis, until the resident is released from the facility. Contact information is provided.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • PREA Manual – Dana’s House Policy • MOU with Advocacy Center – The Center for Family Justice • Online PREA Audit: Pre-Audit Questionnaire for Community <p>Formal and Informal Interviews</p> <p>115.283 (a)</p> <p>The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>On-going medical and mental health services are afforded to any resident who has been the victim of sexual abuse. Although there are no on-site medical or mental health staff, these services are available through community providers. On-going services related to sexual abuse are at "no cost" to the victim and any services not provided at the hospital are provided through community healthcare practitioners.</p> <p>Policy: Family Reentry PREA Manual: PREA Policy Section – 115.283:</p> <p>I. POLICY:</p> <p>The agency 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, lock up or juvenile facility.</p> <p>II. PROCEDURES:</p> <p>A. Once it has been determined that a resident has been victim of sexual abuse FRE staff will make appropriate referrals to medical, mental health evaluation, and treatment to the client</p> <p>B. Should the resident agree to the offer FRE staff will contact the appropriate provider.</p> <p>1. Should a resident decide he does not want an evaluation or medical treatment that client will sign a statement stating that.</p> <p>C. Counseling can be done on site or at any outside location. On site counseling will be held in a private secure office. Staff will transport the resident to any outside counseling or medical appointment.</p> <p>D. The facility shall attempt to refer all known resident on resident abusers for a mental health evaluation and/or treatment within 60 days of learning of such abusive history.</p> <p>E. Residents who may have become pregnant or have a sexually transmitted disease shall be referred to Yale New Haven Hospital.</p> <ul style="list-style-type: none"> • Staff will accompany the resident to the hospital. • Staff will contact an outside provider (Center for Women and Families) for counseling and support. <p>F. All information will be placed in the resident's case file.</p> <p>115.283 (b)</p> <p>The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or replacement in, other facilities, or their release from custody.</p> <p>The facility does not evaluate and treat victims on site.</p> <p>115.283 (c)</p> <p>The facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p>The facility does not evaluate and treat victims on site.</p> <p>115.283 (d)</p> <p>Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p>

The facility does not evaluate and treat victims on site.

115.283 (e)

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

The facility does not evaluate and treat victims on site.

115.283 (f)

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

The facility does not evaluate and treat victims on site.

115.283 (g)

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

The facility does not evaluate and treat victims on site.

115.283 (h)

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

The facility does not evaluate and treat victims on site.

Memorandum of Agreement between Family ReEntry (FRE) and The Center for Family Justice.

The Center for Family Justice agree to the following:

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

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

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

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

The facility does not have medical staff on site.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • PREA Manual – Dana’s House Policy • Agency 2021 Annual PREA Report • Online PREA Audit: Pre-Audit Questionnaire for Community • Formal and Informal Interviews <p>115.286 (a)</p> <p>The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p>Policy: Family Reentry PREA Manual: PREA Policy Section – 115.286:</p> <p>I. POLICY:</p> <p>FRE shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation.</p> <p>II. PROCEDURES:</p> <p>A. The review will occur within 30 days of the conclusion of the investigation.</p> <p>B. The review team shall include the PREA Coordinator, Program Director, upper-level management, and any staff that was involved in the investigation, any outside medical and/or mental health practitioners if available and applicable.</p> <p>C. The review team shall consider the following:</p> <ol style="list-style-type: none"> 1. Consider if 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 access 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 staff supervision. 6. Prepare a report of its findings and recommendations for improvement and submit such report to FRE’s Executive Director and PREA Coordinator <p>D. A report of the team’s findings will be prepared. Copies will be given to all FRE staff in attendance.</p> <p>E. All recommendations will be implemented, provided adequate resources are available, or shall document reasons for not doing so.</p> <p>Central Office Staff: Agency coordinator, if the agency/facility conducts sexual abuse incident reviews, does the facility prepare a report of its findings from the reviews, including any determinations per standard 115.286 (d) 1-5 and any recommendations for improvement? Yes. The review team include upper-level management officials with input from line supervisors, investigators, and medical or mental health practitioners if available and applicable.</p> <p>115.286 (b)</p> <p>Such review shall ordinarily occur within 30 days of the conclusion of the investigation.</p> <p>Central Office: The Agency PREA coordinator confirmed if the at the completion of the PREA investigation with the 30 days.</p> <p>115.286 (c)</p> <p>The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>Staff indicated that if and when a PREA investigation is completed, the review team include Agency PREA Coordinator, Facility Program Director, Facility Administrative Investigator, Agency HR staff and first responder.</p>

The facility does not have medical and mental health staff.

115.286 (d)

The review team shall:

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

See section (a).

115.286 (e)

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

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- PREA Manual – Dana’s House Policy
- Facility 2021 Annual Report
- Online PREA Audit: Pre-Audit Questionnaire for Community
- Formal and Informal Interviews

115.287 (a)

The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

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

The PREA coordinator is responsible for implementing this policy and for ensuring the PREA data is securely retained.

Policy: Family Reentry PREA Manual: PREA Policy Section – 115.287:

I. POLICY:

The PREA Coordinator 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.

All information will be kept in a secure and confidential area.

II. PROCEDURES:

A. At a minimum FRE shall utilize the latest Survey of Sexual Violence Questionnaire conducted by the Department of Justice in collecting data.

B. FRE shall maintain, review and collect data as needed from all available incident-based reports, investigation files and sexual abuse incident reviews. This data will come from Dana’s House Client files.

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

115.287 (b)

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

See Section (a) response.

115.287 (c)

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

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

These measures include, but are not limited to:

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

115.287 (d)

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

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

115.287 (e)

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

See Section (a) response.

115.287 (f)

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

The agency provided data from previous calendar year to providing the DOJ request the information. The agency provided the auditor with agency Annual PREA Report 2021.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • PREA Manual – Dana’s House Policy • Facility 2021 Annual Report • Agency’s Website • Online PREA Audit: Pre-Audit Questionnaire for Community • Formal and Informal Interviews <p>115.288 (a)</p> <p>The agency shall review data collected and aggregated pursuant to standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:</p> <ul style="list-style-type: none"> • Identifying problem areas. • Taking corrective action on an ongoing basis; and • Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. <p>Policy: Family Reentry PREA Manual: PREA Policy Section – 115.288:</p> <p>I. POLICY:</p> <p>FRE shall review data collected and aggregated pursuant to standard 115.287. This will be done in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training.</p> <p>II. PROCEDURES:</p> <p>A. Data collection will identify problem areas which will enable the agency to take corrective action on an ongoing basis.</p> <p>B. The agency will prepare an annual report of its findings along with corrective action plans for each facility, as well as the agency as a whole.</p> <p>C. The report will 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.</p> <p>D. The report shall be approved by FRE’s Executive Director.</p> <p>E. The report will be made available to the public through the agency website.</p> <p>F. Information in the report may be deleted when publication would present a clear and specific threat to the safety and security of the facility. However, the report must indicate the nature of the material redacted.</p> <p>The PREA coordinator is responsible for implementing this policy and for ensuring the PREA data is securely retained.</p> <p>Central Office Staff: Agency head/designee question, how do you use incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training?</p> <p>Data is reviewed annually, with specific attention to any trends in the occurrence of reported sexual abuse/harassment so that we can work to improve prevention, detection, policies, practices, and training.</p> <p>115.288 (b)</p> <p>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.</p> <p>Central Office: Agency PREA coordinator question, does the agency take corrective action on an ongoing basis based on this data? Yes, after any allegation, the agency PREA coordinator have a conversation with the Program Manager to request any concerns, comments, or questions so the agency always continue to improve. The agency annual report is reviewed by agency leadership and the CEO.</p> <p>115.288 (c)</p> <p>The agency’s report shall be approved by the agency heard and made readily available to the public through its website or, if</p>

it does not have one, through other means.

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

Central Office Staff: Agency head/designee question, do you approve written annual PREA reports? Yes.

115.288 (d)

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

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

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

115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • PREA Manual – Dana’s House Policy • Online PREA Audit: Pre-Audit Questionnaire for Community • Formal and Informal Interviews <p>115.289 (a)</p> <p>The agency shall ensure that data collected pursuant to standard 115.87 are securely retained.</p> <p>Policy: Family Reentry PREA Manual: PREA Policy Section – 115.289:</p> <p>I. POLICY:</p> <p>FRE shall ensure that data collected pursuant to standard 115.287 are securely retained. FRE shall make all arrogated sexual abuse data, from its facilities along with private facilities with which it contracts, available to the public. The information shall be posted on its web page, and the agency will ensure all personal identifiers are removed.</p> <p>The agency shall maintain sexual abuse data for at least 10 years after the date of the initial collection, unless Federal, State or local law requires otherwise.</p> <p>II. PROCEDURES:</p> <p>A. All data collected pursuant to standard 115.287 shall be stored in a locked secure location.</p> <p>B. FRE shall make all aggregated sexual abuse data from Dana’s House readily available to the public at least annually via its website.</p> <ol style="list-style-type: none"> 1. All personal identifiers shall be removed from the data. <p>C. The PREA Coordinator will be responsible for destroying these files.</p> <ol style="list-style-type: none"> 1. Files will be destroyed 10 years after the initial collection date, unless Federal, State or local law requires otherwise. <p>115.289 (b)</p> <p>The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.</p> <p>115.289 (c)</p> <p>Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.</p> <p>A review of the agency website did not have any personal identifiers. All personal identifiers were removed from the Annual report.</p> <p>115.289 (d)</p> <p>The agency shall maintain sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p>See Section (a) response.</p>

115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • PREA Manual – Dana’s House Policy • Notices of PREA Audit – Upload Notices Pics of Postings • Facility Last DOJ PREA Certified Audit Report • Formal and Informal Interviews <p>115.401 (a)</p> <p>During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or a private organization on behalf of the agency, is audited at least once.</p> <p>Policy: Family Reentry PREA Manual: PREA Policy Section – 115.401:</p> <p>I. POLICY:</p> <p>During the three-year period beginning July 1, 2019, and during each three-year period thereafter, FRE shall ensure that each facility operated by the agency, or by a private organization on behalf of FRE, is audited at least once.</p> <p>During each one-year period starting on July 1, 2019, FRE shall ensure that at least one-third of each facility type operated by FRE, or by a private organization on behalf of PMI, is audited.</p> <p>The Department of Justice may send a recommendation to FRE for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems related to sexual abuse. Recommendations may include referrals to resources that may assist FRE with PREA related issues. The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and content of the audit.</p> <p>FRE shall bear the burden of demonstrating compliance with the standards.</p> <p>II. PROCEDURES:</p> <p>During an audit the auditor will be responsible for the following:</p> <p>A. Scope of the Audits</p> <ol style="list-style-type: none"> 1. The auditors shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period. 2. The auditors shall have access to, and shall observe, all areas of the audited program. 3. The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information). 4. The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request. 5. The auditor shall interview a representative sample of residents, staff, supervisors, and administrators. 6. The auditor shall review a sampling of any available videotapes, and other electronically available data that may be relevant to the provisions being audited. 7. The auditor shall be allowed to conduct private interviews with residents. 8. Residents shall be allowed to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. 9. Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the program. <p>A review of the agency’s website provided PREA audit reports according to cycles.</p> <p>The facility PREA reports are included on the agency website.</p> <p>115.401 (b)</p> <p>During each one-year period starting on August 20, 2013, the agency shall ensure that at least one third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.</p> <p>A review of the agency’s website provided PREA audit reports according to cycles.</p>

The facility PREA reports are included on the agency website.

115.401 (c)

The Department of Justice may send a recommendation to an agency for an expedited audit if the department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA related issues.

The PREA coordinator and the facility acknowledges this provision.

115.401 (d)

The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.

The auditor uses the required Prison Rape Elimination Act (PREA) Community audit instrument to enter collected information online, 28 C.F.R Part 115 Docket No. OAG-131 RIN 1105-AB34 May 17, 2012.

115.401 (e)

The agency shall bear the burden of demonstrating compliance with the standards.

The PREA coordinator and facility acknowledge this provision. The agency and the facility provided requested information to bear the burden of demonstrating compliance with the standards.

115.401 (f)

The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditation for each facility type.

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

115.401 (g)

The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.

The auditor sample size is based on the number of residents at the facility on the first day. The random staff sample size is based on a minimum of twelve or more based on interview outcomes and facility size.

115.401 (h)

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

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

During the site review the auditor made numerous observations, including the posting of Notices of PREA Audits, PREA Related Posters, and TIP Posters (with phone numbers to call to report any concern or condition), notices advising resident that female staff routinely work in the facility, locations of showers and privacy issues, bathrooms, medical/grievance boxes, requests forms and boxes for requests, configuration of living units, capacities of dorm/bed rooms, observations of blind spots, camera deployment, the use of mirrors to mitigate blind spots, staffing levels, supervision of resident, accessibility to telephones and instructions for using the phones to report sexual abuse, main control room, dayroom, classrooms, etc..

The Dana's House is a 15 Bed residential program under contract to Family Reentry, Inc. by the Connecticut Department of Correction (CTDOC). It was designed to meet the needs of men exiting a correctional facility who suffer from significant mental illness along with one or more co-occurring disorders. Upon admission, clients begin to address the myriad issues associated with prisoner reentry within a therapeutic environment consisting of group and individual therapy, along with medication management. To meet these needs, Dana's House is staffed with thirteen full and part-time Case Aids, who provide 24/7 coverage and who are available to assist clients with any immediate concerns, transport clients off-site for various treatment and medical appointments, and provide overall security of the facility. The facility also provides a clinical team consisting of a Clinical Case Manager, a Licensed Clinical Social Worker and a Psychiatric APRN. The current Program Director has over 35 years of experience in the field of prisoner reentry of which 28 years were spent with CTDOC.

115.401 (i)

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

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

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

115.401 (j)

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

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

115.401 (k)

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

Staff Interviewed:

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

- Agency (3)
- Specialized Staff (2)
- Randomly Selected Staff (12)
- Informal Interviews (0)

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

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

115.401 (l)

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

Resident Interviewed:

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

- Randomly Selected Residents: (10)

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

- Informally Interviewed Residents (0)
- Targeted Residents (10)

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

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

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

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

115.401 (m)

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

During the pre-audit period, the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the on-site visit for confidential communications. The facility posted the notices in English and Spanish. The auditor received email, pictures confirming the posted notices and observed the posted notices on-site.

As of 3/26/22, there was no communication from a resident or staff. Staff interviews indicated that residents are permitted to send confidential information or correspondence in the same manner as if they were communicating with legal counsel.

115.401 (n)

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

The auditor reached out to the following organizations:

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

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

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

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

- Memorandum of Agreement between Family ReEntry (FRE) and The Center for Family Justice.

The Center for Family Justice agree to the following:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- PREA Manual – Dana’s House Policy
- Formal and Informal Interviews

115.403 (a)

Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Policy: Family Reentry PREA Manual: PREA Policy Section – 115.403:

I. POLICY:

Each audit shall include a certification by the auditor that no conflict of interest exists with respect to their ability to conduct an audit of the agency under review.

Audit reports shall state whether FRE policies and procedures comply with relevant standards.

For each standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standard; Meets Standard; Does not meet Standard. The audit summary shall indicate among other things, the number of provisions the facility has achieved at each level.

II. PROCEDURES:

A. Audit reports shall describe the methodology, sampling sizes and basis for the auditor’s conclusion with regard to each standard provision for each audited facility. Recommendations for any corrective action will be included.

B. The auditor shall redact any personally identifiable resident or staff information from their report, but shall provide such information to FRE upon request, and may provide such information to the Department of Justice.

C. FRE shall ensure the auditor’s report is published on its web site.

The auditor certified that there is no conflict of interest.

Leader Auditor Biography:

Adam has retired from the Georgia Department of Juvenile Justice, December 31, 2020. He has work in state government for 30 years. While in state government he has serve in the following positions: Agency PREA Coordinator, Project Manager for PREA Grants, Federal Grant Peer Reviewer, Agency Internal Auditor, Program Director of Counseling Services (DOC), and Director of Compliance Management (Prison Rape Elimination Act – PREA; American Correctional Association – ACA; and Internal Audits (OCI).

Professional Certifications: Certified PREA Auditor, ACA Certified Auditor, American Society for Quality “Certified Quality Improvement Associate.

PREA Audits: Conducted over 95 PREA auditors (Prisons, Jails, Community and Juvenile Facilities).

115.403 (b)

Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.

The auditor’s report stated whether agency wide policies and procedures comply with relevant PREA standards.

115.403 (c)

For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standards, Meets Standards; Or Does Not Meet Standard. The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.

The auditor has assigned a finding to each standard.

115.403 (d)

Audit reports shall describe the methodology, sampling sizes, and basis for the auditor’s conclusions about each standard

provision for each audited facility and shall include recommendations for any required corrective action.

The auditor uses a triangular approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the entire facility and complex, determination of facility practice, interviewed staff and resident, local and national advocates, etc. to make determinations for each standard. Each standard and/or provision is designed with documentation reviewed, online PREA Audit: Pre-Audit Questionnaire, overall findings, and interview results.

The auditor is using the stylistic rules for the Field Training Program (FTP) Auditor Trainee Report Writing Reference Manual as best practices.

The auditor sample size is based on the number of residents at the facility on the first day. The random staff sample size based on a minimum of twelve or more based on interview outcomes and facility size.

115.403 (e)

Auditor shall redact any personally identifiable resident or staff information from their reports but shall provide such information to the agency upon request, and may provide such information to the Department of Justice.

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

115.403 (f)

The agency shall ensure that the auditor's final report is published on the agency's website if it has one or is otherwise made readily available to the public.

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

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

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

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 force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

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

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

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	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 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

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

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	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 request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile 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 information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes