

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

Interim Final

Date of Report 12/09/19

Auditor Information

Name: Sonya Love	Email: sonya.love@outlook.com
Company Name: Diversified Consultant Services	
Mailing Address: : P.O. Box 452	City, State, Zip: Blackshear, Georgia 31516
Telephone: 678-200-3446	Date of Facility Visit: July 17 – 18, 2019

Agency Information

Name of Agency: CT Renaissance, Inc	Governing Authority or Parent Agency (If Applicable): Board of Directors
Physical Address: 1 Waterview Drive, Suite 202	City, State, Zip: Shelton, CT 06484
Mailing Address: Click or tap here to enter text.	City, State, Zip: Click or tap here to enter text.
The Agency Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal <input type="checkbox"/> County	<input type="checkbox"/> State <input type="checkbox"/> Federal
Agency Website with PREA Information: www.ctRenaissance.com	

Agency Chief Executive Officer

Name: Kathleen Deschenes, LMSW	
Email: kdeschenes@ctRenaissance.com	Telephone: (203) 336-5225 x2220

Agency-Wide PREA Coordinator

Name: Dawn Patston	
Email: dawnp@ctRenaissance.com	Telephone: (203) 336-5225 x 2123
PREA Coordinator Reports to: Joy Pendola, COO	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information

Name of Facility: Central Work Release			
Physical Address: 24 Central Avenue		City, State, Zip: Waterbury, CT 06702	
Mailing Address (if different from above): Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Website with PREA Information: https://www.ctrenaissance.com/go.php?page=release			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input type="checkbox"/> ACA			
<input type="checkbox"/> NCCHC			
<input type="checkbox"/> CALEA			
<input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)			
<input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Click or tap here to enter text.			
Facility Director			
Name: Cedric Burden			
Email: CBurden@ctRenaissance.com		Telephone: 203-596-7303 x2607	
Facility PREA Compliance Manager			
Name: N/A			
Email: Click or tap here to enter text.		Telephone: Click or tap here to enter text.	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: N/A			
Email: Click or tap here to enter text.		Telephone: Click or tap here to enter text.	

Facility Characteristics

Designated Facility Capacity:	45	
Current Population of Facility:	38	
Average daily population for the past 12 months:	137	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18 +	
Average length of stay or time under supervision	160 days	
Facility security levels/resident custody levels	1	
Number of residents admitted to facility during the past 12 months	137	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	137	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	137	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	12	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	5	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0	

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

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
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<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	1
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Number of single resident cells, rooms, or other enclosures:	2
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Number of multiple occupancy cells, rooms, or other enclosures:	8
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Number of open bay/dorm housing units:	N/A
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Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p>
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>0</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p><input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A</p>
<p>Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>0</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<p><input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A</p>

Audit Findings

Audit Narrative

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

Overview

Central Work Release (CWR) is a community release program managed by CT Renaissance. Connecticut Renaissance has operated a Community Release Program since 2007. This facility serves men who are transitioning back into the Waterbury community following incarceration. The program uses the Life After Incarceration program model, refers clients out for any needed treatment to a variety of programs in and around the city of Waterbury and focuses on preparing the clients for a productive re-entry into the community.

The State of Connecticut Judicial Branch, Court Support Services Division entered into a Memorandum of Agreement (MOA) with Connecticut Renaissance, Inc. (CT Renaissance), a non-profit organization offering quality substance abuse and mental health treatment to men, women, and adolescents throughout the state of Connecticut. The MOA enables CT Renaissance to provide vocational and educational skills, support systems, and independent living skills prior to re-entering the community for men referred by the Connecticut Court Support Services Division as a term of their pretrial or probation sentence.

The on-site Prison Rape Elimination Act (PREA) compliance audit of the Central Work Release (CWR) located in Waterbury, Connecticut was conducted on July 17-18, 2019 by U.S. Department of Justice (DOJ) certified PREA Auditor, Sonya Love, Diversified Consultant Services. The Auditor conducted an opening meeting, toured the facility, interviewed a random sample of staff and residents, and reviewed PREA related staff and resident documentation. Upon completion of the onsite audit process, a closing meeting was held with the administrative staff to discuss the audit process and the next step in the audit process.

Pre-Audit Phase

The standards used for this audit became effective August 20, 2012. An internet search confirmed Central Work Release (CWR) 2016 PREA Report was posted on the agency's website and the audit took place on June 27, 2016. The Auditor was provided a copy of the Client Handbook, in English, that is distributed to residents upon arrival to the facility during orientation. The Resident Handbook contained information such as an overview of the work release program, admission procedures, group sessions and counseling services, and details on the resident telephone usage and personal cell phone privileges.

An examination of the handbook revealed that CWR notified all residents that:

- **Admission Procedures:** Upon admission, the resident will be assigned to a primary case manager. The Intake counselor or the primary case manager will complete an intake package. Appropriate agency forms including the Client Handbook and an orientation package will be completed during the orientation process. The resident Handbook, in conjunction with staff, will inform the resident of available services, program rules governing conduct, other general program rules, regulations, goals, disciplinary action and any limitations of available services. On the day you arrive at the program, the resident will be required to submit supervise urine sample for purposes of drug and/or alcohol use screening.
- **The Work Release Program:** The work release component is designed to provide supportive services and intense supervision to clients who work and attend school in their community. The services offered to clients in this program are:
 1. Personalized, individual and group counseling
 2. Self-support groups (NA and AA outside groups)
 3. Medical assistance
 4. Instructions on how to budget finances
 5. Sharing of current and relevant information on other service providers in our area
 6. Employment assistance
 7. Community-based educational/vocational services
 8. Monthly resident progress reviews
- **Telephone Calls:** Use of office phones is prohibited unless authorized and supervised by a staff member. The resident is limited to 20 minutes per phone call. The resident may use the agency IP phones for prospective employers, family, and personal calls. Cell phones are allowed for clients. Clients must follow the cell phone user agreement which is signed by staff and clients.
- **Cell phones:** The use of cell phones and electronic devices are allowed under the following guidelines:
 - **The resident may use cell phones/electronic devices.** All equipment must be registered and purchased by the resident/client, or by a friend or family member on the resident's approved visiting list. All equipment must be registered, and any passwords associated with the device must be kept on file with staff at admission. If client changes or adds a password, it must be provided to staff immediately or upon request. You are limited to 1 cell phone and 1 electronic device. It is a privilege for a resident to have access to a personal cell phone.
- **Resident Reporting:** The following are the ways in which an incident of sexual abuse and/or sexual harassment can be reported:
 1. Report the incident directly to any program staff person;

2. Call The Connecticut State Police (800) 375-9918;
3. Call the statewide Connecticut Sexual Assault Crisis Services (24 Hours)
 - English (888) 999-5545
 - Spanish (888) 568-8322
4. Report the incident to the PREA Coordinator (203) 336-5225 ext. 2123;
5. Report the incident to the Director of Work Release (203) 753-2341 ext. 2710 and Victims of sexual harassment and/or sexual abuse are offered advocacy services through Safe Haven, 29 Central Ave, Waterbury, CT. at (203) 753-3613 (hotline) or at The Center for Family Justice in Bridgeport, CT at (203) 333-2233 (hotline)
6. **Zero-tolerance Policy:** Connecticut Renaissance, Inc. (CT Renaissance) in conjunction with the State of Connecticut Judicial Branch have a Zero-Tolerance Policy against sexual abuse and sexual harassment.
 - **Grievance Procedure:** All residents shall have the right to initiate a grievance regarding his/her treatment plan, changes in treatment, delivery of services or any policy, procedure, condition of action within the program. Any resident filing a grievance shall not be subject to any adverse action by any staff member or client as a result of doing so.
 - **Medical Services:** All eligible community release clients requesting routine medical and/or dental attention will be referred and escorted by staff to the nearest Department of Correction facility for treatment or a local emergency room.

General Information:

- CT Renaissance details residents’ rules and regulations.
- CT Renaissance details in the Resident Handbook medical services offered.
- CT Renaissance indicates that sexual contact with other residents is not authorized.
- CT Renaissance details the grievance process.
- CT Renaissance outlines facility services such as group and case management sessions.
- CT Renaissance details residents’ right to be safe from sexually abusive behavior.
- CT Renaissance details multiple ways for residents to report an incident of sexually abusive behavior.

Advocacy

Organization Name	Contact Information
The Center for Family Justice	753 Fairfield Avenue, Bridgeport, CT 06604 (213) 384-1400
Safe Haven for Greater Waterbury	29 Central Avenue, Waterbury, CT 06702 (203) 753-3613

Document Request

The auditor completed a document review of Central Work Release Pre-Audit Questionnaire (PAQ), applicable policies, procedures, and supplemental information. Telephone calls and emails were exchanged between the agency Chief Executive Officer (CEO), PREA Coordinator and the facility's Program Director to discuss logistics for the onsite portion of the audit. The following documentation was requested for the onsite visit:

- Roster of residents by unit/room
- Roster of residents with disabilities
- Roster of residents who were Limited English Proficient (LEP)
- LGBTI residents
- Residents who reported sexual abuse
- Residents who reported sexual victimization during risk screening
- Staff roster by shifts
- Specialized staff roster
- Resident census the first day of the audit
- A roster of new employees hired in the past 12 months
- 2019 Staffing Plan
- List of contact information for volunteers
- SANE/SAFE point of contact information
- Copies of training acknowledgments for volunteers and contractors

Prior to the on-site visit, The CEO and PREA Coordinator reviewed the Pre-Audit Questionnaire (PAQ) and provided evidence in support of standard and substandard. Examples of documentation provided included policies, documents, forms and memos.

Entrance Briefing and Tour (On-site Audit)-First day

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of CWR was held on July 17-18, 2019 by The Diversified Consulting Services, PREA certified auditor Sonya Love. The population on the first day of the audit was 38 males. The designated capacity was 43. The age range of the population was 18 to 85 years old. The average population for the last 12 months was 43. A meeting took place with the agency PREA Coordinator, and facility's Program Director to outline the auditor's sampling strategy, logistics for the facility tour, interview schedule and to discuss the need to review additional policies and supplemental documents. The Auditor was provided a private room in which to work and conduct confidential interviews. All requested files and rosters, both staff and residents were made available to the Auditor for review.

The auditor interviewed the following categories of specialized and random staff, during the onsite phase of the audit:

Category of Staff Interviewed	# Interviews Conducted
Random Staff	8
Specialized Staff	4
Total Staff Interviewed	12

Other Staff Interactions During the Facility Tour	# Interviews Conducted
Staff Interactions during the facility tour	1
Staff who refused to be interviewed	0
Total Staff Interviewed	12
Category of Specialized Staff Interviewed	# Interviews Conducted
Agency Contract Administrator	0
Agency PREA Coordinator	1
Intermediate or higher-level facility staff responsible for conducting an unannounced round	1
Line staff who supervise youthful residents, if any	0
Education staff who work with youthful residents, if any	0
Program staff who work with youthful residents, if any	0
Medical staff	0
Line staff who supervise youthful residents, if any	0
Education staff who work with youthful residents, if any	0
Program staff who work with youthful residents, if any	0
Mental health staff	0
Administrative (human resource) staff	1
SAFE and SANE staff	1
Volunteers who have contact with residents	0
Contractors who have contact with residents	0
Investigative staff	1
Staff who perform screening for risk of victimization and abusiveness	1
Staff who supervise residents in segregated housing	0
Designated staff member charged with monitoring retaliation	1
First responders, security staff	1
First responders, non-security staff	3
Intake staff	1
Total staff interviewed	12

- This is a small facility therefore staff are task with multiple responsibilities

Site Review

Immediately following the opening meeting, a tour of the facility was completed. The Auditor was escorted throughout the facility by the agency CEO, PREA Coordinator, and facility Program Director. During the tour, the Auditor reviewed PREA related documentation and materials located on bulletin boards. The Auditor observed camera surveillance, physical supervision, and electronic monitoring capabilities throughout the facility. Other areas of focus during the tour included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing.

All signs and postings were in both English and Spanish. Residents affirmed the ability to shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender. Informal and formal conversations with employees and residents regarding the PREA standards were conducted. Postings regarding how residents can report PREA

violations and the agency's zero-tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, meeting areas, and throughout the facility.

Audit notice postings with the PREA Auditor's contact information were posted in the same areas. The Auditor noticed PREA audit postings were posted well in advance of the on-site visit. Resident interviews confirmed the placement of the PREA notices. Observations noted during the tour:

- There are no youthful residents.
- Safe Haven of Greater Waterbury can be reached by dialing 1-888-999-5545 (English) and 1-888-568-8332 (Spanish); 1-800-375-9918 to reach the CT State Police Department; and to reach the PREA Coordinator 203-336-5225 x2123 or 203-753-2341 were posted on all living units.
- The Auditor tested access to outside entities to report abuse was available to residents on agency's telephones in designated areas.

Resident Interviews

At the time of the audit there were 38 male residents in the Central Work Release program. A total of 18 male residents were interviewed. Interviews were conducted using the Department of Justice (DOJ) protocols to assess residents' knowledge of PREA and the reporting mechanisms available to them.

Category of Residents Interviewed	# Interviews Conducted
Random residents	14
Targeted residents	4
Youthful residents	0
Total residents interviewed	18
Targeted Resident Interviews-Breakdown	# Interviews Conducted
Youthful residents	0
Residents with a Physical Disability	0
Residents who are Blind, Deaf, or Hard of Hearing	0
Residents who are Limited English Proficient (LEP)	3
Residents with a Cognitive Disability	1
Residents who Identify as Lesbian, Gay , or Bisexual	0
Residents who Identify as Transgender or Intersex	0
Residents in Segregated Housing for High Risk of Sexual Victimization	0
Residents who Reported Sexual Abuse that occurred at the Facility	0
Residents who Reported Sexual Victimization During Risk Screening	0
Total Number of Targeted Residents Interviews	4

*Note: Residents selected from various living units

Staff Interviews

Central Work Release employs on average a staff of 12 individuals. A total of 8 random staff and were interviewed to include client care staff (from all shifts) and 4 administrative/specialized staff. The administrative staff included positions such as the CEO, PREA Coordinator, Program Director, and client care staff. All staff interviewed confirmed having been trained to act as first responders in the event of a PREA related incident. Both random and specialized staff were interviewed on each day of the on-site audit.

The Auditor conducted a telephone interview with the local community victim advocacy organization, Safe Haven of Greater Waterbury, regarding the Memorandum of Agreement (MOA) that exists with CT Renaissance. The conversation confirmed that CWR has a provider relationship with an advocacy organization that will provide, a 24 hour per day, seven days per week Sexual Assault Hotline, medical accompaniment and advocacy for a resident victim of sexual assault. A telephone call discussion with a SANE/SAFE examiner at St. Mary's Hospital and Waterbury Hospital in Connecticut confirmed that examinations are conducted by specialized trained medical staff.

File Review

Following the interviews, the Auditor reviewed the files requested during the pre-audit phase. The Auditor reviewed 12 training records to establish compliance with PREA training mandates. This Auditor confirmed that five new employees of Central Work Release completed background checks before hire, and all received National Crime Information Clearance before working around residents. The facility does not employ the services of volunteers or contractors who have access to residents of the facility. Screening and intake procedures were evaluated by reviewing 18 resident files which included a vulnerability assessment instrument and resident education verification documentation.

Investigations

During the current auditing period, CT Renaissance Central Work Release had 1 unsubstantiated PREA allegation in 2017 and none in 2018. The agency's PREA Coordinator is responsible for receiving verbal and telephonic referrals 24 hours a day, seven days a week. Additionally, abuse investigation outcomes and general protective services assessment outcomes are submitted to, reviewed by, and finalized by the agency's PREA Coordinator.

Closeout

A closing meeting was held with the Auditor and the administrative staff on July 18, 2019. Discussions centered around the audit process, preliminary findings, and the post-audit process. The Auditor thanked the staff for their hard work and dedication to the PREA process and participation in the second phase of the audit process.

Facility Characteristics

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

The State of Connecticut Judicial Branch contracts with community-based providers and has entered into Memorandum of Agreements with other state agencies for 17 programs for adults within their care and custody. These facilities are subject to the PREA Community Confinement Standards. The State of Connecticut Judicial Branch, Court Support Services Division entered into a Memorandum of Agreement with the Connecticut Renaissance, Inc. (CT Renaissance), a non-profit organization offering employment, basic needs, reentry and recovery services to government and private organizations and businesses. The MOA enables CT Renaissance to provide vocational and educational skills, support systems, and independent living skills to men referred by the Connecticut Court Support Services Division prior to them re-entering the community as a term of their pretrial or probation sentence. Central Work Release (CWR) is a community work release program managed by CT Renaissance.

The overriding mission at Connecticut Renaissance is to continue expanding and diversifying behavioral health, criminal justice and research services for adults, adolescents, and families in Connecticut, leading to a positive outcome for the community at large. The Central Work Release Program aims to provide clients with the opportunity to establish vocational and educational skills, support systems and independent living skills prior to re-entering the community. The program begins with an intensive orientation program and introduction to the Evidence Based Model Life after Incarceration. The program is geared toward assisting clients in recognizing and addressing issues regarding institutionalization, program structure, regulations, client goals, vocational/educational opportunities, individual and group therapy, 12 step self-help programs, AIDS education, basic health issues, recreational therapy, and family systems re-establishment. Community access is available only with a staff escort.

The Central Work Release program is located in Waterbury, Connecticut. It is a community work release program housing men referred from the State of Connecticut Court Support Services Division as a term of their pretrial or probation sentence. The facility has 45 beds and the average length of stay is 160 days. The facility's goal is to provide support and structure while the resident prepares to re-enter back into their community and be a productive citizen. During the resident's stay and within the guidelines of the Court's sentence, the resident has the opportunity to continue employment, attend church and religion services, participate in recreational services, and attend group or case management sessions.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

Corrective Action (only)

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

- Has the agency employed or designated an agency wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy and CT Renaissance Sexual Abuse & Other Unlawful Policy both address the requirements of Standard 115.211. Review of the organizational chart showed the PREA Coordinator indicated. CT Renaissance established an agency wide PREA Coordinator who reports to CT Renaissance COO of the agency. During the interview with the agency PREA Coordinator, she confirmed that she had sufficient time to meet her duties as the PREA Coordinator. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, it is apparent that CWR achieves substantial compliance in that it complies in all material ways with the standard for the relevant review period. CWR is determined to meet standard 115.211.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- CT Renaissance Sexual Abuse & Other Unlawful Policy
- CT Renaissance organizational chart
- Interview with the Program Director
- Interview with the agency PREA Coordinator

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

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement

of residents.) Yes No NA

115.212 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Connecticut Renaissance, Inc. and the Central Work Release facility does not contract with any entities to house residents. The Connecticut Department of Correction (CT DOC) contracts with 17 community providers for the confinement of inmates and residents. In the past 12 months, the number of The CWR contracts for the confinement of Residents that the facility entered into or renewed with private entities or other government agencies since the last PREA audit reported was zero. Staff interviews confirmed applicable policy and practices the facility meets the requirement of Standard 115.212.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- Interview with the Program Director
- Interview with the agency PREA Coordinator

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the 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 No
- 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 No
- 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 No
- 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 No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Supervision and Monitoring Staffing Policy and the CT Renaissance Staffing Plan dated January 2019 both address the requirements of this standard. The agency policy requires the Central Work Release facility to review staffing plans on an annual basis. Interviews with the CEO and PREA Coordinator confirmed compliance with PREA and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans. The PREA Coordinator also confirmed that she has been provided with all necessary resources to support the programs and procedures to ensure compliance with PREA standards. The audit included an examination of all video monitoring systems, residents' access to telephones, and staff interviews. According to the PREA Coordinator the facility staffing plan takes into consideration the following:

- The physical layout of the facility.
- The composition of the resident population
- The use of the pop-sheet to identify and monitor any residents identified as vulnerable victims (VV) or sexually aggressive (SA)
- Prevalence of substantiated and unsubstantiated incidents of sexual abuse and/or harassment.

Moreover, CWR is required to maintain a staffing plan based upon the determined staffing needs required to ensure a safe environment that is properly monitored and supervised. The plan will be maintained by the Program Director. Any deviations from the staff schedule or staffing plan shall be documented. This includes documentation of changes in personnel coverage, changes in assigned time frames and/changes in the required staffing pattern. Communication of staff changes will be made via email, in the staff communication log as well as posting in the "counselor-on-duty" office.

Supervisory/Administrative staff members routinely make unannounced rounds covering all shifts and these rounds are documented. Interviews with staff confirmed unannounced rounds to all areas of the facility are conducted with regularity and with no warning to employees. Central Work Release has video cameras to augment staff presence and mirrors to minimize blind spots. These cameras were observed by the Auditor during the tour. The facility utilizes convex mirrors to supplement security in areas where there are numerous corners or potential blind spots. Central Work Release met the requirements for Standard 115.213.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Supervision and Monitoring Staffing Policy
- CT Renaissance Staffing Plan dated January 2019
- Interview with the Program Director
- Interview with the agency PREA Coordinator

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts,

buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Searches Facility and Person Policy; CT Renaissance Training Cross-Gender and Transgender Pat Searches and Appendices; CT Renaissance Cross-Gender Pat-Down Search Documentation Report; CT Renaissance In-Service Training, Subject: Cross-Gender and Transgender Pat Searches; and CT Renaissance Sign-In Sheet, Subject: PREA Training Objectives collectively address the requirements of Standard 115.215.

Per policy, CWR does not conduct strip searches or visual body cavity searches. In addition, the PAQ indicated there were no cross-gender searches of any resident at the facility during the last 12 months. CWR is a male community work release facility. CWR does not house female residents therefore subsection 115.215 (b) is non-applicable to this facility. All random and specialized staff (100%) interviewed confirmed that it is prohibited for CWR staff to search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. The training curriculum for this standard includes the demonstration of the steps of cross-gender pat searches and searches of transgender or intersex inmates and residents along with handouts for the:

1. Quadrant Method
2. Pat Search Steps
3. PREA Standard § 115.15 Limits to cross-gender viewing and searches
4. Video resource: <https://vimeo.com/183649668>

Random and targeted residents confirmed during interviews that all opposite gender staff announce their presence when entering a living area. During the onsite tour of the facility the Auditor heard announcements being made by custody staff regularly. Residents also confirmed that CWR affords each resident with the ability to shower, use the toilet and change their clothes without female staff viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine living area checks. During the on-site audit visit there were no transgender or intersex residents housed. Central Work Release met the requirements for Standard 115.215.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Searches Facility and Person Policy
- CT Renaissance Training Cross-Gender and Transgender Pat Searches and Appendices
- Sample: CT Renaissance Cross-Gender Pat-Down Search Documentation Report dated 6/15/19
- Sample: CT Renaissance In-Service Training, Subject: Cross-Gender and Transgender Pat Searches
- Sample: CT Renaissance Sign-In Sheet, Subject: PREA Training Objectives
- CWR Resident Handbook
- Interview with the Program Director
- Interview with the PREA Coordinator
- Interviews with staff (Random and Specialized)
- Interviews with residents (Random and Targeted)

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

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy and CT Renaissance Admission and Orientation Policy; CWR PREA posters displayed in English and Spanish; as well as a Memorandum of Understanding (MOU) contract for interpretative translation services collectively support the requirements of Standard 115.216. CWR takes appropriate steps to ensure residents with disabilities and LEP residents have an opportunity to participate in and benefit from the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings, and the Resident Handbook is in English and Spanish were all reviewed on site by the Auditor. All CWR staff interviewed (random and specialized) were very aware of the policy that, under no circumstances, are

resident interpreters or assistants to be used when dealing with PREA sensitive issues. CWR has set a contract established for over-the-phone interpreter services. The translation service is provided to residents who lack a basic skill to communicate in English. The agency will provide materials related to the zero-tolerance policy in the language of current limited English proficient residents. The agency has created a system for staff to access alternative language lines for additional interpretive services. Information regarding access to the Language Line is available in the PREA Binder available through the Program Director or in the COD office. In the case of a LEP resident (limited English proficiency) or disabled person unable to read and/or understand the written PREA policy, a staff member will read the PREA policy and elicit responses to confirm that the person understands the policy. Four (4) Limited English Proficient (LEP) residents were interviewed during this audit and 100% of the sampled participants indicated that they received PREA information in a language they understood. A review of documented evidence, staff and resident interviews support a finding that CWR met the requirements for Standard 115.216.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- CT Renaissance Admission and Orientation Policy
- CWR facility tour by the Auditor
- Interview with the Program Director
- Interview with the agency PREA Coordinator
- Interviews with staff (Random and Specialized)
- Interviews with residents (Random and Targeted)
- MOU for contractual interpretive language services for residents

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

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

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

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

115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Employment Background Checks Policy; CT Renaissance Hiring Policy; CT Renaissance PREA Employment Questionnaire; and CT Renaissance Employment Background Check Form collectively address the requirements of Standard 115.217. CT Renaissance policies prohibit the hiring or promotion of anyone (staff, volunteer, and/or 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. The HR representative also confirmed that the agency prohibits the hiring or promotion of anyone (staff, volunteer, and/or 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. Likewise, CT Renaissance prohibits the hiring or promotion of

anyone (staff, volunteer, and/or contractor) who may have contact with residents who has been civilly or administratively adjudicated. The Auditor interviewed the Program Director to confirm the hiring and promotion practices of CWR and the agency. CWR does not conduct criminal background checks. Instead CT Renaissance, the parent agency conducts criminal background check on all employees and if applicable background checks on volunteers and contractors at least every five years. The Auditor reviewed a sample of five-year criminal background checks. An interview with the PREA Coordinator confirmed that in the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents was zero.

Moreover, CT Renaissance has a policy that prohibits the enlistment of services of any contractor who may have contact with residents who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The Program Director indicated that the facility would restrict any contractor or volunteer who was 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. Further, the Program Director indicated that CT Renaissance also prohibits CWR from enlisting the contractual 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. CT Renaissance by policy also prohibits the enlistment of services of any contractor who may have contact with residents who has been civilly or administratively adjudicated. CWR meets the requirements of Standard 115.217.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Employment Background Checks Policy
- CT Renaissance Hiring Policy
- CT Renaissance PREA Employment Questionnaire
- CT Renaissance Employment Background Check Form
- Interview with the Program Director
- Interview with the PREA Coordinator
- Interview with the Human Resource staff representative

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse?
(N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

115.218 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance has not added a new facility and/or made substantial expansions or modifications of existing facilities since the last 2016 PREA audit. In an interview with the Program Director, he confirmed that CWR has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last 2016 PREA audit, whichever is later. CWR met the requirements of Standard 115.218.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- Interview with the Program Director
- Interview with the agency PREA Coordinator

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Data Collection & Review of Sexual Abuse &/Or Sexual Harassment Incidents Policy; CT Renaissance Medical and Mental Health Care for Victims of Sexual Abuse Policy; CT Renaissance Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment Policy; Memorandum of Agreement CT Renaissance and The Center for Family Justice; and Memorandum of Agreement CT Renaissance and Safe Haven of Greater Waterbury collectively address the requirements of Standard 115.221.

Resident victims of sexual abuse are transported to a local hospital for immediate care by a SANE/SAFE nurse. The agency does not provide specialized treatment services for victims of sexual assault, victims will be referred to community resources for medical and mental health services. Interviews with staff confirm that resident victims of sexual abuse would receive timely access to medical treatment at no cost, including emergency treatment and crisis intervention services. The facility defers to community medical and mental health practitioners to employ their professional judgement to determine the nature and scope of services needed by a resident of sexual assault. An interview with the PREA Coordinator and Program Director both confirmed that in the last 12 months zero SANE/SAFE examination were performed on residents from CWR as was indicated in the PAQ dated 6/3/2019.

In the event a sexual assault took place at CWR, the Connecticut State Police Department would be immediately contacted, and the resident would also be transported to a local hospital that has a SANE/SAFE examiner on site. There was zero forensic medical examination during this reporting period as confirmed by the PREA Coordinator and the Program Director.

Victim advocacy is provided to residents via a MOA with the Safe Haven of Greater Waterbury. Safe Haven has agreed to make available to the resident victim of sexual abuse a victim advocate from a rape crisis center. The victim advocate would accompany the resident victim of sexual abuse to a local hospital for care and provide support during the forensic examination and treatment of the resident. Victim advocacy would also extend to the police department forensic interview process. Moreover, Safe Haven has a contractual agreement to provide emotional support, crisis intervention, information, and referrals services to victims of sexual abuse and victimization.

The Center for Family Justice provides sexual assault crisis services in the State of Connecticut via certified sexual assault counselors; and, CT Renaissance and The Center for Family Justice acknowledge the need for a protocol that outlines each organization's commitment to appropriately respond to individuals who disclose sexual abuse.

Based on the evidence provided to the Auditor, staff interviews (random and specialized), an interview with the Executive Director/PREA Coordinator, and a review of PREA related policies; CWR met the requirements of Standard 115.221.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Data Collection & Review of Sexual Abuse &/Or Sexual Harassment Incidents Policy

- CT Renaissance Medical and Mental Health Care for Victims of Sexual Abuse Policy
- CT Renaissance Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment Policy
- Memorandum of Agreement: CT Renaissance and The Center for Family Justice
- Memorandum of Agreement: CT Renaissance and Safe Haven of Greater Waterbury
- Interview with the Program Director
- Interview with the agency PREA Coordinator
- Interviews with staff (Random and Specialized)

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment Policy; CT Renaissance PREA Incident Report; and CT Renaissance PREA Sexual Abuse/Harassment Review document collectively address the requirements of this standard. CT Renaissance has policies in place that directs referrals of allegations for investigations to the appropriate investigative body. Administrative investigations are referred to the agency PREA Coordinator for investigation and some investigations may also be referred to the Connecticut State Police Department for additional actions. CT Renaissance policy addresses the authority of investigators to investigate administrative and criminal allegations. CT Renaissance has one (1) trained administrative investigator. An interview with the agency PREA Coordinator confirmed that CT Renaissance investigates all administrative allegations of sexual abuse or sexual assault. During the past 12 months, CWR received zero allegation of sexual harassment and zero allegation of sexual abuse according to the PAQ dated 6/3/2019 and confirmed by the PREA Coordinator. CWR met the requirements of Standard 115.222.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment Policy
- CT Renaissance PREA Incident Report
- CT Renaissance PREA Sexual Abuse/Harassment Review
- Samples: PREA Incident Reports
- Interview with the Program Director
- Interview with the agency PREA Coordinator

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Training Requirements Policy; CT Renaissance Mandated Reporting PowerPoint Training; CT Renaissance PREA Training for New Hire PowerPoint; CT Renaissance Victim Reactions to Sexual Assault document; Judicial Branch, Court Support Services Division PREA PowerPoint Training; CT Renaissance Preventing and Responding to Corrections-Based Sexual Abuse & Harassment PowerPoint; and Preventing and Responding to Corrections-Based Sexual Abuse: A Guide for Community Corrections Professionals brochure collectively address the requirements of Standard 115.231.

CT Renaissance trains all employees regarding the facility and agency policies to include:

- 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 facility setting
- The common reactions of sexual abuse and sexual harassment victims
- How to detect and respond to signs of threatened and actual sexual abuse
- How to avoid inappropriate relationships with resident
- How to communicate effectively and professionally with residents that self-identify as lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

An interview with the Program Director confirmed that all staff (custody and non-custody) are required to participate in in-service training that is tailored to the male population housed at CWR. The Auditor also reviewed the PREA PowerPoint training and CT Renaissance PREA acknowledgement forms to confirm that staff receive PREA training. The training includes requirements outlined in Standard 115.231. Training attendance sign-in sheets were reviewed by the Auditor to confirm staff's participation in training. CWR staff are required to complete PREA training.

The Program Director confirmed that CWR hosts trainings as well as distribute brochures and memos to staff to better explain PREA related issues, discuss a PREA related trend, and issue mandates to support a training initiative to enhance detection and prevention practices in the facility. In the past 12 months, the number of staff employed by the facility, who may have contact with residents, who were trained on the PREA requirements enumerated in Standard 115.231 was 12. Since the last audit, the number of staff employed by the facility, who may have contact with residents, who were trained or retrained on the PREA requirements since the last audit was 12. Interviews with random and specialized staff regarding CWR PREA training confirmed that all staff sampled participated in training in the last two years. All staff confirmed that during the year CWR issues PREA related memos to staff by email. CWR met the requirements of Standard 115.231.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Training Requirements Policy
- CT Renaissance Mandated Reporting PowerPoint Training
- CT Renaissance PREA Training for New Hire PowerPoint
- CT Renaissance Victim Reactions to Sexual Assault document
- Judicial Branch, Court Support Services Division PREA PowerPoint Training
- CT Renaissance Preventing and Responding to Corrections-Based Sexual Abuse & Harassment PowerPoint
- Preventing and Responding to Corrections-Based Sexual Abuse: A Guide for Community Corrections Professionals brochure
- Sample: CT Renaissance PREA Acknowledgment Form signed by staff
- Interview with the Program Director

- Interview with the agency PREA Coordinator
- Interviews with staff (Random and Specialized)

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Volunteers and Interns Policy and CT Renaissance PREA Information for Visitors/Contractors Acknowledgement Statement signature form collectively address the policy requirement of Standard 115.232. CWR would provide training to volunteers and contractors in the form of brochures and a PowerPoint presentation. Upon receipt of training,

volunteers and contractors sign an acknowledgement form confirming receipt of the training and acknowledging they understand the materials presented.

The development of the PREA PowerPoint presentation confirms the training is provided to contractors and volunteers. The training provided by CWR addresses the responsibilities of contractors and volunteers to prevent, detect and report any allegation of sexual abuse or sexual harassment. CWR met the requirement of Standard 115.232.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Volunteers and Interns Policy
- CT Renaissance PREA Information for Visitors/Contractors Acknowledgement Statement signature form
- Interview with the Program Director
- Interview with the agency PREA Coordinator

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

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

115.233 (d)

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

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy; CT Renaissance Admission and Orientation Policy; CT Renaissance Resident Handbook; and CT Renaissance Creating a Culture of Safety at Connecticut Renaissance Through PREA Compliance brochure collectively address the policy requirements of Standard 115.233. Likewise, CT Renaissance policies dictate that a receiving facility provides PREA training upon receiving a resident assigned to the facility including those who are LEP, deaf, visually impaired, physically or cognitive disabilities or residents who have limited reading skills. Resident education is a

mandated requirement for each CT Renaissance facility and it mandates that residents view the Resident Handbook and PREA documents and are informed of the agency's zero-tolerance policy, a resident's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting allegations of sexual abuse/sexual harassment. Residents interviewed stated that each was provided a Resident Handbook in a language they understood. Residents sign acknowledgement forms after receiving PREA education. Additionally, each resident interviewed could describe multiple ways to report sexual abuse or sexual harassment. All were aware that CT Renaissance post throughout the facility reporting options for residents. Residents interviewed were aware of reporting methods of reporting which included inform staff, use the PREA hotline numbers, file a grievance or third-party reporting. PREA posters were displayed throughout the facility in prominent areas with phone numbers to call to report abuse. CWR met the requirements of Standard 115.233.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- CT Renaissance Admission and Orientation Policy
- CT Renaissance Resident Handbook
- CT Renaissance Creating a Culture of Safety at Connecticut Renaissance Through PREA Compliance brochure
- Sample: CT Renaissance Client PREA Brochure Acknowledgement
- Interview with the Program Director
- Interviews with residents (Random and Targeted)

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

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

115.234 (b)

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

- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy; CT Renaissance Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment Policy; CT Renaissance PREA Incident Report; and CT Renaissance PREA Sexual Abuse/Harassment Review collectively address the requirements of this standard. In addition to the general PREA training, CT Renaissance provide to employees who will have investigative duties training in conducting investigations in confinement settings. Investigators received specialized training using material from the Moss Group, PREA Resource Center, and/or the National Institute of Corrections entitled "Investigating Sexual Abuse in Confinement." This was verified through

staff interviews, a review of the PowerPoint presentation, which included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action. Training records and sign in sheets indicate training was conducted and attended. Based upon the totality of interviews conducted and reviews of applicable policy and related documentation, CWR met the requirements of Standard 115.234.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- CT Renaissance Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment Policy
- CT Renaissance PREA Incident Report
- CT Renaissance PREA Sexual Abuse/Harassment Review
- Sample: PREA: Investigating Sexual Abuse in Confinement Setting Certificate of Completion for Dawn Patston
- Interview with the Program Director
- Interview with the agency PREA Coordinator

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (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.)
 Yes No 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.) Yes No 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.) Yes No 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.)
 Yes No NA

115.235 (b)

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

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (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.) Yes No NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No 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 if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CWR does not employ medical and mental health staff therefore they are not required to administer any training to medical or mental health care staff. CWR met the requirements of Standard 115.235.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Training Requirements Policy
- Interview with the Program Director
- Interview with the agency PREA Coordinator

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

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

- Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Admission and Orientation Policy and CT Renaissance Screening for Risk of Victimization & Abusiveness Policy collectively address the requirements of this standard. Policies mandate that all intake screening is conducted within 72 hours of arrival. Review of (18) random and targeted files were sampled to confirm compliance with Standard 115.241 during the onsite portion of the audit. CT Renaissance Screening for Vulnerability to Victimization and Sexually Aggressive Behavior Form contained all questions required by the standard and included assessment considerations criteria to assess residents for risk of sexual victimization. The instrument also considers prior acts of sexual abuse, prior convictions for violent offenses and any history of prior institutional violence of sexual abuse. Interviews with

staff confirmed their understanding that within 30 days from the resident's arrival at the facility the resident would undergo a reassessment for risk of victimization or abusiveness based upon new information that could impact the resident's risk of sexual victimization or abusiveness. An interview with the Program Director confirmed that CWR does not discipline residents for refusing to answer, or for not disclosing complete information in response to questions asked.

During the previous 12 months there were 137 residents entering CWR, each was screened for risk of victimization or abusiveness. The number of residents that stayed longer than 30 days and reassessed was 137. Based on staff interviews, random and targeted interviews, and sampling 18 institutional intake forms CWR meets the requirements outlined in Standard 115.241.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Admission and Orientation Policy
- CT Renaissance Screening for Risk of Victimization & Abusiveness Policy
- Sample: CT Renaissance Screening Assessment for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB)
- Interview with the Program Director
- Interview with Intake Staff
- Interviews with residents (Random and Targeted)

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

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

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

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

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (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 No NA
- 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 No NA

- 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Screening for Risk of Victimization & Abusiveness Policy and CT Renaissance Evaluation and The Intake Interview Policy collectively address the requirements of this standard. CT Renaissance policies address how the agency will use information from the risk screening to inform housing, community job assignments, education and bed location to keep residents with a history of abusiveness from those residents with a history of victimizations. An interview with a PREA Coordinator and the Program Director both confirmed that CWR makes individualized determinations about how to ensure the safety of each resident using information from the risk screening in order to make informed decisions in the matters of housing, work, education, and program assignments. The goal is to keep separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

Further, in making determinations for other housing and programmatic assignments, the PREA Coordinator and Program Director both confirm that the facility will consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. CT Renaissance policies also require that placement and programming assignments for a transgender or intersex resident to be reassessed at least twice each year. The bi-annual review allows staff to discuss and document any threats to a resident's sexual safety experienced by the resident during that time period. During the onsite audit there were zero Transgender or Intersex residents in the facility

therefore there was no documentation for the Auditor to examine. Screening forms are used by CWR to protect the sexual safety of all residents to include transgender or intersex residents. Furthermore, the screening form along with an individual interview allows staff to confidentially consider a resident's own view with respect to his own safety, ask questions and discuss and risk of victimization or a history of abusiveness. During the facility tour the Auditor found no segregated facilities, units, or wings used to house gay, bisexual, transgender, or intersex residents on the sole basis of such identification or status. Based on staff and resident interviews, examination of screening forms (18), a review of applicable policy, and related documentation; CWR meets the requirements outlined in Standard 115.242.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Screening for Risk of Victimization & Abusiveness Policy
- CT Renaissance Evaluation and The Intake Interview Policy
- Facility tour
- Interview with the Program Director
- Interview with Intake Staff
- Interview with PREA Coordinator
- Interviews with residents (Random and Targeted)

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Reporting of Sexual Abuse and/or Harassment and the Resident Handbook both address the requirements of Standard 115.251. CT Renaissance policy delineated multiple ways for residents to privately report sexual abuse, sexual harassment, retaliation by other residents or staff reporting sexual abuse and sexual harassment.

During the facility tour the Auditor noted on display was information advising residents about multiple ways for them to report sexual abuse or sexual harassment such as posters, 24-hour hotline numbers, and telephone number to the local authorities (external entity). The Connecticut State Police can accept calls from residents alleging sexual abuse or sexual harassment and immediately forward resident reports of sexual abuse and sexual harassment to CT Renaissance, allowing the resident to remain anonymous if requested.

The Resident Handbook informs residents about the grievance process and multiple ways to report abuse. Residents (random and targeted) were all aware of several ways to report sexual abuse or sexual harassment to include third-party reporting and verbally informing a CWR staff member. Staff interviewed understood they should accept verbal reports of sexual abuse or sexual harassment, document the incident and report the allegations to a supervisor immediately. CWR staff, family, and friends may also utilize the hotline numbers to report an allegation privately. Staff interviewed indicated a willingness to privately report sexual abuse or sexual harassment by telephone to a CWR supervisor. Further, interviews with staff also indicate they understand they must accept all reports and they are responsible for immediately reporting all allegations and document the incident in an incident report. CWR met the requirements of Standard 115.251.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Reporting of Sexual Abuse and/or Harassment
- Resident Handbook
- Facility tour
- Interview with the Program Director
- Interviews with residents (Random and Targeted)
- Interviews with staff (Random and Specialized)

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.252 (b)

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

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy and the Resident Handbook both address the requirements of this standard. CT Renaissance has an administrative process to

address resident grievances regarding sexual abuse. Time limits are imposed on general grievances. PREA related grievances have no time limit nor is the resident compelled to resolve his grievance through informal channels. CT Renaissance confirmed that PREA related grievance has no time limit and informal resolution is not a requirement for this type of grievance. The facility does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. A resident can submit a grievance any time regardless of when the incident is alleged to have occurred. The Program Director confirmed that CT Renaissance does impose timelines for any portion of a grievance that does not allege an incident of sexual abuse.

Random staff interviews indicate that CWR ensures that:

- Residents who allege sexual abuse may submit the grievance without submitting it to a staff member who is involved in the allegation. Grievance forms can be obtained from the Counselor, Case Manager, the Grievance Coordinator or ask any staff members; residents are free to mail a grievance directly to the agency PREA Coordinator, CEO, and/or the Connecticut Department of Corrections decision-makers.
- The Program Director confirmed during his interview that a grievance alleging a staff member would not be referred to the staff member who is the subject of the complaint. CT Renaissance shall issue a final decision on the merits of the allegation abuse within 90 days of the initial filing of the grievance.

Filing Grievance:

- Staff interviews confirm that if a resident file a grievance, the facility issues a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Staff interviews indicated no grievances were filed for the past 12 months.
- An interview with the PREA Coordinator indicated that computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.
- CT Renaissance policy requires CWR to notify the resident in writing when the facility request an extension.

Third Parties:

- Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist a resident in filing requests for administrative remedies relating to allegations of sexual abuse, and also permitted to file requests on behalf of the resident.
- If a third party files a request on behalf of a resident, the facility will require as a condition of processing the request that the alleged victim agree to have the request

filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

Emergency Grievances:

- CWR has established procedures for filing emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse. An emergency grievance would require immediate notification of the Program Director, PREA Coordinator, and CEO. The facility would safeguard the resident and investigate the allegations.
- Staff (100%) interviews confirmed that if CWR received an emergency grievance alleging a resident was at substantial risk of imminent sexual abuse, the staff would immediately forward the grievance for investigations to the Program Director. The Program Director confirmed his awareness of the level of review at which immediate corrective action may be taken, the initial response time (48 hours) and the issuance of the final decision within 5 calendar days; as well as his responsibility to inform the agency PREA Coordinator. CT Renaissance indicates that the agency's determination shall be documented coupled with any actions taken by CWR in response to the emergency grievance.
- Resident's handbook indicated that CWR may discipline a resident for filing a grievance related to alleged sexual abuse if the resident filed the grievance in bad faith.

CWR met the requirements of Standard 115.252.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- Resident Handbook
- Memorandum of Agreement: CT Renaissance and The Center for Family Justice
- Memorandum of Agreement: CT Renaissance and The Safe Haven of Greater Waterbury
- CT Renaissance Client PREA Brochure Acknowledgement
- CT Renaissance Creating A Culture of Safety at Connecticut Renaissance Through PREA Compliance brochure
- Interview with the PREA Coordinator
- Interview with the Program Director
- Interview with the PREA Coordinator
- Interviews with staff (Random and Specialized)
- Interviews with residents (Random and Targeted)

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

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

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy; Resident Handbook; Memorandum of Agreement: CT Renaissance and The Center for Family Justice; Memorandum of Agreement: CT Renaissance and The Safe Haven of Greater Waterbury; CT Renaissance Client PREA Brochure Acknowledgement; and CT Renaissance Creating A Culture of Safety at Connecticut Renaissance Through PREA Compliance brochure

collectively address the requirements of Standard 115.253. CWR provides residents with access to outside victim advocates for emotional support services related to sexual abuse. CT Renaissance and the Safe Haven of Greater Waterbury have a contractual agreement to provide residents with confidential emotional support service, hospital accompaniment and referrals related to sexual violence and a SAFE/SANE exam. CWR enables reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible by providing toll free, unmonitored telephonic communication through counseling services and providing to residents the mailing addresses of area victim advocacy and rape crisis organizations. After a review of applicable policy, related documentation, staff and resident interviews; CWR met the requirements of Standard 115.253.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- Resident Handbook
- Memorandum of Agreement: CT Renaissance and The Center for Family Justice
- Memorandum of Agreement: CT Renaissance and The Safe Haven of Greater Waterbury
- CT Renaissance Client PREA Brochure Acknowledgement
- CT Renaissance Creating A Culture of Safety at Connecticut Renaissance Through PREA Compliance brochure
- CT Renaissance Safe Haven of Greater Waterbury Info Sheet
- Interview with the Program Director
- Interview with the PREA Coordinator
- Interview with residents (random and targeted)
- Interview with staff (random)
- Interview with Safe Haven

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy and CT Renaissance Reporting of Sexual Abuse and/or Harassment Policy collectively address the policy requirements of Standard 115.254. CT Renaissance has established a statewide toll free PREA Hotline number to receive third-party reports of sexual abusive behavior. This toll-free number was posted on every living unit in CWR. This same number is publicly provided to friends and family of residents to facilitate third-party reporting of sexual abuse and sexual harassment on behalf of a resident at CWR. CT Renaissance also has page to on its website (<https://www.ctrenaissance.com/go.php?page=release>) for friends and families to third-party report sexual abuse or sexual harassment. The Auditor interview of random and targeted residents indicated an awareness of third-party reporting methods (100%). The hotline numbers 1-888-999-5545 (ENGLISH) and 1-888-568-8332 (SPANISH) were prominently displayed in each living unit. These same numbers were also found in the Resident Handbook. CWR met the requirements of Standard 115.254.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- CT Renaissance Reporting of Sexual Abuse and/or Harassment Policy
- Resident Handbook
- PREA posters
- Facility tour
- Interview with the Program Director
- Interview with the agency PREA Coordinator
- Interview with residents (Random and Targeted)
- Interview with staff (Random and Specialized)
- Interview with Safe Haven

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy; CT Renaissance Reporting of Sexual Abuse and/or Harassment Policy; and CT Renaissance PREA Incident Report form collectively address the requirements of Standard 115.261. CT Renaissance policy requires staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; 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 that occurred at CWR. Interviews with the Program Director and the agency PREA Coordinator confirmed that staff is also prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in applicable directives, to make treatment, investigation, and other security and management decisions.

According to the Program Director, CWR does not accept residents under the age of 18. Further, CWR reports all allegations of sexual abuse and sexual harassment including third party and anonymous reports to the agency PREA Coordinator to initiate the investigative process. CWR met Standard 115.261.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- CT Renaissance Reporting of Sexual Abuse and/or Harassment Policy
- CT Renaissance PREA Incident Report form
- Resident Handbook
- Interview with the Program Director
- Interview with the agency PREA Coordinator

Standard 115.262: Agency protection duties

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

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy; CT Renaissance Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment Policy; CT Renaissance Screening for Risk of Victimization & Abusiveness Policy; and the Resident Handbook collectively address the requirements of Standard 115.262.

In the past 12 months, zero times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse. In an interview with the Program Director, he confirmed that when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).

Random and specialized staff (100%) interviewed confirmed that they are required to take immediate action to safeguard a resident at substantial risk of imminent sexual abuse. Staff interviews also validated their understanding to take immediate action to keep resident victims of sexual abuse safe from the abuser and document the incident. Individual interviews with the Program Director and the agency PREA Coordinator, both indicated zero residents were the subject of a substantial risk of imminent danger of being sexually victimized that required immediate action. Based on evidence provided and staff interviews, CWR met the requirements of Standard 115.262.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- CT Renaissance Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment Policy
- CT Renaissance Screening for Risk of Victimization & Abusiveness Policy
- Resident Handbook
- Interview with staff (Random and Specialized)
- Interview with the Program Director

- Interview with the agency PREA Coordinator

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy and CT Renaissance Reporting of Sexual Abuse and/or Sexual Harassment Policy both address the requirements of Standard 115.263. The Program Director confirmed during his interview that upon receiving the notification that a resident was sexually abused while confined at another facility he would notify CT Renaissance PREA Coordinator in order for her to notify the head of the facility or

the appropriate office of the agency where the abuse occurred after 72 hours after receiving the allegations. During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another was facility zero.

Further, the Program Director also confirmed that upon notification of sexual abuse allegation the agency PREA Coordinator would initiate an investigation to gather preliminary information. Based on interviews, review of applicable policy and related documentation, CWR met Standard 115.263.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- CT Renaissance Reporting of Sexual Abuse and/or Sexual Harassment Policy
- Interview with the Program Director
- Interview with the agency PREA Coordinator

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy; CT Renaissance Reporting of Sexual Abuse and/or Sexual Harassment Policy; and Sexual Abuse Incident Coordinated Response Plan document collectively address the requirement of Standard 115.264. CT Renaissance policy mandates that staff should, upon learning of an allegation that a resident was sexually abused, as the first responder safe guard the victim and at the same time separate the victim from the abuser, secure the crime scene, and collect physical evidence if the abuse occurred within a time period that would permit the recovery of usable physical evidence. Interviews with staff (random and specialized) (100%) confirmed that each staff member understood their responsibility as a first responder as outlined in Standard 115.264. CWR met the requirements of Standard 115.264.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- CT Renaissance Reporting of Sexual Abuse and/or Sexual Harassment Policy
- Sample: Sexual Abuse Incident Coordinated Response Plan document
- Interviews with staff (Random and Specialized)
- Interviews with first responders
- Interview with the Program Director
- Interview with the agency PREA Coordinator

Standard 115.265: Coordinated response

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

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy; CT Renaissance Reporting of Sexual Abuse and/or Sexual Harassment Policy; and Sexual Abuse Incident Coordinated Response Plan document collectively address the requirement of Standard 115.265. CWR has developed a written facility plan to coordinate response actions. CT Renaissance policy specifies the guidelines and procedures that prevent sexual abuse/sexual assault and provides for prompt and effective intervention, in the event abuse or assault occurs. The policy also includes procedures for the investigation, discipline and prosecution of the assailant or abuser. The policy provides response protocol that details first responder duties, reporting procedures, physical evidence collection/preservation, and leadership responsibilities. Further, interviews random staff confirms understanding of their responsibility in a coordinated response among staff first responders and facility leadership taken in response to an incident of sexual abuse. CWR met the requirements of Standard 115.265.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- CT Renaissance Reporting of Sexual Abuse and/or Sexual Harassment Policy
- Sample: Sexual Abuse Incident Coordinated Response Plan document
- Interviews with staff (Random and Specialized)
- Interview with first responders
- Interview with the Program Director

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

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

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance is a private, non-profit agency. CT Renaissance staff are not unionized. CT Renaissance does not enter into collective bargaining agreements pertinent to staffing. There are no current agreements that limit the agency’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. CWR met the requirements of Standard 115.266.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- Interview with the Program Director

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

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

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

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

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy addresses the requirements of Standard 115.267. CT Renaissance policy establishes that the agency has 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 and has designated a staff member charged with monitoring retaliation.

The facility's Program Director monitors for possible retaliation at CWR. He would report to the agency's PREA Coordinator any violations of this policy. In an interview with the facility Program Director, he indicated that he would monitor for any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. He

also indicated that the monitoring possibly would include face to face meetings with the staff and/or resident for at least 90 days following a report of sexual abuse. Furthermore, the CWR Program Director said that he would continue the monitoring process beyond 90 days if the initial monitoring indicated a justification for additional monitoring. If any other staff/resident who cooperates with the investigation and expresses a fear of retaliation, as the monitor, the Program Director would take all necessary actions to protect the staff/resident against any form of retaliation. The obligation to monitor would end if an investigation determines that the allegation was unfounded. CWR met the requirements of Standard 115.267.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- Interview with the Program Director

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA

115.271 (b)

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

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

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

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy addresses the requirements of Standard 115.271. CT Renaissance policies coupled with an interview with the Program Director confirmed that upon receipt or discovery of an allegation or sexual abuse incident, at a minimum, the facility will review both direct and circumstantial evidence, interview all alleged victims or suspected perpetrators, and report the matter to the agency to determine the need for a criminal investigation. Further, an interview with the agency PREA Coordinator confirmed that substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit is zero. The agency PREA Coordinator also confirmed that CT Renaissance retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. CT Renaissance ensures that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation. When an outside entity such as the local police department investigates sexual abuse, CT Renaissance fully cooperates with outside investigators and remains informed about the progress of the

investigation through the agency PREA Coordinator. Furthermore, CT Renaissance has a policy in place that requires that all reports be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

CT Renaissance agency PREA Coordinator has received specialized training and completed the National Institute of Corrections entitled "Investigating Sexual Abuse in Confinement". Topics covered by the training included investigating sexual abuse in confinement, evidence preservation, reporting, and handling incidents of sexual abuse. The agency PREA Coordinator described the role of the investigator which included responsibilities such as gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviewing alleged victims, suspected perpetrators and witnesses, reviewing prior reports and complaints of sexual abuse involving the suspected perpetrator. Based upon interviews with the agency PREA Coordinator, CWR meet the requirements of Standard 115.271.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- Interview with the Program Director
- Interview with the agency PREA Coordinator

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CT Renaissance Prison Rape Elimination Act (PREA) Policy addresses the policy requirement of Standard 115.272. CT Renaissance has a policy in place that requires no standard higher than a preponderance of the evidence as the standard of proof in determining whether allegations of abuse or harassment are substantiated. Interviews with the Program Director and agency PREA Coordinator, who is a trained investigator, demonstrated their awareness of this policy. CWR met the requirements of Standard 115.272.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- Interview with the Program Director
- Interview with the agency PREA Coordinator

Standard 115.273: Reporting to residents

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

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

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

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy and CT Renaissance Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment Policy both address the requirements of Standard 115.273.

A total of zero allegations of sexual abuse/sexual harassment were documented in the last 12 months. Compliance with this standard was determined by a review of policy/documentation, investigative files, and staff interviews. Documentation is maintained in the investigative file if applicable. Compliance with this standard was determined by a review of policy, an examination of the written notices, and staff interviews. CWR met the requirements for Standard 115.273.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- CT Renaissance Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment Policy
- Interviews with the Program Director
- Interview with the agency PREA Coordinator

Corrective action: None required

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy and CT Renaissance Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment Policy both address the requirements of Standard 115.276.

Employees are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been zero reported case of residents engaging in sexual activity with staff in the past 12 months and no staff members were disciplined or terminated for violation of agency policy. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, may be reported to criminal investigators and to any law enforcement or relevant professional/certifying/licensing agencies by the agency, unless the activity was clearly not criminal. Compliance with this standard was determined by a review of policy/documentation and staff interviews. CWR met the requirements for Standard 115.276.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- CT Renaissance Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment Policy
- Interviews with the Program Director
- Interview with the agency PREA Coordinator

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy and CT Renaissance Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment Policy both address the requirements of Standard 115.277. Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with residents and would be reported to the appropriate investigator, law enforcement, or relevant professional/licensing/certifying bodies, unless the activity was clearly not criminal in nature. In non-criminal cases, CT Renaissance would take appropriate remedial measures and consider whether to prohibit further contact with residents. During the past 12 months, there were zero incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment. Compliance with this standard was determined by a review of policy and volunteer/contractor training files and volunteer/contractor and staff interviews. CWR met the requirements for Standard 115.277.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- CT Renaissance Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment Policy
- Interviews with the Program Director
- Interview with the agency PREA Coordinator

Corrective action: None required

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

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

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

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

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- If the agency prohibits all sexual activity between 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 No NA

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy; CT Renaissance Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment Policy; and the Resident Handbook collectively address the requirements of Standard 115.278.

The Code of Penal Discipline defines sexual abuse as persons regardless of gender, consent, coercion, force of threat involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The code identifies residents engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Non-consensual sex or sexual harassment of any nature is prohibited and will result in a disciplinary action. CT Renaissance prohibits consensual sex between residents, but it does not constitute sexual abuse. CT Renaissance disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, along with the resident's disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. Residents are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Resident Penal Code. CWR does not discipline residents who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interviews with the agency PREA Coordinator support compliance with this standard. The agency PREA Coordinator and the Program Director indicated that a resident's mental disabilities or mental illness would be considered when determining the type of sanction, if any, should be imposed. Compliance with this standard was determined by a review of policy/documentation, an examination of the resident penal code, and staff interviews. CWR met the requirements for Standard 115.278.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- CT Renaissance Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment Policy
- Resident Handbook
- Interviews with the Program Director
- Interview with the agency PREA Coordinator
- Interviews with staff (Specialized)

Corrective action: None required

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

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

115.282 (c)

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

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CT Renaissance Medical and Mental Health Care for Victims of Sexual Abuse Policy; CT Renaissance Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment Policy; Memorandum of Agreement: CT Renaissance and The Center for Family Justice; Memorandum of Agreement: CT Renaissance and Safe Haven of Greater Waterbury collectively address requirement Standard 115.282.

CWR ensures that community medical and mental health services are available to all residents placed at CWR. Community medical and mental health services are provided by utilizing hospitals and mental health facilities near or in close radius to CWR. Information and access to emergency medical care are offered to all resident victims, as clinically indicated. Victim advocacy services are offered through trained staff members or offsite facilities. Agency policy prohibits resident co-pays for medical treatment from being applied to victims of sexual abuse and all treatment is offered at no financial cost to the resident. Resident victims of sexual abuse, while incarcerated, are offered information about and timely access to information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. There was no allegation of sexual abuse that required referral for forensic examination and evidence collection by a SANE/SAFE examiner in the past 12 months. Compliance with this standard was determined by a review of policy/documentation and interviews with a SANE/SAFE provider and medical staff at a nearby facility. Secondary materials documenting compliance are on file. CWR met the requirements for Standard 115.282.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Medical and Mental Health Care for Victims of Sexual Abuse Policy
- CT Renaissance Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment Policy
- Memorandum of Agreement: CT Renaissance and The Center for Family Justice
- Memorandum of Agreement: CT Renaissance and Safe Haven of Greater Waterbury
- Interview with the Program Director
- Interview with the agency PREA Coordinator
- Interviews with SANE/SAFE staff

Corrective action: None required

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

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

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy; CT Renaissance Medical and Mental Health Care for Victims of Sexual Abuse Policy; Memorandum of Agreement: CT Renaissance and The Center for Family Justice; and Memorandum of Agreement: CT Renaissance and Safe Haven of Greater Waterbury collectively address requirements of Standard 115.283.

CWR offers medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse. Services are consistent with a community level of care, without financial cost to the resident. The facility houses male residents. CWR does not staff medical and mental health departments but offers victims of sexual abuse/sexual harassment medical and mental health services consistent with the standard of care available in the community by utilizing nearby medical and mental health facilities. Resident victims, while incarcerated, would be offered testing for sexually transmitted infections as medically appropriate. Mental health evaluations are conducted on all known resident-on-resident abusers within at least 14 days of learning of such abuse history, but usually immediately, when staff members become aware of this information. When appropriate, treatment is offered by mental health practitioners. A review of documentation and interviews with Program Director and agency PREA Coordinator support the finding that this facility is in compliance with this standard. CWR met the requirements for Standard 115.283.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- CT Renaissance Medical and Mental Health Care for Victims of Sexual Abuse Policy
- Memorandum of Agreement: CT Renaissance and The Center for Family Justice
- Memorandum of Agreement: CT Renaissance and Safe Haven of Greater Waterbury

- Interview with the Program Director
- Interview with the agency PREA Coordinator

Corrective action: None required

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy; CT Renaissance Data Collection & Review of Sexual Abuse & \or Sexual Harassment Incidents; and CT Renaissance PREA Sexual Abuse/Harassment Review document collectively address the requirements of Standard 115.286.

Administrative and criminal investigations are completed on all allegations of sexual abuse/sexual harassment. CT Renaissance and the Connecticut State Police conduct all investigations. The agency PREA Coordinator was interviewed and found to be extremely knowledgeable concerning her duties and responsibilities. CWR conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was proven to be unfounded. Based on interviews with members of the facility incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, status, perceived status, or gang affiliation. The team also decides as to whether additional monitoring technology should be added to enhance staff supervision. The incident review team is comprised of upper-level management officials, including the PREA Coordinator, Program Director and Direct Care Staff of the alleged victim and other staff where applicable. All required sexual abuse incident reviews were completed at the conclusion of each substantiated and unsubstantiated allegation and each incident was thoroughly documented. The Program Director indicated that the incident review team would seek additional information from other staff, as needed, to ensure a thorough review has been completed. CWR met the requirements for Standard 115.286.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire

- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- CT Renaissance Data Collection & Review of Sexual Abuse & \or Sexual Harassment Incidents
- CT Renaissance PREA Sexual Abuse/Harassment Review document
- Interview with the Program Director
- Interview with the agency PREA Coordinator

Corrective action: None required

Standard 115.287: Data collection

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

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

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

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy and CT Renaissance Data Collection & Review of Sexual Abuse & Sexual Harassment Incidents collectively address the requirements of Standard 115.287.

CT Renaissance collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. As confirmed by a review of CT Renaissance 2018 Annual Report, the facility collects accurate, uniform data for every allegation of sexual abuse/sexual harassment by using a standardized instrument. The agency tracks information concerning sexual abuse. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. CT Renaissance aggregates and reviews all data annually. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30. Facility compliance with this standard was also determined by a review of policy, a review of the tracking documentation and staff interviews. The agency PREA Coordinator works in conjunction with Program Directors to maintain and collect data required to meet this standard. Interviews with the agency PREA Coordinator and Program Director confirmed this process. CWR met the requirements for Standard 115.287.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- CT Renaissance Data Collection & Review of Sexual Abuse & Sexual Harassment Incidents
- Interview with the Program Director
- Interview with the agency PREA Coordinator

Corrective action: None required

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

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

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy and CT Renaissance Data Collection & Review of Sexual Abuse & or Sexual Harassment Incidents both address Standard 115.288. CT Renaissance reviews and assesses all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection, and response policies. The identification of trends, issues or problematic areas are a priority and, if discovered, corrective action is initiated. The Program Director forwards data to the agency PREA Coordinator. An annual report is prepared and placed on the CT Renaissance website. Compliance with this standard was determined by a review of policy/documentation and staff interviews. CWR met the requirements for Standard 115.288.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- CT Renaissance Data Collection & Review of Sexual Abuse & or Sexual Harassment Incidents
- Interview with the Program Director
- Interview with the agency PREA Coordinator

Corrective action: None required

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance Prison Rape Elimination Act (PREA) Policy and CT Renaissance Data Collection & Review of Sexual Abuse & Sexual Harassment Incidents both address Standard 115.289. The agency PREA Coordinator reviews data compiled by each facility and issues a report to CT Renaissance CEO on an annual basis. The data is securely retained and published on the CT Renaissance website after the removal of all personal identifying information. The reports cover all data noted in this standard. CWR met the requirements for Standard 115.289.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-audit Questionnaire
- CT Renaissance Prison Rape Elimination Act (PREA) Policy
- CT Renaissance Data Collection & Review of Sexual Abuse & Sexual Harassment Incidents
- Interview with the Program Director
- Interview with the agency PREA Coordinator

Corrective action: None required

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No 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 No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This was the second PREA audit of this facility. The Auditor was allowed access to all areas of the facility and had access to all required supporting documentation. The Auditor was able to conduct private interviews with both residents and staff. All CT Renaissance facilities have received at least one PREA audit since August 20, 2012. At least one-third of all CT Renaissance facilities were audited during the one-year period after August 20, 2012. The Auditor was provided supporting documentation before and during the audit. Notifications of the audit posted throughout the CWR allowed residents to send confidential letters to the Auditor prior to the audit. There was no confidential letter mailed to the Auditor as a result of the audit postings in the housing units. CWR met the requirements for Standard 115.401.

Corrective action: None required

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

CT Renaissance and the Central Work Release facility have fully implemented all policies, practices and procedures outlined in the PREA standards. The Auditor reviewed applicable standards and through the review of supporting documentation, interviews with staff, residents, and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. CT Renaissance policies are directly tied to the PREA standards and staff expectations. The public has access to reporting mechanisms and CT Renaissance PREA trends data via the CT Renaissance website. CWR currently complies with all applicable PREA standards and no further corrective actions are required. CWR met the requirements for Standard 115.403.

Corrective action: None required

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Sonya Love

12/10/19

Auditor Signature

Date

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

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