

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

Interim Final

Date of Report July 24, 2019

Auditor Information

Name: Sharon R. Shaver	Email: sharonrshaver@gmail.com
Company Name: SRS Professional Services LLC	
Mailing Address: P.O. Box 1183	City, State, Zip: Mableton, GA 30126
Telephone: 478-454-7433	Date of Facility Visit: May 8-9, 2019

Agency Information

Name of Agency: Connecticut Renaissance, Inc.		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: 1 Waterview Drive, Suite 202,		City, State, Zip: Shelton, CT 06484	
Mailing Address: 1 Waterview Drive, Suite 202,		City, State, Zip: Shelton, CT 06484	
Telephone: 203-336-5225		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:			
<input type="checkbox"/> Municipal	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal	
Agency mission: To empower individuals and families affected by behavioral health or criminal justice needs to make healthy choices that will improve their lives.			
Agency Website with PREA Information: www.ctrenaissance.com			

Agency Chief Executive Officer

Name: Kathleen Deschenes	Title: Chief Executive Officer
Email: kdeschenes@ctrenaissance.com	Telephone: 203-336-5225 x2220

Agency-Wide PREA Coordinator

Name: Dawn Patston	Title: Clinical Performance and Outcomes Director
Email: dawnp@ctrenaissance.com	Telephone: 203-336-5225 x2123
PREA Coordinator Reports to: Joy Pendola, COO	Number of Compliance Managers who report to the PREA Coordinator 4

Facility Information

Name of Facility: Connecticut Renaissance West

Physical Address: 466 West Main Street, Waterbury, CT 06702

Mailing Address (if different than above): 466 West Main Street, Waterbury, CT 06702

Telephone Number: 203-591-8010

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Facility Type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input checked="" type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

Facility Mission: To empower individuals and families affected by behavioral health or criminal justice needs to make healthy choices that will improve their lives. To achieve, we will utilize and sustain best practices in a positive, supportive environment. We will measure our success by the degree to which clients change their lives and become productive, contributing members of their families and communities

Facility Website with PREA Information: <http://www.ctrenaissance.com/go.php?page=PREA>

Have there been any internal or external audits of and/or accreditations by any other organization?
 Yes No

Director

Name: Jessica L. Gaffney, LCSW, AADC	Title: Director of Residential Treatment Programs
Email: jessicaj@ctrenaissance.com	Telephone: 203-591-8010

Facility Characteristics

Designated Facility Capacity: 50	Current Population of Facility: 49
Number of residents admitted to facility during the past 12 months	258
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:	4
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	236
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	254
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0

Age Range of Population:	<input checked="" type="checkbox"/> Adults	<input type="checkbox"/> Juveniles	<input type="checkbox"/> Youthful residents
18+		Click or tap here to enter text.	Click or tap here to enter text.

Average length of stay or time under supervision:	90 days
Facility Security Level:	n/a
Resident Custody Levels:	n/a
Number of staff currently employed by the facility who may have contact with residents:	23
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
Physical Plant	
Number of Buildings: 1	Number of Single Cell Housing Units: 4
Number of Multiple Occupancy Cell Housing Units:	21
Number of Open Bay/Dorm Housing Units:	0
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): The facility video monitoring technology includes 20 cameras, strategically located throughout the facility. Locations include each corridor, kitchen, dining room, front entry, dayroom, fitness room, yard. Video surveillance is monitored from the front reception office area; the facility director and all staff can access surveillance cameras from their office computers.	
Medical	
Type of Medical Facility:	Local hospital
Forensic sexual assault medical exams are conducted at:	Waterbury Hospital or St. Mary's Hospital
Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	1
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	0

Audit Findings

Audit Narrative

PHASE ONE: PRE-ONSITE AUDIT

Audit Planning and Logistics: Negotiations began January 24, 2019 and the contract for services to conduct a PREA audit using Adult Community Confinement Standards at Connecticut Renaissance West, 466 West Main Street, Waterbury, CT 06702 on May 8-9, 2019 was fully executed on March 1, 2019 by and between Sharon R. Shaver, certified PREA auditor, and Connecticut Renaissance.

Auditor had frequent contact by telephone and email with PREA Coordinator between March 1, 2019 and May 7, 2019 to discuss the audit process, set expectations and timelines, and to discuss logistics for all phases of the audit process. Instructions were provided by email to the agency PREA Coordinator containing a complete explanation of the audit process, to outline expectations, and to assist in preparation for the audit. Documents provided: Pre-Audit Questionnaire (PAQ), Interview Guidelines, Instructions for Facility Tour, Process Map, Checklist for Documents, and Audit Notices. It was explained to the PREA Coordinator by auditor that the PREA audit was built on the assumption that full compliance with every discrete provision would, in most cases, require corrective action. PREA Coordinator expressed auditor would have unfettered access to all areas of the facility, personnel, and residents as well as documentation and information required for the audit process. An audit schedule was developed between auditor and PREA Coordinator with consultation of Facility Director.

Posting Notice of the Audit: Audit Notices (in both English and Spanish) were published on 8 ½ x 11 paper and stated “Connecticut Renaissance West will be undergoing an audit for compliance with the United States Department of Justice National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) for Adult Community Confinement Facilities during May 8-9, 2019. Any person with information relevant to this compliance audit is encouraged to correspond confidentially with this auditor using the following address: Sharon R. Shaver, P.O. Box 1183, Mableton, GA 30126.” Confidentiality statement and limitations were listed as: “All correspondence and disclosures during interviews with the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally broken. Exceptions include, but are not limited to the following: if the person is in immediate danger to herself/himself or others (e.g. suicide or homicide); allegations of suspected child abuse, neglect or maltreatment; in legal proceedings where the information has been subpoenaed by a court of appropriate jurisdiction.” Audit Notices were posted March 12, 2019 on all bulletin boards, at front entry/reception area, on each stairwell door, in kitchen and dining room, and in recreation/common rooms. PREA Coordinator provided evidence of posting by email on March 25, 2019. Interviews with residents and staff indicated awareness of Audit Notices posted and knowledge of the audit dates was well known. Auditor made direct observation of Audit Notices posted throughout the facility during the onsite audit. No correspondence related to Connecticut Renaissance West was received by auditor prior to the onsite audit.

Mandatory Reporting Laws Research: Auditor conducted a web search for information on any mandatory reporting laws in Connecticut. There is mandatory reporting of elder abuse to the Department of Social Services within 72 hours (CGS §17a-412 and §17b-451); child abuse or neglect to the Department of Children and Families’ within 12 hours (CGS §17a-101) and persons with disabilities within 5 days to the Office of Protection and Advocacy for Persons with Disabilities (CGS §46a-11B).

Reviewing Facility Policies, Procedures, and Supporting Documentation: Auditor conducted a web search for information on Connecticut Renaissance. Nothing of relevance was discovered. From the agency website, the prior PREA audit was located and downloaded by auditor for review. Prior audit was conducted on June 28, 2016 with a final report being issued on July 22, 2016. General information was obtained from the agency website and facility web page to assist auditor in better understanding the program operations and agency structure.

PAQ was received on April 1, 2019 by USPS delivery. PAQ and supporting documents were provided on secure thumb drive. Auditor conducted a review of the following documents:

Agency Policies Reviewed by Auditor: Prison Rape Elimination Act (PREA), Sexual Abuse & Other Unlawful Harassment, Supervision and Monitoring – Staffing, Searches Facility and Person, Employment Background Checks, Hiring, Medical and Mental Health Care for Victims of Sexual Abuse, Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment, Training Requirements, Volunteers and Interns, Admission and Orientation, Screening for Risk of Victimization & Abusiveness, Evaluation and the Intake Interview, Reporting of Sexual Abuse and/or Harassment, Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents, Abuse & Neglect – Allegations and Reporting In-Home & Clinic Based Services.

Agency Forms Reviewed by Auditor: Internal Career Opportunity, Employment Application, Employment Reference Check Form, Cross-Gender Pat-Down Search Documentation Report, PREA Information for Visitors/Contractors working at site -PREA Acknowledgement Statement, Client PREA Brochure Acknowledgement, Screening Assessment for Vulnerability to Victimization and Sexually Aggressive Behavior (VBSAB) Form, PREA Incident Report Form, Connecticut Renaissance Privacy Practices, Written Acknowledgement of Receipt of Notice of Privacy Practices (HIPAA Form).

After the initial analysis of the PAQ and supporting documents, a list of questions and a request for additional documentation was provided to PREA Coordinator by email. All information requested was provided promptly by Facility Director or PREA Coordinator. Additional correspondence continued by email and by phone throughout the duration of the pre/onsite/post audit period.

Conducting Outreach to Advocacy Organizations: Auditor contacted the following Advocacy Organizations requesting any information related to Connecticut Renaissance West: Just Detention International; Safe Haven; Center for Family Justice. No information related to incidents has been received by any of the organizations within the past 12 months from residents or on behalf of residents in the Connecticut Renaissance West program.

PHASE TWO: ONSITE AUDIT

Site Review: Auditor arrived at Connecticut Renaissance West shortly before 9:00 am on Wednesday, May 7, 2019 and was granted access to facility through a secure entry door after being identified as the PREA auditor. Auditor was greeted by the Facility Director Jessica Gaffney and escorted to the work area designated for use on the 2nd floor, next to the Facility Director's office, and shortly thereafter, were joined by CEO Kathleen Deschenes and Clinical Performance and Outcomes Director Dawn Patston, designated PREA Coordinator for the agency. At this time the formal in-briefing conference was conducted which included an explanation of the process and a tentative schedule for the remainder of the day.

Auditor conducted interview with the Agency CEO first, then proceeded with the facility inspection. Auditor was escorted by Facility Director Gaffney and toured all four (4) floors plus the basement. (More information will be provided about facility under Facility Description section of this report.) Some of the rooms toured were occupied by residents, others were vacant. Director Gaffney knocked and announced presence each time she entered a resident's room regardless if the door was propped open or closed. Residents were observed having freedom of movement throughout the facility, interacting with staff, participating in group, exercising, recreating in the TV room and playing basketball outside. Staff were visible throughout the facility conducting a variety of operational functions and it appeared to auditor that operations were running as any normal workday.

Throughout the site inspection, auditor observed 20 video monitoring cameras located in each corridor, at entry and exit points, kitchen, and common areas (dining room, recreation room, weight room, medical room, outside recreation yard, and reception area). Cameras are monitored from the front reception desk by the attendant. Video surveillance can be accessed by designated staff on each of their desk top computers as needed.

It was determined that there were no new intakes scheduled for arrival during the onsite portion of the audit and a new arrival had just been processed the day before. Auditor interviewed this new arrival resident and observed documentation to review the intake procedures described in policy are well implemented. There is no designated intake area since this is not considered a secure facility. Residents are processed in through a series of interviews with designated staff, beginning with the Intake Coordinator. Auditor interviewed the Intake Coordinator about the intake processes/risk screening process and asked her to simulate the protocols. Auditor also observed a simulation of the risk screening process by a clinical case manager. Auditor is satisfied this process is well established and meets policy expectations of the agency and PREA requirements

Zero-tolerance for Sexual Abuse and Sexual Harassment posters and Sexual Assault Hotline posters were found by direct observation of auditor throughout the facility on bulletin boards in both staff and resident areas and in work areas. Residents were observed by auditor with personal cell phones. Auditor observed only one area that is restricted from residents which is the storage/file room. This room is located on 1st floor between the medical room and office/reception in a high traffic area with a video monitored corridor access. The only doors which were locked were unoccupied offices, storage/file room, and the medical room. There are 25 resident rooms (4 single/21 multiple) and each room contains a separate bathroom with a door that is equipped with a toilet, sink, and tub/shower.

Some staff interviews were conducted during the facility tour. After conclusion of the facility tour, the PREA Coordinator was interviewed followed by resident and staff interviews which continued through the afternoon and beyond arrival of second shift employees. Auditor returned to Connecticut Renaissance West at 7:30 am on Thursday, May 8, 2019 to interview the night shift employees. Resident interviews continued through the morning until the Human Resources Manager arrived for interview and to review personnel files with auditor. Auditor requested electronic copies of the documents reviewed in the personnel files, to include employee training records and agreed that these documents could be delivered the following week electronically.

A preliminary review of the standards compliance was conducted with Facility Director Gaffney and PREA Coordinator Patston and auditor left a list of documents that were to be scanned and delivered the following week. Some standards were determined to require corrective action and auditor discussed these standards and options for bringing them into compliance. Auditor provided PREA Coordinator with several documents from the PREA Resource Center to assist with development of a Corrective Action Plan. Chief Operating Officer Joy Pendola attended the outbriefing which concluded at 1:30 pm.

Conducting Interviews: Auditor was provided a private work area on the 2nd floor near the Facility Director's office to conduct interviews. The area was quiet, comfortable and provided a workspace (table with chairs), power outlets, and ample lighting. Auditor experienced no interruptions during the interview process. Some staff were interviewed individually in their private offices and during the facility inspection. The current resident roster provided to auditor on day one of onsite identified 49 residents assigned. Employee roster provided to auditor on day one of onsite indicated 23 staff assigned. A representative sample of residents (15/49) and staff (12/23) was interviewed.

Resident interviews were based on guidance from the *PREA Auditor Handbook* page 52 and from the *PREA Compliance Audit Instrument –Interview Guide for Residents*. Facility population on day one of onsite portion of the audit was 49. The overall minimum number of resident interviews required is 10, with at least 5 randomly selected and at least 5 targeted. Auditor conducted a total of fifteen (15) interviews (11 random and 4 targeted). Required targeted interviews included: a) at least one (1) resident with a physical disability, blind, deaf, or hard of hearing, who are LEP, or have a cognitive disability; b) at least one (1) resident whose sexual orientation is lesbian, gay, or bisexual; c) at least one (1) resident who identifies as transgender or intersex; d) at least one (1) who reported sexual abuse; and at least one (1) resident who reported sexual victimization during risk screening. A review of the 49 residents assigned to Connecticut Renaissance West at the time of the audit resulted in only four (4) residents who meet the targeted definitions. There were no residents whose sexual orientation is lesbian, gay, or bisexual, no residents who identify as transgender or intersex, no residents who have a disability of any kind, and no residents who have reported sexual abuse. Only one (1) resident had reported sexual victimization during risk screening and three (3) residents were identified as having limited English proficiency; these are the four (4) residents interviewed for targeted population. The remaining eleven (11) residents were selected at random based on a random number generator.

Residents were called individually to the interview area through the PA system and reported to the area unescorted. Auditor explained the purpose for the interviews, the confidentiality of the interview, and the limitations to that confidentiality agreement to each resident prior to interview. Auditor found each resident to be willing to answer questions and to discuss their experiences at Connecticut Renaissance West. Fourteen (14) of the fifteen (15) residents indicated they were aware that the facility was undergoing the PREA audit. The resident who was unaware had just arrived at the facility the day before. All residents interviewed admitted they received training on PREA and that they understood the zero-tolerance policy. Each resident was able to articulate the general meaning of the Prison Rape Elimination Act and was able to explain the methods for reporting sexual abuse, sexual harassment, and retaliation. Of the residents interviewed, 13 of 15 were aware that they could report an allegation on behalf of another resident, yet they all knew that someone from outside, such as family, could make a report on their behalf. Twelve (12) of fifteen (15) were aware of the advocacy services and how to access them. All interviewed residents were aware of the posters throughout the facility and knew that's where they could obtain the contact information or from their handbook or brochure should they need them. Residents explained that staff treat them with respect, that pat searches are seldom conducted but are performed professionally and respectfully when they are. All interviewed residents but one recalled being asked the screening questions after arrival to the facility and then again by their case manager. All interviewed residents, except the one who had just arrived the day before, stated they have regular access to staff and that there are staff they would feel comfortable making a report to if it were necessary. All interviewed residents said opposite gender staff knocks and announces their presence when entering their living areas and they can shower, change clothes and use the restroom in privacy and without viewing by opposite gender staff. All residents interviewed said they feel Connecticut Renaissance West provides a safe environment. The three (3) LEP residents were offered translation services with two (2) declining and one (1) accepting the services. These residents stated

they are aware that translation services are available, how to access services, and that the PREA information is available in Spanish. The staff interpreter translated the interview between auditor and resident. This resident stated he was given the PREA brochure in English. After interview, a PREA brochure in Spanish was provided to resident by staff.

Staff Interviews were based on guidance from the *PREA Auditor Handbook* page 54-57 and *PREA Compliance Audit Instrument – Interview Guide for Agency Head, Interview Guide for Facility Director, Interview Guide for PREA Coordinators, Interview Guide for A Random Sample of Staff, and Interview Guide for Specialized Staff*.

Interview protocols were used for Leadership staff as listed below:

- Agency Head: Kathleen Deschenes, Chief Executive Officer
- Facility Director: Jessica Gaffney, LCSW, AADC, Director
- PREA Coordinator: Dawn Patston, Clinical Performance and Outcomes Director*

*Note: Director Patston was the designee for agency contract administrator, investigative staff, designated staff charged with monitoring retaliation, staff incident review team.

A total of 15 Connecticut Renaissance West staff were interviewed (including the Facility Director). A total of 18 specialized staff interview protocols were used as itemized below. A zero value indicates these services are not provided by Connecticut Renaissance West staff: *Agency contract administrator (1), mental health staff (2), human resources staff (1), SAFE/SANE (0), Volunteers & contractors who have contact with residents (0), investigative staff (1), staff who perform screening for risk of victimization and abusiveness (3), staff on the incident review team (2), designated staff charged with monitoring retaliation (2), first responders (6), random staff protocols (11)*. It is important to note that it is possible for the number of protocols used to exceed the number of employees interviewed because staff may perform more than one of the specialized duties listed.

The random staff protocols were used during all staff interviews except for the Facility Director, in addition, the specialized protocols were used for those employees who were identified in these specific areas of duties. Since none of the staff had acted as a first responder to an actual sexual abuse incident, six (6) random staff were selected to ask the first responder protocols to assess the knowledge of procedures.

Staff interviewed included staff from all three shifts, supervisors, case managers and general line staff. Auditor found all staff interviewed to be very knowledgeable of PREA protocols established at the facility. They were aware that the audit was underway and were able to freely discuss the training they have received at the time of hire and during their annual refreshers. All female staff interviewed explained their requirement to knock and announce when entering resident rooms. Interviews indicated a very high-level of resident/staff respect and professionalism and a safe and treatment-centered environment.

Documentation Selection and Review: Auditor was provided access to all documentation requested and was allowed to select which documents to review. Upon request, copies were provided in either paper or electronic format.

Documents Reviewed by Auditor: PAQ, Agency Organization Chart, Various Training Certificates, Connecticut Renaissance West PREA Staffing Plan, Work Schedules and Documented Deviations from Staffing Plan (12 months), Evidence of Employee Criminal Background Checks, MOU with Safe Haven, Safe Haven Hotline Information, MOU with Center for Family Justice, New Hire PREA Training Presentation, PREA Employee Training Standards Community Confinement Presentation, PREA

Training Pamphlet, Preventing and Responding to Corrections-Based Sexual Abuse & Harassment Presentation, Victim Reactions to Sexual Assault Training Supplement, Understanding the PREA Brochure, Renaissance West Client Handbook, Signed Client PREA Brochure Acknowledgement Forms, Risk Screening Forms Completed, Evidence of 30-Day Rescreening, Sexual Abuse Incident Coordinated Response Plan; Incident Investigation Report, Completed PREA Sexual Abuse/Harassment Review, SSV 2018, SSV 2017, SSV 2016, Connecticut Judicial Branch PREA Annual Report 2016, Judicial Branch PREA Annual Report 2017, Judicial Branch PREA Annual Report 2018, Agency Annual Reports, Daily Population Reports (12 months), Agency Mission & Vision Statement, Facility Floor Plan Schematic, Connecticut Renaissance West Employee Roster, Resident Files (electronic), HR Files.

PHASE THREE: Evidence Review and Interim Report

Auditor departed facility with notes from interviews and tour along with documentation collected during site visit. Auditor requested the personnel and training documents be delivered in an electronic format and a date was agreed upon for submission. Auditor's analysis and evaluation of all documentation collected, triangulated with observations during site visit and policy review found some standard provisions incomplete. Auditor corresponded and collaborated with PREA Coordinator over the next 30 days to collect required documentation and to assist with coordinating corrective action necessary to bring the facility into compliance. Several of the standards were met during this period as noted and it was necessary to issue an Interim Report, dated 06/23/2019.

At the time of the Interim Report several of the corrective action requirements had been satisfactorily met and are noted in the *Summary of Corrective Action* section of this report. Three (3) standards remained not met at issuance of the Interim Report: 115.215, 115.217, 115.403. Corrective action was in progress for these standards. Facility was advised corrective action period may last up to 180 days.

PHASE FOUR: Corrective Action and Final Report

The auditor and agency PREA Coordinator jointly developed a corrective action plan for the facility to achieve compliance based on the deficiencies identified through electronic and verbal communications and the Interim Report. The facility conducted required actions and provided documented evidence of actions taken. Auditor's analysis of the action taken by Connecticut Renaissance West and documentation provided as evidence of corrective action concludes all provisions of these three standards have been met. These actions are described within the *Summary of Corrective Action* section of this report. A Final Report is issued as of July 24, 2019 indicating Connecticut Renaissance West meets provisions of all 41 Standards.

Facility Characteristics

Connecticut Renaissance West Drug Treatment Program is a private not for profit alcohol/drug rehabilitation center located in Waterbury, Connecticut at 466 West Main Street and opened in 2001. The facility houses a Level III.5 intermediate/long term residential treatment program. This program serves male clients, eighteen years and older referred by the Connecticut Court Support Services Division (Court Support Services Division) and Federal Probation. An evidence-based program model is applied through the supervision of a team of clinicians and case-managers and is supervised by a clinical director as well as unit supervisors. The Program offers a wide range of services to each client, including individual, family, and group counseling, psycho-educational programming, life skills, self-help meetings and formal referrals to community agencies based on individual needs. Working closely with

the legal system, this program employs a three-phase approach aimed at gradually returning clients to the community.

The designated facility capacity is 50 with a current population of 49 on first day of onsite audit. The facility reports a total of 258 residents admitted to the program within the past 12 months. Length of stay is individualized, with the average being three months. The goal of the program is to return clients to the community with housing, employment and an aftercare plan. The number of employees assigned to this facility is 23 at the time of the audit. Service providers are employees of Connecticut Renaissance and contract care providers are not used. Medical services are not provided at the facility and community partners and/or local hospitals are used when necessary. Waterbury Hospital or St. Mary's Hospital are the designated hospitals for residents at this facility. The facility employs no investigators and all criminal activity is reported to the state police with notification to the referral agency, as required.

The facility is a single four-floor structure with a basement located on street front in downtown Waterbury. Each floor is accessed by a flight of stairs contained in a separate stairwell – each floor landing containing a fire door. There are four single-person rooms and 21 multiple occupancy rooms. Electronic video monitoring is conducted using 20 strategically placed cameras and with a system that can be accessed by multiple designated staff from their desk-top computers so that activity can be monitored. The front entrance is locked and requires badge access by employees; visitors must be identified before they can gain entry as approved. The main floor enters a waiting room with a staff monitored office/reception area.

The first floor houses the cafeteria, kitchen, three (3) offices, one (1) restroom, storage/file room, and med room. Floor two contains the Facility Director's office, conference room, laundry room, eight (8) resident bedrooms. The 2nd floor has back stairwell access to the 1st and 3rd floors. The 3rd floor contains one (1) office, laundry room, eight (8) resident bedrooms and a back stairwell leading to the 2nd and 4th floors. Floor 4 contains a dayroom, nine (9) resident bedrooms, one (1) office, and a back stairwell to the 3rd floor. Each resident bedroom contains a private bathroom equipped with a sink, toilet, tub/shower with curtain. The basement is accessible from the 1st floor through a stairwell and in the rear from the courtyard and contains a large group room, a weight/exercise area, storage area and two (2) freezers. Mechanical rooms are also located in the basement. The courtyard is used for a recreation area and is equipped with a fence around the property. Residential houses are visible from the courtyard.

Three meals are prepared daily by one food service employee with the assistance of residents who are selected to work in the area. The kitchen and cafeteria both are equipped with cameras and are open access with staff visibility throughout the shift. Shift supervisors and night monitors are required to make at least one round every half hour. Facility Director is known to make regular rounds throughout the facility during the regular work week as well as weekends, holidays, and night/early morning hours. A minimum of two (2) staff must always be present with residents and the Facility Director maintains an on-call roster to cover for call outs. The Facility Director will cover shifts when necessary, to ensure integrity of program and to ensure minimum staffing requirements are met.

While the building is old, it appears to be well maintained and life/safety requirements are observed throughout the facility. The facility is clean and orderly, and the residents are required to keep their rooms in a clean and orderly manner with made beds.

This facility is one of four programs operated by the parent agency, Connecticut Renaissance, and is the only exclusive drug and alcohol treatment center; others include a halfway house and two work

release programs. **Connecticut Renaissance’s Vision:** *“Helping people change the direction of their lives.”*

Connecticut Renaissance MISSION Statement: *“The purpose of Connecticut Renaissance is to empower individuals and families affected by behavioral health or criminal justice needs to make healthy choices that will improve their lives. To achieve this, we will utilize and sustain best practices in a positive, supportive environment. We will measure our success by the degree to which clients change their lives and become productive, contributing members of their families and communities.”*

RENAISSANCE’S HISTORY

Connecticut Renaissance was incorporated as “Project Renaissance” in 1969 in Westport, CT and is the oldest community based behavioral health agency in Connecticut. Renaissance provides Adult and Adolescent Outpatient Services through facilities in Norwalk, Stamford, Bridgeport. These facilities are licensed by both the Department of Public Health and the Department of Children and Families. In addition, Connecticut Renaissance provides Residential Drug Treatment Programs and Community Release Programs in Waterbury and Bridgeport. The agency has developed strong, long-term relationships with its primary funders: The Department of Corrections, Department of Mental Health and Addiction Services, Department of Children and Families and Court Support Services Division. We have developed strong collaborative relationships with other community agencies as well.

Summary of Audit Findings

Number of Standards Exceeded: 0

Number of Standards Met: 41

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

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

115.215 (f): Agency policy does not include a requirement to train staff on how to conduct a pat search for transgender or intersex residents and there is no evidence training has occurred. At time of onsite audit Connecticut Renaissance West was unable to provide a training curriculum and training documentation where staff has been trained on conducting pat down searches, including searching transgender and intersex residents. Auditor provided the *PREA Standards in Focus* for 115.215 to the PREA Coordinator and recommended that the agency utilize the resources available through the PREA Resource Center for training.

Corrective Action Interim: Connecticut Renaissance provided a new curriculum, *Connecticut Renaissance Training Cross-Gender and Transgender Pat Searches* which is based on the training resources found at <https://www.prearesourcecenter.org/ec-item/1175>. Auditor's review of this curriculum finds it to meet the requirements of this standard. As of the Interim Report, evidence that training has been delivered to staff remains outstanding.

Corrective Action Final: Connecticut Renaissance West provided a training roster dated 06/12/2019 as evidence that ten (10) employees who conduct searches were trained in the *Connecticut Renaissance Training Cross-Gender and Transgender Pat Searches*. The agency has added this training module to their online training system that will prompt supervisors and staff annually to complete the training. Moving forward, participation and subsequent completion of the training will be tracked through the online system and records maintained by Human Resources at the agency level. Auditor's evaluation of the training documentation provided, correspondence with the PREA Coordinator regarding the training procedures, presentation of tracking method and review of the curriculum being added to the online system concludes Connecticut Renaissance is now in compliance with requirements of provision (f). No further action is necessary, and Connecticut Renaissance West meets all requirements of this standard.

115.217 (c): Auditor's analysis of the information collected prior to and during the onsite portion of the audit did not meet all provisions of this standard in that the agency had no documented efforts where prior institutional employers were contacted for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse for prospective employees.

Corrective Action Final: To satisfy this section of provision (c), the *Connecticut Renaissance, Inc. Employment Reference Check Form* has been revised to include a section for capturing any incidents

in which the candidate was known to engage in any substantiated allegations of sexual abuse or harassment or has resigned during the pendency of an investigation of alleged sexual abuse from the prior employer. This satisfies the requirement for the agency to 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 prior to hiring any new employee. Auditor concludes implementation of the revised form as explained in this narrative and in the 115.217 section of the report satisfies any outstanding requirement noted in the Interim Report. No further action is required.

115.217 (c): Auditor's analysis of the information collected prior to and during the onsite portion of the audit did not meet all provisions of this standard in that the agency during the interview with the human resources representative indicated being unaware that background checks were to be conducted on internal promotion candidates prior to promotion.

Corrective Action Final: To satisfy this section of provision (c), the PREA Coordinator provided correspondence indicating that the requirement to conduct criminal background checks prior to the agency offering a current employee a transfer or promotion is in place and will be adhered to in accordance with agency policy. No promotions or transfers have been initiated within the corrective action period and due to the small staffing pattern at this facility it is not a frequent event. Auditor concludes agency has made appropriate enforcement to ensure HR is aware of the agency policy and to ensure that criminal backgrounds will be conducted on any employee requesting transfer or selected for a promotion prior to the move. This action satisfies any outstanding requirement noted in the Interim Report. No further action is required.

115.217 (f): This provision was found non-compliant in that the form asking questions required in section (a) of the standard was implemented but not directed by policy and was not consistently captured for new employees and the questionnaire had not been completed by all current employees working at the facility.

Corrective Action Final: Connecticut Renaissance provided completed PREA Employment Questionnaire Forms for two (2) newly hired employees indicating that these questions are directly asked prior to hiring a new employee and that the procedure is implemented. The requirement to obtain this information is listed on the new hire packet checklist and will be verified by HR prior to the onboarding. Connecticut Renaissance West provided PREA Employment Questionnaire Forms signed by all 18 current employees. The requirement to update these forms has been entered into the agency's online training system, and concurrent an employee's annual PREA training, will trigger the employee to provide answers to these questions and sign the acknowledgement statement understanding they have a continuing duty to report. Auditor's review of the training documentation provided and correspondence with the PREA Coordinator regarding the implementation of a process to capture this information annually, concludes Connecticut Renaissance West has met the requirements of 115.217 (f).

115.217 (h): Facility was unable to provide evidence that Connecticut Renaissance has a practice in place to provide information to prospective employers on convictions or civil/administrative adjudications related to sexual abuse or sexual harassment involving clients or staff members by a former employee upon receiving a request for employment references authorized by that former employee.

Corrective Action Final: Memorandum from Chief Operating Officer to Human Resources directs that 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 will be provided unless prohibited by law. Communication with the PREA Coordinator and Human Resources, and auditor's review of the documentation provided during the corrective action period concludes this procedure is implemented and will be followed for any future requests received.

115.222 (b): Connecticut Renaissance *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* policy was not published to the agency's public website at time of onsite audit.

Corrective Action Interim: As of publication of Interim Report the Connecticut Renaissance *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* policy can be found at: <https://www.ctrenaissance.com/go.php?page=PREA>. This complies with requirements of this provision. No further corrective action is required.

115.231 (a): During onsite audit evidence provided was missing some of the requirements necessary to meet all elements of the standard and some of the required training documentation was not able to be produced.

Corrective Action Interim: Agency made the following adjustments in training processes and procedures: 1) update to the orientation checklist to include PREA training and review of the Coordinated Response Plan; 2) course curricula updated with current PREA Coordinator's name and contact number; 3) development of training for employees on Mandatory Reporting of sexual abuse to outside authorities; 4) delivery of Mandatory Reporting training to employees as evidenced by training roster; 5) evidence provided for employees of signed forms acknowledging understanding of PREA training received. Auditor has received and reviewed sufficient evidence finding these provisions have been met and no further corrective action is required.

115.232 (a): Missing evidence of training for the one (1) volunteer approved to bring services into facility.

Corrective Action Interim: Facility staff conducted PREA training for this volunteer and obtained a signed acknowledgement statement. Evidence of this training has been provided to auditor finding all provisions of this standard have been met. No further corrective action is required.

115.235 (c): Mental health practitioners need specialized training and no evidence was provided at time of onsite audit. During onsite portion of the audit only one of the mental health professionals was able to provide a certificate for the specialized training.

Corrective Action Interim: Auditor has been provided with certificates for the remaining two mental health practitioners where the indicated training was completed on June 13, 2019. No further corrective action is required.

115.241(e): Auditor's review of the Connecticut Renaissance *PREA Assessment Tool* found that it considers prior acts of sexual abuse, and prior convictions for violent offenses and history of prior institutional violence or sexual abuse; however, review of Connecticut Renaissance policy indicates this requirement was not addressed in agency policy although questions are included on instrument.

Corrective Action Interim: Policy was updated on 05/07/2019 to include this provision in the agency policy. This corrective action indicates compliance with this provision and no further action is required.

115.286 (b): Incident review was conducted 11 months after conclusion of investigation and the incident review team was not established. There has been one (1) allegation reported within the audit

period. The investigation concluded with a disposition of unsubstantiated. The current PREA Coordinator was not in office at the time of the incident as she just assumed duties in February 2019; she was unable to locate documentation where the prior incumbent had conducted the Incident Review.

Corrective Action Interim: Due to the time lapse, PREA Coordinator and the Chief Operating Officer completed an incident review on May 13, 2019. The review includes an assessment of all elements noted in provision (d) above. Findings and recommendations for improvement were made in the report and the facility has implemented those recommendations. Interview with PREA Coordinator and Facility Director indicates incident reviews will be conducted within 30 days after conclusion of investigation by a Review Team comprised of the designated staff referenced in policy. While the one incident did not have evidence of an incident review within 30 days, auditor believes the response by the current PREA Coordinator and Executive staff is sufficient to ensure that this practice will be enforced moving forward. No further corrective action is required.

115.287: At the time of onsite audit, the facility was unable to provide evidence of any consistent data collection at the facility and agency level and there was no annual report published.

Corrective Action Interim: A method for collecting individual and aggregated data has been implemented and the PREA Coordinator located the 2017 Annual Report. In addition, the 2018 PREA Annual Report was published in June 2019 and posted to the agency's public website. No further corrective action is required.

115.288: No evidence of data collection for facility or aggregate. No annual report available.

Corrective Action Interim: See 115.287. No further corrective action is required. All provisions of this standard are now met.

115.289: At the time of onsite audit there was no annual report published to the public website;

Corrective Action Interim: Auditor's review of the agency's public website as of the date of this report, finds the annual report has been posted for public access to their website. Auditor's review of the annual reports for 2017 and 2018 find this has been satisfied. No further corrective action is required.

115.401 (b): One of four facilities operated by Connecticut Renaissance, Maple Street Halfway House, has not yet been audited for this cycle. The facility reopened in April 2017 is not currently scheduled before August 19, 2019. This is the 3rd year of the second cycle and if Maple Street Halfway House is not audited prior to August 19, 2019 the agency will be out of compliance.

Corrective Action Final: Auditor's correspondence with the PREA Coordinator finds that the Maple Street Halfway House will be scheduled and audited under the DOC auditor contract prior to the required deadline. No further action is necessary, and provisions of this standard are met.

PREVENTION PLANNING

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

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*)

115.211 (a): Connecticut Renaissance has a written policy titled *Prison Rape Elimination Act (PREA)* which establishes a zero tolerance toward all forms of sexual abuse and sexual harassment. This policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment and requires all Connecticut Renaissance employees, volunteers, or contractors who may have contact with individuals in the custody of the Judicial Branch or Department of Correction to be responsible for helping to keep Connecticut Renaissance facilities free of sexual abuse or sexual harassment. This requires all incidents of sexual abuse and sexual harassment be reported and investigated thoroughly. Policy informs that any Connecticut Renaissance employee, volunteer or intern who engages in acts of sexual abuse or harassment of an individual serviced by Connecticut Renaissance programs, or who is found to be negligent in pursuing these responsibilities to be subject to disciplinary and/or corrective action; Arrest and prosecution may also be pursued when conduct requires such a response. In addition, any contractor engaging in sexual abuse or sexual harassment of a Connecticut Renaissance client/resident may be subject to contract cancellation. Additionally,

Connecticut Renaissance has a written policy titled *Sexual Abuse & Other Unlawful Harassment* which outlines specific behaviors that are prohibited and defines Sexual Abuse and Sexual Harassment.

115.211 (b): Connecticut Renaissance policy *Prison Rape Elimination Act (PREA)* requires employment of or designation of an upper-level, agency-wide PREA Coordinator. The PREA Coordinator is responsible for implementing and overseeing the agency's efforts to comply with policies and procedures related to PREA standards. The PREA Coordinator is also responsible for initiating internal administrative investigations for allegations of sexual harassment, administrative reviews of all reported incidents, maintaining documentation, writing reports, presenting findings and ensuring appropriate referrals are made.

The Agency Clinical Performance and Outcomes Director is the designated agency PREA Coordinator. Auditor's review of the agency organization chart finds the PREA Coordinator reports directly to the Chief Operating Officer who reports to the CEO. The current PREA Coordinator was designated in this role in February 2019. Interview with PREA Coordinator indicates she has four (4) facilities for which she is responsible and feels she has adequate time to manage her PREA-related responsibilities. The PREA Coordinator provided Certificates of Completion for *PREA for Community Confinement Facilities*, *PREA: Coordinators' Roles and Responsibilities*, and *PREA: Investigating Sexual Abuse in a Confinement Setting* trainings – all presented by the National Institute of Corrections. The PREA Coordinator takes her responsibilities very seriously and embraces the requirements as part of an overall quality assurance strategy for the agency. While there are no Compliance Managers identified at the four facilities, each Facility Director holds the responsibilities of implementation and oversight of PREA matters for their respective facilities, in coordination with the agency PREA Coordinator.

Auditor's analysis of information obtained from review of organization chart, agency policy, and interviews with CEO, PREA Coordinator, and Facility Director finds all provisions met for this standard.

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable

attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

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

115.212 (a)(b)(c): Connecticut Renaissance does not contract for the confinement of its residents with private agencies; therefore, elements of this standard are not-applicable resulting in compliance with this standard.

Standard 115.213: Supervision and monitoring

115.213 (a)

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

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

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

115.213 (a): Connecticut Renaissance policy *Supervision and Monitoring – Staffing*, directs each facility maintain adequate staffing and supervision to ensure safety and well-being of residents and instructs development of a staffing plan by each Program Director. Connecticut Renaissance West has developed and documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse. Auditor's review of the facility staffing plan finds that it takes into consideration the physical layout, composition of the resident population, prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring.

115.213 (b): The facility must have a minimum of two (2) staff always present and cannot operate otherwise. During interview with the Facility Director, it was determined that minimum coverage will be secured through use of an on-call roster and modifications in the staffing plan are documented on the

monthly work calendar. Auditor reviewed monthly work calendars for the past 12 months and found deviations from the staffing plan documented as described by Facility Director. Over the past 12 months there were 39 adjustments to the schedule constituting deviations from the facility staffing plan. The primary reasons for deviations from the facility staffing plan are employee illness and vacation leave.

115.213 (c): In the past 12 months, the facility has assessed, determined, and documented whether adjustments are needed to the: 1) staffing plan established pursuant to paragraph (a) of this standard; 2) prevailing staffing patterns; 3) facility's deployment of video monitoring systems and other monitoring technologies; 4) resources the facility has available to commit to ensure adequate staffing levels. This review was documented on January 1, 2019 and reviewed by auditor.

Interviews with Facility Director and PREA Coordinator, review of Facility Staffing Plan, monthly work calendars, and agency policy provide sufficient information to confirm all elements described in this narrative are considered when developing and reviewing the staffing plan for facility. Based on analysis of the above evidence, Connecticut Renaissance West is found compliant with all provisions of this standard.

Standard 115.215: Limits to cross-gender viewing and searches

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents?
 Yes No N/A This provision is not applicable. The facility has no female residents.

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing

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

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

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

115.215 (a): Connecticut Renaissance policy *Searches Facility and Person* prohibit conducting strip searches or visual body cavity searches. Interviews with staff and residents confirm that these searches never occur.

115.215 (b): Connecticut Renaissance policy *Searches Facility and Person* prohibits cross-gender pat-down searches, except under exigent circumstances. Interviews with staff and residents confirm that female staff do not conduct searches of male residents. There are no female residents housed at Connecticut Renaissance West.

115.215 (c): Connecticut Renaissance West does not conduct strip searches or visual body cavity searches; however, the provision is marked yes because any unusual or exigent incident is required by

policy to be documented. The facility houses male residents only, so the provision for documenting searches of female residents is not applicable. The facility has a form to record cross-gender pat-down searches because policy requires same-sex pat searches as noted in provision (b). This form requires a reason be listed for the search, date, staff name, and supervisor signature. This information was obtained by interviews with Facility Director, PREA Coordinator, residents, and review of agency policy.

115.215 (d): All agency staff is prohibited from viewing residents while dressing, showering or performing bodily functions according to Connecticut Renaissance policy *Searches Facility and Person*. In addition, all opposite gender staff is required to announce themselves when entering client rooms and bathrooms. Resident's rooms have solid doors and each room is equipped with its own bathroom with another solid door. Auditor observed staff knocking prior to entering each room as we made tour of facility. In addition, interviews with staff and residents indicated that staff knock-and-announce requirements are observed consistently.

115.215 (e): Connecticut Renaissance policy *Searches Facility and Person* state facility staff is prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining genital status. Interviews with Facility Director, Intake Coordinator, and other staff confirm awareness this practice is prohibited and has not occurred.

115.215 (f): In accordance with Connecticut Renaissance policy *Searches Facility and Person*, all applicable staff will be trained in pat down search procedures upon hire and will be observed by Program Director or designee for competency in the pat-down procedure and then will be documented in the staff supervision file. Interview with Facility Director confirms training is conducted for shift supervisors, case aides, and night monitors. Only male staff are allowed to conduct pat searches at Connecticut Renaissance West. Interviews with staff indicate they received training upon hire to conduct pat down searches. Residents interviewed expressed that pat down searches are conducted professionally and respectfully.

At time of onsite phase of audit Connecticut Renaissance West was unable to provide a training curriculum and training documentation where staff has been trained on conducting pat down searches. Auditor provided the PREA Standards in Focus for 115.215 to the PREA Coordinator and recommended that the agency utilize the resources available through the PREA Resource Center for training. After the onsite visit the facility provided a new curriculum, *Connecticut Renaissance Training Cross-Gender and Transgender Pat Searches* which is based on the training resources found at <https://www.prearesourcecenter.org/ec-item/1175>. Auditor's review of this curriculum finds it to meet the requirements of this standard. As of printing of the Interim Report, evidence that staff have received training remained outstanding.

Corrective Action Final: Connecticut Renaissance West provided a training roster dated 06/12/2019 listing ten (10) employees who have received the *Connecticut Renaissance Training Cross-Gender and Transgender Pat Searches* training. The agency has added the training to their online training system that will prompt supervisors and staff annually to complete the training. Moving forward, participation and subsequent completion of the training will be tracked through the online system and records will be maintained by Human Resources at the agency level. Auditor's evaluation of the training documentation provided, correspondence with the PREA Coordinator regarding the training procedures and tracking, and observation of the curriculum being added to the online system concludes Connecticut Renaissance is now in compliance with requirements of provision (f). No further action is necessary, and Connecticut Renaissance West meets all requirements of this standard as noted in above narratives.

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

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*)

115.216 (a): Connecticut Renaissance policy *Prison Rape Elimination Act (PREA)* outlines that the agency takes appropriate steps to ensure all 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. It is important to note that all residents are pre-screened and referred to this program by Court Support Services Division, and the ability to navigate the environment and effectively participate in the program is a prerequisite for selection. Residents with disabilities requiring assistance may be considered for placement at a facility with appropriate services.

Connecticut Renaissance West takes 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. Residents who are deaf or hard of hearing will be provided PREA information in written format. Residents who are blind or low vision or with limited reading skills will have the PREA information read to them by a staff member and

responses will be elicited from the resident to confirm that the person understands the policy. A person who is severely disabled may meet exclusionary criteria for admission to the program.

115.216 (b): Connecticut Renaissance policy *Prison Rape Elimination Act (PREA)* provides that agency will provide materials related to the zero-tolerance policy in the language of current limited English proficient residents and create a system for staff to access alternative language lines for additional interpretive services. PREA information will be provided in the language of current limited English proficient residents, as required.

Access to the Language Line is available in the PREA Binder through the Program Director or in the supervisor's office at Connecticut Renaissance West. The Program Director has identified a staff member for Spanish speaking individuals who can provide interpreter assistance as needed. Auditor interviewed designated interpreter and interviewed three (3) residents identified as limited English proficient (Spanish). These interviews indicated effective, accurate, impartial interpreting services is provided, both receptively and expressively. Interpreter services were offered to all three (3) residents and only one (1) accepted. Auditor confirmed these residents had received PREA information in Spanish by reviewing the signed acknowledgement form which were in Spanish. Auditor observed PREA posters throughout the facility in both English and Spanish during the facility tour.

During onsite portion of audit, there were no clear instructions available for staff on when and how to utilize the Language Line Services although this service was identified as being available for LEP residents. Auditor worked with PREA Coordinator to have a local procedure drawn up for staff to be made aware of these services and how to access them. On June 13, 2019 the Facility Director provided detailed instructions to all Connecticut Renaissance West staff explaining when and how to access the LanguageLine. This directive satisfies the outstanding requirements of this provision.

115.216 (c): Interviews with Program Director and other staff and LEP residents confirm that residents are not used for interpreting program information, to include PREA.

Connecticut Renaissance West is committed to ensuring that effective communication with residents will be accomplished regardless of the disability, language barrier, or other limitations. The facility has written procedures to address the provisions of this standard found in their *Prison Rape Elimination Act (PREA) Policy* which has been reviewed by this auditor. Interview with PREA Coordinator, Facility Director, Clinical Case Managers, and Intake Coordinator indicate each resident is assessed for needs and PREA information is delivered in whatever manner is necessary to ensure the message is understood by the resident. Auditor's analysis of related policy, resident orientation documentation, and collection of information obtained from interviews with staff and residents as described in above narrative indicate Connecticut Renaissance West satisfies all provisions of this standard.

Standard 115.217: Hiring and promotion decisions

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the

community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

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

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

115.217 (a): Connecticut Renaissance *Hiring* policy states the agency will not knowingly hire, appoint, or promote anyone who may have contact with individuals in the custody of the Judicial Branch or the Department of Correction, who has been convicted of, has engaged in, or has attempted 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 has been civilly or administratively adjudicated to have engaged in the activity describe above.

115.217 (b): Connecticut Renaissance *Hiring* policy states the agency will consider any prior reported incidents of sexual harassment in determining whether to hire, appoint, or promote an individual who may have contact with a person in the custody of the Judicial Branch or the Department of Correction.

115.217 (c): Prior to an employment offer being made to a potential internal or external candidate, reference checks and a criminal background check are conducted. Each applicant must complete and

sign an *Employment Reference Check Form*; form authorizes Connecticut Renaissance to contact prior employers and gives consent for release of information. The reference check process consists of the following: 1. Assessing the accuracy of information provided on the application/resume; 2. Personal or professional character references; 3. Educational History; 4. Prior Employers; 5. Other Relevant Sources. 6. Will include an inquiry as to whether the candidate engaged in any substantiated allegations of sexual abuse or resigned during the pendency of an investigation of alleged sexual abuse.

Interview with Human Resources representative indicates that no employee is hired without first clearing a criminal history background check. Personnel records were reviewed for thirteen (13) randomly selected employees and auditor found evidence that criminal background checks are conducted on employees prior to hire.

Agency *Hiring* policy states any employee who is applying for an internal transfer or promotion shall also undergo a criminal background check prior to the agency offering the employee the requested transfer or promotion. Auditor's interview with the Human Resources representative revealed that background checks were not being conducted on internal promotion candidates. There have been no internal promotions since this was discovered to provide evidence that process is in place. As of date of this Interim Report this provision is non-compliant based on interview with HR representative.

Corrective Action: The PREA Coordinator provided correspondence indicating that the requirement to conduct criminal background checks prior to the agency offering a current employee a transfer or promotion is in place and will be adhered to in accordance with agency policy. This satisfies the requirements of this provision and is found compliant.

Agency *Hiring* policy states before hiring new employees, who may have contact with residents the agency will 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. At the time of the onsite audit, the reference check form did not include documentation of any attempt to obtain information related to any known sexual abuse or sexual harassment incidents or investigations. **Corrective Action:** The *Connecticut Renaissance, Inc. Employment Reference Check Form* has been revised to include a section for capturing any incidents in which the candidate was known to engage in any substantiated allegations of sexual abuse or harassment or has resigned during the pendency of an investigation of alleged sexual abuse from the prior employer.

115.217 (d): In accordance with Connecticut Renaissance *Hiring* policy, the agency performs a criminal background records check before enlisting the services of any contractor, volunteer, or intern who may have contact with residents in accordance with agency Hiring Policy. Connecticut Renaissance is currently utilizing no volunteers or contractors therefore no records were available to review. Connecticut Renaissance West written *Hiring, and Employment Background Checks* policies dictate the required procedures. The facility reports five (5) persons have been hired within the past 12 months and all have had criminal background record checks conducted prior to employment. The facility reports no contractors were used who may have contact with residents within the past 12 months.

115.217 (e): In accordance with Connecticut Renaissance *Hiring* policy, the agency requires criminal background records checks be completed prior to hire and every 5 years thereafter for all potential employees, volunteers, interns and contractors. Agency has established as system where Human Resources uses a report generated in their computerized payroll system to identify those employees who are due a background check update. Of the personnel records reviewed, three (3) employees at

Connecticut Renaissance have been employed for more than five years. Auditor reviewed records indicating a new criminal history background were run at the five-year anniversary.

115.217 (f): Connecticut Renaissance policy did not include language that requires asking all applicants and employees who may have contact with residents directly about previous misconduct described in section (a) in written applications or interviews for hiring or promotions and as part of a review for current employees. Auditor worked with the PREA Coordinator to develop processes that will meet the requirements of this standard. **Corrective Action:** The Prison Rape Elimination Act (PREA) policy was updated to include inclusion of asking the questions identified in section (a) to all potential employees, internal promotions, and annually for all existing employees who could be expected to have contact with clients. Personnel documents were provided to auditor for two (2) new hires since the policy was updated and evidence was provided where both prospective employees responded to these questions by selected yes/no, and then providing their signature on the form. In addition, auditor was provided with evidence of these signed forms for all current Connecticut Renaissance West employees. Corrective action taken by Connecticut Renaissance West has satisfied this provision and brings it into compliance with requirements.

115.217 (g): In accordance with agency policies *Hiring* and *Prison Rape Elimination Act (PREA)*, Connecticut Renaissance West relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and while employed. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in Renaissance's exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment shall be considered. Omissions on part of the employee, volunteer, intern or contractor or the provision of materially false information, shall be grounds for termination.

115.217 (h): Connecticut Renaissance West *Employment Background Checks* policy Connecticut Renaissance shall provide information on convictions or civil/administrative adjudications related to sexual abuse or sexual harassment involving clients or staff members by a former employee to prospective employers upon receiving a request for employment references authorized by that former employee. The agency was unable to provide evidence that Connecticut Renaissance has a practice in place to provide information on convictions or civil/administrative adjudications related to sexual abuse or sexual harassment involving clients or staff members by a former employee to prospective employers upon receiving a request for employment references authorized by that former employee. HR representative interview indicated that this practice is not being observed, although there was no recollection of any requests for this information having been received. **Corrective Action:** Memorandum from Chief Operating Officer to Human Resources directs that 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 will be provided, unless prohibited by law. Communication with the PREA Coordinator and Human Resources, and auditor's review of the directive provided during the corrective action period concludes this procedure is implemented and will be followed for any future requests received.

As indicated in the above narrative for this standard, auditor's analysis of the information collected prior to and during the onsite portion of the audit did not meet all provisions of this standard. Section (c) was non-compliant in that the agency had no documented efforts where prior institutional employers were contacted for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse for prospective employees. Also, in section (c) auditor found during the interview with the human resources representative that background checks were not being conducted on internal promotion candidates prior to promotion. Section (f) was non-

compliant in that the form asking required in section (a) was implemented but not directed by policy and was not consistently captured for new employees and the questionnaire had not been completed by all current employees working at the facility. Section (h) was unable to provide evidence that Connecticut Renaissance has a practice in place to provide information on convictions or civil/administrative adjudications related to sexual abuse or sexual harassment involving clients or staff members by a former employee to prospective employers upon receiving a request for employment references authorized by that former employee. Connecticut Renaissance West made substantial progress toward corrective action prior to issuance of the Interim Report but remained in corrective action as of publication. As further noted in the narrative, sufficient corrective action was initiated and completed with evidence provided to auditor that satisfied any prior non-compliance.

Auditor's analysis of the information collected from policy review, personnel records, evidence of background checks, and interviews with Human Resources and agency PREA Coordinator, both during initial and during corrective action period, concludes all provisions of this standard have been met by Connecticut Renaissance West.

Standard 115.218: Upgrades to facilities and technologies

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*)

115.218 (a): According to interviews with Agency CEO and PREA Coordinator, a new facility was brought opened since the last PREA audit and the effect of the design, acquisition, expansion, or

modification upon the agency's ability to protect residents from sexual abuse and any other harm was a major consideration during construction. Decisions on lighting, bathroom design, showers and camera system enhancements were all a part of consideration for keeping residents safe. Final reports for all facility PREA audits are posted to agency website.

115.218 (b): According to interviews with Agency CEO and PREA Coordinator the Connecticut Renaissance considers how video monitoring systems may enhance the agency's ability to protect residents from sexual abuse. Interview with Facility Director indicated addition of three (3) cameras since the previous audit that was a result of an Administrative Review recommendation to augment staff supervision in vulnerable areas. These cameras were placed in kitchen and med room.

During facility tour auditor observed video monitoring system cameras mounted in hallways on all floors, in the basement recreation area, kitchen, med room, dining room, recreation yard, and front entry/waiting room. The video monitoring system may be accessed by all staff on their desktop computers. The front desk monitors cameras on a live monitor. The front door is controlled by electronic locking system with exterior mounted camera that requires staff verification of visitor before access is granted.

Auditor's analysis of information collected, and evidence observed as described in the above narrative to include interviews concludes Connecticut Renaissance West meets provisions of this standard.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

115.221 (a)

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

115.221 (b)

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

115.221 (c)

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

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

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

115.221 (a): Connecticut Renaissance West has a written policy, *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* that instructs investigations. Allegations of sexual abuse will be investigated by the Connecticut State Police, Court Support Services Division. This provision is not applicable.

115.221 (b): Connecticut Renaissance West is not responsible for investigating allegations of sexual abuse. This provision is not applicable.

115.221 (c): This policy ensures victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services and offers all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate. Policy directs forensic medical examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible and if the area hospitals do not have available SAFE or SANE then the examination can be performed by other qualified medical practitioners. Auditor reviewed correspondence between the PREA Coordinator with Waterbury Hospital dated May 28, 2019 and found that all nurses employed at the hospital are trained in conducting sexual assault forensic examinations as well as utilization of the State of Connecticut's sexual assault evidence collection kit. There are a few nurses who hold SAFE certifications and the hospital is committed to sending additional nurses for this certification.

Connecticut Renaissance West has had no allegations of sexual abuse which has required a forensic medical examination. Protocols are in place through agency policy *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* and *Medical and Mental Health Care for Victims of Sexual Abuse* to ensure services are in place. Facility Director and other staff interviewed are trained and aware of protocols and prepared to ensure these protocols are followed in the event of an incident. Medical care will be provided at one of two local hospitals for Connecticut Renaissance West residents: St. Mary's, 56 Franklin St. and Waterbury Hospital, 64 Robbins St., both located in Waterbury.

115.221 (d): Auditor reviewed Memorandums of Understanding between Connecticut Renaissance and 1) Safe Haven and 2) The Center for Family Justice – both providing for rape crisis counseling and a sexual assault crisis counselor to accompany and support the victim throughout the forensic medical

exam process and investigatory interviews. As noted in section (c), there have been no allegations requiring forensic medical exam or initiation of victim advocate services.

115.221 (e): Connecticut Renaissance policy, *Medical and Mental Health Care for Victims of Sexual Abuse* provides that victims of sexual abuse shall be referred to a victim advocate at a rape crisis center. As requested by the victim, the victim advocate, Connecticut Renaissance West staff and/or other requested support may accompany the victim through the forensic medical examination process and investigatory interviews and shall provide crisis intervention, information and referrals. A referral for treatment services shall be provided to the victim. The agency does not provide specialized treatment services for victims of sexual assault, victims will be referred to outside source for medical and mental health services.

Auditor reviewed Memorandums of Understanding (MOU) between Connecticut Renaissance and 1) Safe Haven and 2) The Center for Family Justice – and found both providing for a sexual assault crisis counselor to provide emotional support, crisis intervention, information, and referrals, as requested by the victim throughout the client’s placement in the Connecticut Renaissance facility. Both centers provide rape crisis counseling and a sexual assault crisis counselor to accompany and support the victim throughout the forensic medical exam process and investigatory interviews. Additionally, the MOU ensures collaboration for continuity of care and discharge planning for clients who are victims of sexual assault, and/or abuse, and to identify and assign designated staff in an effort to establish a cohesive and seamless delivery of services. As noted in section (c), there have been no allegations requiring forensic medical exam or initiation of victim advocate services.

Safe Haven Local Hotline Number is 203-753-3613; Toll Free Number is 1-888-999-5545; En Espanol is 1-888-586-VEDA(8332), providing 24-hour coverage, 365 days a year. After 4:00 p.m. and on holidays, calls go to Info line that then contacts a trained counselor. The counselor returns the call in 30 minutes or less, assesses and responds to the immediate crisis and ensures follow up on the next day.

The Center for Family Justice is located at 753 Fairfield Avenue, Bridgeport, CT 06604 and upon request, will provide sexual assault crisis services via certified sexual assault counselors.

115.221 (f): As noted above, there have been no allegations of sexual abuse requiring external investigation; however, protocols are in place to ensure seamless communication and coordination of services between Connecticut Renaissance West, Court Support Services Division, and Connecticut State Police. Court Support Services Division (<https://www.jud.ct.gov/Court Support Services Division>) is a part of the State of Connecticut Judicial Branch of government along with the Office of Victim Services (<https://www.jud.ct.gov/crimevictim/safe.htm>). Coordination of these two offices ensures a victim centered and trauma informed approach in matters involving victims of sexual assault/abuse.

115.221 (h): The facility maintains an MOU and makes available a victim advocate from a rape crisis center to victims which indicates this provision does not apply.

Connecticut Renaissance West reports no forensic medical exams have been conducted in the past 12 months based on no qualifying allegations of sexual abuse.

Auditor’s analysis of information collected from review of MOUs, related agency policies, correspondence with hospital and Safe Haven, and interviews noted in narrative concludes all provisions of this standard are met.

Standard 115.222: Policies to ensure referrals of allegations for investigations

115.222 (a)

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

115.222 (b)

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

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.222 (a): Connecticut Renaissance West has a written policy, *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* that establishes the requirement for investigations into allegations of sexual abuse and sexual harassment to be done promptly, thoroughly, and objectively for all allegations including third-party and anonymous reports. Investigations shall be conducted by law enforcement for sexual abuse reports, internal reviews and investigations of reports of sexual harassment incidents will be reviewed and coordinated by the PREA Coordinator. Interview with CEO indicated that criminal investigations would be immediately referred to Connecticut State Police. Administrative investigations will be handled by the PREA Coordinator in coordination with the Facility Director.

115.222 (b): Connecticut Renaissance West has a written policy, *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* that establishes the requirement for all staff to report immediately and initiate a coordinated response to any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment that may have taken place against a client by another client, employee, volunteer, intern or contractor. Law enforcement will immediately be called in the case of alleged sexual abuse; PREA Coordinator, Program Director or designee shall contact the State Police Department to initiate a criminal investigation when appropriate. Allegations of sexual abuse will be investigated by the Connecticut State Police in coordination with Court Support Services Division. Procedure was obtained through policy review and interviews with the CEO and PREA Coordinator.

Connecticut Renaissance *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* policy was not published to the agency's public website at time of onsite audit but as of publication of this Interim Report it can be found at: <https://www.ctrenaissance.com/go.php?page=PREA>. This complies with requirements of this provision.

There have been no allegations of sexual abuse or sexual harassment that meet criteria for a criminal investigation referral. Agency policy requires all allegations be documented, to include referral and disposition and staff are aware they are required to complete a PREA Incident Report for any allegation reported.

115.222 (c): Connecticut Renaissance West has a written policy, *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* outlines that Law Enforcement will take the lead role in investigations for sexual abuse and Connecticut Renaissance staff will cooperate with such investigations and shall endeavor to remain informed about the progress of the investigation. Connecticut Renaissance shall be responsible for conducting an Administrative Review.

Auditor's analysis of information collected from review of related policy, agency website, and interviews with CEO and PREA Coordinator concludes Connecticut Renaissance West meets all provisions of this standard.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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*)

115.231 (a): According to Connecticut Renaissance *Training Requirements* policy, Corporate Compliance education shall be offered during New Employee Orientation. Agency policies and procedures in conjunction with PREA must be attended annually by all staff and administration. This training shall include Connecticut Renaissance's stance on zero tolerance for sexual abuse and sexual harassment; how to fulfill responsibilities for prevention, detection, reporting and response to sexual abuse and harassment policies and procedures; employee and client rights to be free of sexual abuse and harassment policies and procedures; the dynamics of sexual abuse and harassment within the criminal population and confinement facilities; common reactions from victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with clients; how to communicate effectively and professionally with clients, including lesbian, gay, bisexual, transgender, intersex or gender non-conforming residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Connecticut statute requires mandatory reporting of Elder Abuse (abuse of individuals age 60 and older) to Department of Social Services; abuse of Persons with Disabilities to the Office of Protection and Advocacy for Persons with Disabilities, and abuse of any child under the age of 18 to the Department of Children and Families. As of the onsite portion of the audit, the current lesson plan included only the juvenile mandatory reporting law. A new curriculum has been developed by the PREA Coordinator titled *Mandated Reporting* and dated May 2019. All staff at Connecticut Renaissance West has received this additional training as evidenced by training records provided to auditor prior to date of this Interim Report. This prior non-compliance has been satisfied.

All new employees receiving PREA training in their onboarding new employee orientation and during annual refresher trainings based on the publication *Preventing and Responding to Corrections-Based Sexual Abuse: A Guide for Community Corrections Professionals*.

115.231 (b): All employees receive training in “Gender Differences in Victimization Experienced and Responses”. Gender responsiveness is encouraged in both agency policy and treatment plans. Employees who may transfer to work at Connecticut Renaissance West would be coming only from another male population facility.

115.231 (c): Connecticut Renaissance West reports 19 staff are currently employed by the facility who may have contact with residents, who were trained or retrained on the PREA requirements. Employees are trained annually and PREA requires every two years.

115.231 (d): Each employee is required to sign a signature form to verify attendance in accordance with Connecticut Renaissance *Training Requirements Policy*.

During onsite audit evidence of all of the required training documentation was not able to be produced. **Corrective Action:** Agency provided the following: 1) update to the orientation checklist to include PREA training and review of the Coordinated Response Plan; 2) course curricula updated with current PREA Coordinator’s name and contact number; 3) development of training for employees on Mandatory Reporting of sexual abuse to outside authorities; 4) delivery of Mandatory Reporting training to employees as evidenced by training roster.

Auditor’s analysis of information collected from related policy review, review of employee training documents, training curriculum, and interviews with staff, PREA Coordinator and Facility Director concludes Connecticut Renaissance West meets all provisions of this standard.

Standard 115.232: Volunteer and contractor training

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*)

115.232 (a-c): Connecticut Renaissance West reports there have been no program service provider contractors who have contact with residents used in the past 12 months. A *PREA Acknowledgement Statement* is required to be signed by all Visitors/Contractors working on-site. This acknowledgement explains the agency's zero-tolerance policy and requires any knowledge of sexual abuse or harassment to be reported. The agency has a written policy, *Volunteers and Interns*, that requires volunteers or Interns to comply with all of Connecticut Renaissance's policies and procedures abiding by the Codes of Ethics and Unlawful Sexual Abuse and Sexual Harassment policies. During a Volunteer or Intern's Orientation he/she shall be trained and informed, signing that he/she understands Connecticut Renaissance's zero tolerance and PREA (Prison Rape Elimination Act) policies on Unlawful Sexual Abuse and Sexual Harassment. Upon entering into an agreement/contract, Connecticut Renaissance shall perform a Criminal Background Check.

Connecticut Renaissance West has one (1) approved volunteer who brings a program into the center weekly. Auditor reviewed documentation providing evidence this volunteer has been trained on his responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Service contractors who enter facility are required to sign a PREA Acknowledgement Statement confirming they have been made aware of the facility's zero-tolerance policy and his/her requirement to report knowledge or suspicion of any sexual abuse or harassment. Auditor reviewed signed forms for six (6) contractors.

Auditor's analysis of the information collected from relevant policy review, training documentation, and interviews conclude Connecticut Renaissance West meets all provisions of this standard.

Standard 115.233: Resident education

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*)

115.233 (a): Connecticut Renaissance has a written policy, *Admission and Orientation*, that includes procedures for ensuring the PREA information is provided to residents. Upon arrival at Connecticut Renaissance West, the new resident shall be greeted by staff then informed of the intake and orientation process. This orientation shall include being provided information explaining Connecticut Renaissance's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incident and the review process. Connecticut Renaissance West reports 258 residents were admitted during the past 12 months and all were given PREA information at intake. Auditor interviewed fifteen (15) residents and they all remembered receiving training on PREA upon arrival at the facility and had a clear understanding of the zero-tolerance policy and were able to articulate other elements of the training. Training records for these fifteen (15) residents was reviewed by auditor finding they had received education on the agency's zero-tolerance policy and received the PREA brochure.

115.233 (b): In accordance with Connecticut Renaissance policy, *Admission and Orientation*, the sexual abuse and sexual harassment and zero-tolerance information shall be provided as a refresher whenever a resident is transferred to another facility. Client will receive a brochure upon entrance to the facility and will sign receipt of brochure. The facility reported that four (4) residents transferred from a different community confinement facility within the past 12 months and each of them received refresher information. Auditor reviewed training records for the four (4) residents who had transferred in from a different facility and found they received the required training.

115.233 (c): Connecticut Renaissance shall provide orientation and information in a manner of which can be understood by the person served. Information shall be in formats that are accessible to those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as those who have limited reading skills.

Auditor interviewed three (3) residents identified as limited English proficient. An interpreter was offered to all three and two of the three refused. The staff interpreter translated for the one Spanish speaking resident during interview with the resident's permission. Auditor ensured this resident was provided PREA information in Spanish by review of the signed acknowledgement form. Auditor observed PREA information in brochures, and posters throughout the facility in both English and Spanish. Residents are screened by the sending agency for proficiency in speaking, reading, and understanding communications in English as a requirement for eligibility; therefore, the handbook is printed in English only. Should a resident need assistance with the handbook, staff will ensure assistance is provided through means discussed in standard 115.216 narrative.

It should be noted that residents are assigned to this program through a referral process by Court Support Services Division and Federal Probation. Candidates are screened for need, appropriateness and compatibility for the center based on services available and facility accommodations. This facility program and structural design is not amenable for residents with serious hearing, sight, or physical disabilities. Minor disabilities will be accommodated should the need arise, however, there have been no documented cases since inception.

115.233 (d): Each client signs and dates an acknowledgement statement attesting that he has read and understands the Connecticut Renaissance PREA Policy and the PREA Brochure Acknowledgement form after receipt of the PREA orientation and information. Copies of signed

acknowledgement forms were provided to auditor for each of the fifteen (15) residents interviewed and the four (4) incoming transfers, providing evidence that each has been made aware of the zero-tolerance policy and received training on PREA upon arrival.

115.233 (e): Each client is provided with a Handbook which includes all information discussed in the Orientation, to include PREA, resident rights, how to report and problem, and facility expectations. Interviews with residents indicated they had all been issued a program handbook as described in agency policy. Auditor observed posters on each bulletin board, on each floor, kitchen and dining room, and multi-purpose/recreation areas.

Auditor's analysis of the information obtained from review of the training curriculum, resident training records, interviews with residents, and interviews with Facility Director and Intake Coordinator concludes Connecticut Renaissance West meets the provisions of this standard.

Standard 115.234: Specialized training: Investigations

115.234 (a)

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

115.234 (b)

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

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]
 Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.234 (a): Connecticut Renaissance conducts administrative investigations only. Designated administrative investigations are conducted by the PREA Coordinator. Interview with PREA Coordinator confirms she has completed specialized training and auditor observed training certificate for *NIC PREA: Investigating Sexual Abuse in a Confinement Setting*. Connecticut Renaissance West conducts no criminal investigations.

115.234 (b): *NIC PREA: Investigating Sexual Abuse in a Confinement Setting* training module includes: 1) Techniques for interviewing sexual abuse victims; 2) Sexual abuse evidence collection in confinement settings; 3) Proper use of Miranda and Garrity warnings; 4) Criteria and evidence required to substantiate a case for administrative action or prosecution referral.

115.234 (c): The PREA Coordinator is the agency designated investigator for administrative investigations and a certificate of completion for *NIC PREA: Investigating Sexual Abuse in a Confinement Setting* for the designated investigator was observed by auditor.

Auditors evaluation of training records and interview with PREA Coordinator/Investigator indicates Connecticut Renaissance West meets the requirements of this standard.

Standard 115.235: Specialized training: Medical and mental health care

115.235 (a)

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

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility 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? Yes No

115.235 (d)

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

Auditor Overall Compliance Determination

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

115.235 (a): Mental health care practitioners at Connecticut Renaissance West have been trained in how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Connecticut Renaissance West mental health professionals receive their specialized training through the National Institute of Corrections using *PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting*.

115.235 (b): Connecticut Renaissance West employs no medical staff and forensic examinations are not conducted by any staff employed by Connecticut Renaissance West. This provision does not apply.

115.235 (c): During onsite portion of the audit only one of the mental health professionals was able to provide a certificate for the specialized training noted in section (a) above. Auditor has been provided with certificates for the remaining two mental health practitioners where the indicated training was completed on June 13, 2019.

115.235 (d): Mental health practitioners are required to complete the same PREA training mandated for all employees and training is documented according to procedures explained in 115.231. Connecticut Renaissance West does not employ contracted medical or mental health practitioners nor are volunteers used to provide these services.

Connecticut Renaissance West employs two clinical case managers and one residential clinician. All have completed the general PREA training as well as the *NIC training PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting*. Residents are seen on a weekly basis by Case Managers at which time the treatment plan is reviewed; evaluations are conducted on an on-going basis and documented in the case files. A resident needing specific treatment will be referred to outside services.

Auditor's analysis of the information collected from review of related policy, review of training records and certificates, interviews with Facility Director, Mental Health Practitioners, and PREA Coordinator conclude Connecticut Renaissance West meets provisions of this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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*)

115.241 (a): Connecticut Renaissance has a written policy, *Screening for Risk of Victimization & Abusiveness*, that requires all residents to be assessed during the intake and evaluation process for their risk of being sexually abused by other residents or sexually abusiveness toward other residents.

115.241 (b): Connecticut Renaissance has a written policy, *Admission and Orientation*, that requires the facility to complete intake process within 72 hours of arrival which includes a PREA Screening. Auditor's interviews with Intake Coordinator and Facility Director found that screenings are usually conducted within 24 hours of arrival at the facility, but no more than 72. Fifteen (15) resident's records were reviewed and auditor found that all had been screened within 72 hours of arrival to facility.

115.241 (c): Connecticut Renaissance uses a uniform, objective screening instrument, appropriate for male or female residents. The instrument is 3 pages and contains all questions and considerations required of this standard. Points are tallied based on the answers provided by the resident and a total score of 12 or higher denotes resident as Vulnerable to Victimization. Any "yes" answers to the questions regarding sexual aggressive behavior denotes the resident as sexual aggressive. Auditor reviewed the screening instrument and finds it to be objective.

115.241 (d): Auditor's review of the Connecticut Renaissance *PREA Assessment Tool* found that it considers in determining risk of victimization the following criteria: 1) whether the resident has a mental, physical, or developmental disability; 2) age of resident; 3) physical build of the resident; 4) whether the resident has previously been incarcerated; 5) whether the resident's criminal history is exclusively non-violent; 6) whether the resident has prior convictions for sex offenses against and adult or child; 7) whether the resident is or perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; 8) whether the resident has previously experienced sexual victimization; 9) the resident's own perception of vulnerability.

115.241 (e): Auditor's review of the Connecticut Renaissance *PREA Assessment Tool* found that it considers prior acts of sexual abuse, and prior convictions for violent offenses and history of prior institutional violence or sexual abuse. Auditor's review of Connecticut Renaissance policy indicates this requirement was not addressed in agency policy although questions are included on the existing instrument. Policy was updated on 05/07/2019 to include this provision in the agency policy.

115.241 (f): Connecticut Renaissance policy, *Screening for Risk of Victimization & Abusiveness*, indicates residents will be reassessed for risk within 30 days of admission, based upon any additional relevant information received by the facility since the intake screening. A review of 15 resident's files indicated that six (6) had been at the facility for less than 30 days so the review was not due, six (6) had a case review contact within 30 days and no changes were necessary to their risk assessment, and three (3) had a case review contact which exceeded 30 days and no changes were necessary to their risk assessment. Case note documentation reviewed indicates that case managers see each of their residents weekly one on one. Interviews with case managers and Facility Director confirmed that each visit they are looking for any signs of problems, to include any indicators that would prompt a rescreening for sexual abuse as part of the treatment plan protocols. Auditor recommended that a case note be made to indicate that a review of the screening results is conducted within the 30-day period from arrival to clearly document this activity is occurring. Facility provided examples for three different offenders and from three separate case managers where the case notes now include the reassessment for risk within 30 days is being conducted and documented. Auditor is satisfied this rescreening is occurring as indicated, based on review of the case notes provided.

115.241 (g): Connecticut Renaissance policy, *Screening for Risk of Victimization & Abusiveness*, requires a resident's risk be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Residents have a face-to-face contact with their assigned Clinical Case Manager weekly throughout the duration of their time in the program. There are no documented cases where a risk

reassessment was necessary based on file reviews and interviews with Clinical Case Managers and Facility Director.

115.241 (h): Connecticut Renaissance policy, *Screening for Risk of Victimization & Abusiveness*, dictates that residents may not be disciplined for refusing to answer, or for not disclosing complete information during the PREA screening. Interviews with Clinical Case Managers, Facility Director, and Intake Coordinator confirm residents are never disciplined for non-disclosures during the screening process.

115.241 (i): Connecticut Renaissance policy, *Screening for Risk of Victimization & Abusiveness*, requires that information received during the screening/evaluation process be treated with Connecticut Renaissance's standards of confidentiality. This information is to only be used as minimally required to facilitate treatment and to keep resident safe. The screening is conducted on a paper form, signed by resident and case manager, then scanned into computer database and shredded. Program director controls computer access levels on need to know basis.

Connecticut Renaissance West reports 254 residents entered the facility within the past 12 months, and all were screened for risk of sexual victimization or risk of sexual abusing other residents within 72 hours of their entry into the facility. Auditor interviewed 15 current residents who reported they were screened upon arrival to the facility and then these risk assessment questions were again reviewed with them by the case manager within a few weeks after arrival.

Auditor's analysis of information collected during review of resident files, case notes, and screening documents, related agency policy review, and interviews with staff, residents, and Facility Director, conclude Connecticut Renaissance West meets provisions of this standard.

Standard 115.242: Use of screening information

115.242 (a)

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

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

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

Auditor Overall Compliance Determination

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

115.242 (a): In accordance with Connecticut Renaissance *Screening for Risk of Victimization and Evaluation and the Intake Interview* policies, information received shall be used from a programmatic and treatment perspective in determining service needs and ensuring the safety of the resident. The PREA Screening Assessment Tool shall be scored and utilized to make informed housing, bed, work, education, monitoring and program treatment or service decisions, recommendations or assignments. Auditor's interviews with Facility Director, Shift Supervisor, and Clinical Case Managers indicate a resident's risk results are used when making housing decisions and when developing the individual treatment plan.

115.242 (b): In accordance with Connecticut Renaissance policy, *Screening for Risk of Victimization & Abusiveness*, the facility shall develop a plan for making bed decisions when a determination has been made that a resident may be at risk for victimization or that a potential abuser is being housed. Interviews with Facility Director, Shift Supervisor, and Clinical Case Managers indicated once a resident is identified as being at risk for sexual victimization or abusiveness bed assignments are made on an individual basis in coordination with the intake coordinator, first shift supervisor, and clinical case manager to ensure the safety of the resident. Residents who are identified as at risk for vulnerability may be placed on the 2nd floor in a single bedroom which is closest to the Program Director's office. Potential aggressors are housed on 4th or 5th floor. Auditor's review of the current population report revealed no resident was flagged as being at risk for victimization or abusiveness.

115.242 (c): In accordance with Connecticut Renaissance policy, *Screening for Risk of Victimization & Abusiveness*, bed placements for transgender or intersex residents shall be based on concerns for the resident's health and safety. Documentation of placement considerations shall be maintained in the client's record. Based on auditor's interview with Facility Director and Case Managers, there have been no documented transgender or intersex residents assigned to the program within the audit period. Assignments to the program are exclusively made by Court Support Services Division. Connecticut Renaissance accepts all resident assignments made by Court Support Services Division and houses resident based on results of the screening instrument. Connecticut Renaissance policy directs non-intrusive monitoring and offered support or treatment services as deemed appropriate for all at-risk residents.

115.242 (d): In accordance with Connecticut Renaissance policy, *Screening for Risk of Victimization & Abusiveness*, the transgender or intersex resident's own view of safety needs shall be serious consideration in making bed placements. See auditor comments in 115.242 (c).

115.242 (e): In accordance with Connecticut Renaissance policy, *Screening for Risk of Victimization & Abusiveness*, transgender and intersex residents shall be given the opportunity to shower separately from other residents. Auditor observed that each resident room is equipped with a private restroom area that contains a shower. There is a door installed on each bathroom and shower curtains are installed on each shower.

115.242 (f): In accordance with Connecticut Renaissance policy, *Screening for Risk of Victimization & Abusiveness*, the program shall not place lesbian, gay, bisexual, transgender or intersex residents in a dedicated area solely on the basis of such identification or status. Interviews with staff and residents indicate that there are no dedicated housing assignments in the facility. Auditor's review of results of screening information and interviews with Facility Director and Intake Coordinator indicate there are no residents currently housed at the facility that identify as being gay, bisexual, transgender or intersex, but if there were, this is never a sole consideration for housing decisions.

Auditor's evaluation of information obtained through policy review, resident files, interviews with residents and staff indicate Connecticut Renaissance West meets provisions of this standard.

REPORTING

Standard 115.251: Resident reporting

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*)

115.251 (a): Connecticut Renaissance policy, *Reporting of Sexual Abuse and/or Harassment* provides for multiple internal ways for residents to make reports of sexual abuse or harassment. Residents may make verbal or written reports to their Clinician, Program Director, PREA Coordinator, Director of Quality Improvement or any other employee they feel comfortable in reporting sexual abuse or sexual harassment or retaliation by other residents or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. These reports may be made privately. Interviews with facility staff and residents indicate this procedure is well known and available for reporting incidents. Auditor observation of posters throughout facility provide reminders of this policy and the resident handbook and resident PREA brochure contains reporting information. Residents interviewed by auditor are aware of the variety of ways they are able to make a report and confirmed they know the information is available in their handbook and the numbers are located on the posters throughout the facility.

115.251 (b): In accordance with Connecticut Renaissance policy, *Reporting of Sexual Abuse and/or Harassment*, residents may report concerns of sexual abuse or harassment to and an outside source through their Parole Officers or referral sources who will then contact the agency's PREA Coordinator to corroborate and investigate. Residents may also make an external report to Safe Haven or The Center for Family Justice who shall forward reports of sexual abuse and sexual harassment to agency officials. Clients may remain anonymous if they desire. Clients may also call 911 for an immediate report to local and CT State Police. Interviews with facility staff and residents indicate this procedure is well known and available for reporting incidents. Auditor observation of posters throughout facility provide reminders of this policy and the resident handbook and resident PREA brochure contains reporting information.

115.251 (c): In accordance with Connecticut Renaissance policy, *Reporting of Sexual Abuse and/or Harassment*, staff shall accept reports made verbally, in writing, anonymously and from third parties.

Any report received shall be promptly documented (within 24 hours) and forwarded to the PREA Coordinator. Interviews with staff indicate this policy is well known. Interviews with residents indicate they are aware that 3rd party reports can be made on behalf of another resident and by outside parties. Of the employees interviewed, none have received such a report but are aware of protocols if they do.

115.251 (d): Staff may report sexual abuse or sexual harassment privately or anonymously by phone call or in writing to the PREA Coordinator; they may also contact Department of Corrections directly or the Connecticut DOC PREA Coordinator. This information is conveyed to staff through PREA policy, PREA training, and is found on the public website.

Auditor's analysis of information collected from review of related agency policy, review of website and resident handbook, personal observations, and interviews with staff and residents, and interview with PREA Coordinator concludes Connecticut Renaissance West meets all provisions of this standard.

Standard 115.252: Exhaustion of administrative remedies

115.252 (a)

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

115.252 (b)

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

115.252 (c)

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

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the

90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA

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

115.252 (e)

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

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

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

Auditor Overall Compliance Determination

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

The agency has no administrative procedures for dealing with resident grievances regarding sexual abuse. This standard does not apply to Connecticut Renaissance West; therefore, auditor finds standard compliant as there is no N/A option.

Standard 115.253: Resident access to outside confidential support services

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*)

115.253 (a): In accordance with Connecticut Renaissance policy *Medical and Mental Health Care for Victims of Sexual Abuse* residents are provided with access to outside victim advocates for emotional support services related to sexual abuse. Residents are provided mailing address and phone numbers to sexual assault services: 1) Safe Haven of Greater Waterbury, 29 Central Ave., Waterbury, CT 06702, 203-753-3613, 1-888-999-5545, En Espanol 1-888-586-8332; 2) The Center for Family Justice, 753 Fairfield Ave., Bridgeport, CT 06604, 203-334-6154/203-333-2233. The program shall enable confidential communication between residents and such community resources. Telephone calls are not recorded nor monitored, and residents are allowed to possess their own cell phone of which conversations are not monitored. Incoming nor outgoing mail is monitored by the facility. Auditor confirmed procedures in place through interviews with staff and residents. Auditor placed a test call to both community providers and spoke with a representative verifying the MOU and availability of services for residents at Connecticut Renaissance West.

115.253 (b): Residents are allowed free access to telephone conversations and no monitoring is conducted. Residents are allowed (and most do) possess their own cell phone for placing and receiving phone calls. Information provided by a resident to Safe Haven or The Center for Family Justice will be kept confidential in accordance with CGS-52-146k as provided for the Memorandum of Understanding between the facility and community service providers. The client (resident) must waive the privilege of confidential communication for the community service provider to share information with Connecticut Renaissance.

115.253 (c): Connecticut Renaissance West holds Memorandums of Understanding with two outside agencies: Safe Haven and The Center for Family Justice which have been reviewed by auditor.

Auditor's analysis of information provided in both Memorandums of Understanding and information obtained during interviews with facility staff and advocacy representatives finds Connecticut Renaissance West meets provisions of this standard.

Standard 115.254: Third-party reporting

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*)

115.254 (a): Connecticut Renaissance *Reporting Sexual Abuse and/or Harassment* policy provides that third parties, including fellow residents, staff members, family members, attorneys, and outside advocates shall be permitted to assist clients/residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. Third party reports may be made to any of the following: CT State Police, 1-800-375-9918; CT Sexual Assault Crisis Service (English: 1-888-999-5545 or Espanola: 1-888-568-8332; PREA Coordinator, 203-336-5225 x2123. The Connecticut Renaissance website includes the zero-tolerance statement and the above contact information with instructions for individuals on how to make a report.

Auditor's assessment of information obtained from review of related agency policy, test call, and agency website conclude provisions of this standard are met.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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*)

115.261 (a): Connecticut Renaissance *Reporting Sexual Abuse and/or Harassment* policy requires staff to report to their next level supervisor and the agency's PREA Coordinator any knowledge or suspicion of sexual abuse and/or harassment against a client/resident by another client/resident, employee, volunteer, intern or contractor. Retaliation by other residents or staff for reporting sexual abuse or sexual harassment; and, staff neglect or violation of responsibilities that may have contributed to such incidents should also be reported. Auditor's review of the employee training curriculum and agency policy finds provision in place. Interviews with all levels of staff indicate a thorough knowledge of reporting procedures as well as a sense of urgency related to any suspicions or incidents of sexual abuse or sexual harassment.

115.261 (b): In accordance with Connecticut Renaissance *Reporting Sexual Abuse and/or Harassment* policy, apart from reporting to designated supervisors or the PREA Coordinator staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, review and other security and management decisions. Interviews with all levels of staff indicate a thorough understand of confidentiality requirements related to incidents of sexual abuse.

115.261 (c): Clinical case managers are licensed practitioners and are required to report sexual abuse according to facility requirements and in accordance with mandatory reporter laws. Residents are made aware of the requirement for mandatory reporting of sexual abuse upon arrival at the facility during orientation and upon meeting with their Clinical Case Manager to review their individual treatment plan. This procedure was confirmed through policy review and interviews with staff and residents.

115.261 (d): If victim is considered a vulnerable adult under Connecticut statute (persons over age 60 or those who are blind, have a disability, including intellectual disability), incident must be reported to the Department of Social Services. The facility has had no incidents where the alleged victim qualifies as a juvenile or vulnerable adult. Auditor's review of the training curriculum identified that the mandatory reporting requirement of vulnerable adults was not included. Auditor worked with the PREA Coordinator to ensure this language has been added to the Coordinated Response Plan checklist, added to the training curriculum in Relias, and the PREA Coordinator issued a memorandum to Facility Director instructing review of the agency's expectations regarding Connecticut statutes on mandated reporting with staff.

115.261 (e): The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the designated investigator (CT State Police, 1-800-375-9918) and the Agency PREA Coordinator. One incident has been reported within the audit period and it was promptly reported by the Facility Director to the PREA Coordinator and followed by an administrative investigation.

Auditor's analysis of information obtained from interviews with Facility Director, PREA Coordinator, and staff, review of related agency policy, and review of revised Coordinated Response Plan and other related directives concludes Connecticut Renaissance West meets all provisions of this standard.

Standard 115.262: Agency protection duties

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*)

According to agency *Prison Rape Elimination Act* policy Connecticut Renaissance will take necessary measures to ensure protection of those reporting or assisting in the investigation of sexual abuse or sexual harassment. Connecticut Renaissance CEO explained during her interview with auditor that the agency will take any necessary actions to protect residents including any of the following: transfer to a different facility, referral to a different program or suspension of staff. Analysis of policy and information obtained during interview informed auditor's decision that Connecticut Renaissance West meets provisions of this standard.

Standard 115.263: Reporting to other confinement facilities

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*)

115.263 (a): In accordance with Connecticut Renaissance *Reporting Sexual Abuse and/or Harassment* policy, upon receiving an allegation that a resident was sexually abused while confined at another facility, the Program Director that received the allegation shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. The facility reports there have been no allegations reported by a resident while being confined at another facility within the past 12 months. Facility Director indicated she has received no reports of sexual abuse from a resident that has occurred at another facility since she has been in this role, although she and staff are aware of the policy requirements should a report be received.

115.263 (b): In accordance with Connecticut Renaissance *Reporting Sexual Abuse and/or Harassment* policy, this notification must be done as soon as possible, but no later than 72 hours after receiving the allegation. The Program Director will apprise the Connecticut Renaissance PREA Coordinator of such allegations and collaborate with the PREA Coordinator in terms of ensuring appropriate notifications. Confirmed that these procedures are in place through auditor's interview with CEO, Facility Director and PREA Coordinator. No incident has been received, as noted in provision (a) above.

115.263 (c): In accordance with Connecticut Renaissance *Reporting Sexual Abuse and/or Harassment* policy, the PREA Coordinator will maintain documentation of such reports and communication with other organizations. Confirmed that these procedures are in place through auditor's interview with CEO, Facility Director and PREA Coordinator. No incident has been received, as noted in provision (a) above.

115.263 (d): In accordance with Connecticut Renaissance *Reporting Sexual Abuse and/or Harassment* policy, if Connecticut Renaissance receives a report from another organization of an allegation of sexual abuse that supposedly occurred at a Connecticut Renaissance facility, the PREA Coordinator, in coordination with Facility Director, shall follow-up and initiate a review and subsequent investigation as where indicated. The facility reports there have been no allegations of sexual abuse received from other facilities within the past 12 months.

Although no related reports have been made to review, auditor finds Connecticut Renaissance West meets provisions of this standard based on information obtained during review of agency policy and interviews with CEO, PREA Coordinator, and Facility Director.

Standard 115.264: Staff first responder duties

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*)

115.264 (a-b): Connecticut Renaissance *Reviewing and Responding to Sexual Abuse and/or Harassment* policy outlines the following procedures for staff first responder duties:

- Upon learning of an allegation that a resident was sexually abused, the first staff person to receive the report must notify the Program Director;
- Arrangements will immediately be made to separate the alleged victim and abuser;
- Law enforcement will immediately be called in the case of alleged sexual abuse;
- The crime scene will be closed off until the arrival of law enforcement;
- The alleged victim will be asked not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating;
- The alleged abuser will be asked to not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating;
- The Program Director, or first responder if Director is not available, shall make immediate notification to the PREA Coordinator and the referral source;
- The PREA Coordinator will take the lead, provide direction and coordinate the activities necessary to ensure care to the victim. Law enforcement will be called immediately to investigate the allegation.

The facility employs no security staff, all staff are trained to perform complete First Responder duties, as needed. The facility reports no allegations in the past 12 months that a resident was sexually abused where

first responder protocols were able to be initiated. Auditor interviewed a total of 12 staff at Connecticut Renaissance West and found each to have a thorough understanding of their responsibilities as a first responder and able to explain the protocols to follow. Employees explained the procedures in a manner which indicated a sense of importance and urgency and that convinced auditor that the safety of residents is a priority at Connecticut Renaissance West.

Based on analysis of information obtained during policy review and interviews with staff, auditor finds Connecticut Renaissance West meets provisions of this standard.

Standard 115.265: Coordinated response

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*)

The facility has developed a written institutional plan to coordinate actions among staff first responders, mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse in the form of a checklist. Auditor's review of the checklist finds a thorough outline of tasks required with designated responsible staff noted, a column for date and time task completed, and the initial of the staff member completing the task and any additional comments. No incidents have occurred within the audit period requiring use of the checklist, so there were no completed checklists to review. Staff interviews indicate staff are proficient in knowledge of the required protocols and understand the importance of acting swiftly to ensure alleged victim is cared for, evidence is protected, and notifications are promptly made.

Auditor recommended that a mandatory reporting clause be added to the Coordinated Response Plan to ensure notifications are made to the designated state agency for any resident considered to be a vulnerable adult. PREA Coordinator provided a revised Coordinated Response Plan where this language has been added to the checklist.

Auditor finds Connecticut Renaissance West meets provisions of this standard based on review of agency policy, review of facility Coordinated Response Plan, interviews with staff, and interviews with Facility Director and PREA Coordinator.

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

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*)

Interview with CEO indicates Connecticut Renaissance has entered no collective bargaining agreements and no agreements prohibiting agency from separating residents from alleged perpetrators; therefore, Connecticut Renaissance West is found to meet this standard.

Standard 115.267: Agency protection against retaliation

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*)

115.267 (a): Connecticut Renaissance has established *Prison Rape Elimination Act (PREA)* 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. Any employee, contractor, intern, volunteer, or individual in the custody of the Judicial Branch or Department of Correction whom reports an incident of sexual abuse or sexual harassment or cooperates in a sexual abuse or sexual harassment investigation must not be retaliated against. Any complaint of retaliation by an employee, contractor, intern, volunteer, or individual in the custody of the Judicial Branch or Department of Corrections will be reported and investigated in accordance with the procedures and instruction provided in this policy. Any individual who is found to have been in violation of this policy will be subject to appropriate disciplinary action and/or referred to the State Police for criminal investigation.

The agency's PREA Coordinator and Human Resources Department are the designated parties who will monitor the conduct the treatment of those employees and individuals in the custody of the Judicial Branch or Department of Correction and will remedy any discovered retaliation.

115.267 (b): In accordance with Connecticut Renaissance *Prison Rape Elimination Act (PREA)* policy, the agency will take necessary measures to ensure protection of those reporting or assisting in the investigation of sexual abuse or sexual harassment. Such measures may include changing of residential assignment or staff assignment or offering emotional support services.

The agency's PREA Coordinator in cooperation with the appropriate Program Director or designee will develop and document a plan to prevent and/or monitor any acts of retaliation against someone who reports an incident or cooperates in an investigation of an allegation of sexual harassment or sexual abuse. Interview with PREA Coordinator and Facility Director indicate there have been no incidents of retaliation in the audit period, however, each explained a variety of measures that might be taken to respond to any reports of retaliation received. Each situation would be evaluated and handled in the manner necessary to ensure the retaliation is addressed and the person is protected throughout the investigative process. Auditor's interview with CEO satisfied that the agency takes PREA allegations and any subsequent reports of retaliation very seriously and that incidents will be dealt with promptly and thoroughly.

115.267 (c): In accordance with *Prison Rape Elimination Act (PREA)* policy, for at least 90 days following a report of sexual abuse, Connecticut Renaissance shall monitor the conduct and treatment of clients/residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Monitoring shall continue beyond 90 days if initial monitoring indicates a continued need. Efforts to fulfill monitoring obligations will be documented and controlled by the PREA Coordinator. As noted in section (b) above, there have been no incidents

reported within the audit period. The agency's obligation to monitor terminates if the investigation determines that the allegations are unfounded.

115.267 (d): Interviews with CEO, PREA Coordinator, Facility Director, and Clinical Case Managers indicate residents are monitored at least weekly according to their case plan. If retaliation monitoring is necessary, it would be added to the treatment plan and would include periodic status checks. As noted above in section (b), there have been no incidents to review.

115.267 (e): In accordance with *Prison Rape Elimination Act (PREA)* policy, any individual who cooperates with an investigation and expresses a fear of retaliation will be protected from retaliation by the agency.

Connecticut Renaissance West reports no incidents of retaliation in the past 12 months. Auditor finds Connecticut Renaissance West meets the provisions of this standard based on analysis of information obtained from policy review and interviews with agency staff as indicated in the above narrative.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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*)

115.271 (a): In accordance with Connecticut Renaissance *Reviewing and Responding to Sexual Abuse and/or Harassment* policy and *Prison Rape Elimination Act (PREA)* policy, investigations into allegations of sexual abuse and sexual harassment shall be done so promptly, thoroughly, and objectively for all allegations including third-party and anonymous reports. Investigations shall be conducted by law enforcement for sexual abuse reports, internal reviews and investigations of reports of sexual harassment incidents will be reviewed and coordinated by the PREA Coordinator. Connecticut Renaissance reports no substantiated allegations of conduct that appear to be criminal.

The facility reports one allegation of sexual abuse that was received as a 3rd party report. An investigation was initiated on the same day as the report was received. Auditor's review of the investigation documentation indicated witnesses were interviewed, the alleged perpetrator was interviewed, and video monitoring footage was reviewed. The investigation concluded within five days. Sufficient evidence was not present to support a criminal investigation and the disposition was determined to be unsubstantiated. Employee was terminated based on violation of policy related to a separate matter that was discovered during this investigation.

115.271 (b): The Connecticut Renaissance investigations designee is the PREA Coordinator who has received specialized training as explained in standard 115.234 narrative.

115.271 (c): In accordance with Connecticut Renaissance *Reviewing and Responding to Sexual Abuse and/or Harassment* policy and *Prison Rape Elimination Act (PREA)* policy, law enforcement will take the lead role in investigations for sexual abuse and Connecticut Renaissance staff will cooperate with such investigations which may include any or all of the following: 1) gathering and preserving direct and circumstantial evidence, interviewing alleged victims, suspected perpetrators, and witnesses; 3)

review of prior reports and complaints of sexual abuse involving the suspected perpetrator. Staff interviewed indicated awareness of their responsibility to cooperate with any investigation and preservation of evidence.

115.271 (d): The agency conducts no compelled interviews; these interviews would be conducted by law enforcement officials. This provision is marked compliant.

115.271 (e): Review of the administrative investigation referred to in section (a) of this narrative indicates impartiality for determining credibility during the investigation and no party was subjected to polygraph examination and a condition to proceed with the investigation. Auditor's interview with the PREA Coordinator obtained that credibility of an alleged victim, suspect, or witness will be made on an individual basis and not determined by one's status as resident or staff. The agency does not use polygraph examinations or any other form of truth-telling devices for any purpose.

115.271 (f): In accordance with Connecticut Renaissance *Reviewing and Responding to Sexual Abuse and/or Harassment* policy, administrative investigations into allegations of sexual abuse and sexual harassment include an effort to determine whether staff actions or failures to act contributed to the abuse and these investigations are documented on the PREA Incident Report which has been revised 05/10/19 to include a section for the disposition of the administrative investigation.

115.271 (g): In accordance with Connecticut Renaissance *Reviewing and Responding to Sexual Abuse and/or Harassment* policy, criminal investigations are conducted by law enforcement. Connecticut Renaissance West will initiate a written report on the *PREA Incident Report* form and shall endeavor to remain informed about the progress of the criminal investigation, documenting progress on the same form. Any evidence or witness statements collected as part of the administrative investigation will be shared with law enforcement and will accompany the *PREA Incident Report* file.

115.271 (h): In accordance with Connecticut Renaissance *Reviewing and Responding to Sexual Abuse and/or Harassment* policy, any substantiated allegations of conduct resulting from an administrative investigation that appears to be criminal will be referred to law enforcement by Connecticut Renaissance for prosecution.

115.271 (i): At time of onsite audit, agency policy did not include language stating the retention of the written reports related to sexual abuse allegations. Auditor worked with PREA Coordinator and recommended this language be added to the agency policy. Policy was revised effective 05.31.2019 to include language sufficient to indicate Connecticut Renaissance retains all written reports referenced in (f) and (g) of this narrative for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. In addition, the PREA Incident Report form was revised to include the retention requirement.

115.271 (j): In accordance with Connecticut Renaissance *Reviewing and Responding to Sexual Abuse and/or Harassment* policy, criminal investigations are conducted by law enforcement and Connecticut Renaissance staff will cooperate with such investigations and shall endeavor to remain informed about the progress of the criminal investigation.

No allegations of a criminal nature have been reported during the audit period. After a corrective action to revise policy language and as indicated above in section (i), auditor's analysis of related policy, review of documented administrative investigation, and interviews with PREA Coordinator and Facility director find Connecticut Renaissance West meets provisions of this standard.

Standard 115.272: Evidentiary standard for administrative investigations

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*)

115.272 (a): Auditor's interview with PREA Coordinator indicates that the agency imposes no greater standard than preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Auditor's review of the agency policy found no written evidence of this practice and only one incident existed for evaluation. Auditor worked with PREA Coordinator to ensure agency policy be revised to include this language to clearly indicate the agency's intent and expectations for determining dispositions of allegations.

As a corrective action measure, the PREA Coordinator provided an updated and revised *Prison Rape Elimination Act (PREA)* policy dated effective 05/31/2019 which includes sufficient language to indicate the agency shall impose no standard higher than preponderance of the evidence in determining whether allegations are substantiated. Auditor's analysis of the revised policy, review of the existing investigation, and interview with PREA Coordinator concludes Connecticut Renaissance West meets provisions of this standard.

Standard 115.273: Reporting to residents

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

115.273 (a): In accordance with Connecticut Renaissance *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* policy, following a review into a client/resident's allegation of sexual abuse suffered while receiving services in a Connecticut Renaissance facility, the PREA Coordinator shall inform the client/resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

115.273 (b): In accordance with Connecticut Renaissance *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* policy, Connecticut Renaissance will endeavor to remain informed about the progress of the investigation and shall request relevant information from the investigative agency in order to inform the resident. It is important to note here that the program is a short-term facility and once the resident releases from custody of the agency, the duty to inform the alleged victim is waived. The PREA Coordinator is the designee for maintaining contact with law enforcement regarding status of the investigation and making any subsequent notifications. This procedure was confirmed during auditor's interview with PREA Coordinator.

115.273 (c): In accordance with Connecticut Renaissance *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* policy, following a resident's allegation that a staff member has committed sexual abuse, the client shall be informed whenever: 1) the staff member is no longer assigned within the resident's unit; 2) the staff member is no longer employed at the facility; 3) Connecticut Renaissance learns that the staff member has been indicted on a charge related to sexual abuse within the facility; 4) or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. This requirement to inform is waived if the investigation is determined to be unfounded or if the resident has released from custody.

115.273 (d): In accordance with Connecticut Renaissance *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* policy, following a resident's allegation that he has been sexually abused by another resident, Connecticut Renaissance shall subsequently inform the alleged victim whenever: 1) Connecticut Renaissance learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.273 (e): In accordance with Connecticut Renaissance *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* policy, all notifications or attempted notification shall be documented and maintained in a file by the PREA Coordinator. Connecticut Renaissance's obligation to report back to victims shall be terminated if the client/resident is released from the agency's custody.

Connecticut Renaissance reports one (1) sexual abuse investigation completed within the past 12 months. The facility received allegation as a 3rd party report and the alleged victim had already released from custody; however, the prior resident was contacted and interviewed and denied the allegation had occurred. Due to the resident being released at time investigation was concluded, there was no requirement to provide notification of the disposition. Connecticut Renaissance reports there were no investigations completed by an outside agency within the past 12 months. Auditor's evaluation of information obtained from related agency policy and interview with PREA Coordinator finds Connecticut Renaissance West meets provisions of this standard.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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*)

115.276 (a): In accordance with Connecticut Renaissance *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* policy, staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

115.276 (b): In accordance with Connecticut Renaissance *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* policy, termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.

115.276 (c): In accordance with Connecticut Renaissance *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* policy, disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.

115.276 (d): In accordance with Connecticut Renaissance *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* policy, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Connecticut Renaissance West reports that there have been no staff terminated nor disciplined otherwise, for violating agency sexual abuse or sexual harassment policies. The employee termination referenced in standard 115.271 was for violation of agency policy that was discovered during the administrative investigation of a sexual abuse allegation, which was concluded at time of termination. Auditor's determination of Connecticut Renaissance West compliance with this standard is based on evaluation of information obtained from review of agency policy, investigation review, and interviews with PREA Coordinator, HR Manager, and CEO.

Standard 115.277: Corrective action for contractors and volunteers

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*)

115.277 (a): In accordance with Connecticut Renaissance *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* policy, any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

115.277 (b): In accordance with Connecticut Renaissance *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* policy, the facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Connecticut Renaissance West reports there have been no incidents known to Connecticut Renaissance where contractors or volunteers have engaged in sexual abuse during the audit period. Auditor's evaluation of information obtained from review of agency policy and interviews with Facility Director and PREA Coordinator finds Connecticut Renaissance West meets provisions of this standard.

Standard 115.278: Interventions and disciplinary sanctions for residents

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

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

115.278 (a): In accordance with Connecticut Renaissance *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* policy, clients/residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

115.278 (b): In accordance with Connecticut Renaissance *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* policy, sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed from comparable offenses by other residents with similar histories. Determination of appropriate disciplinary actions shall be a collaborative effort between Connecticut Renaissance and the referral source.

115.278 (c): In accordance with Connecticut Renaissance *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* policy, the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.

115.278 (d): In accordance with Connecticut Renaissance *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* policy, Connecticut Renaissance may impose upon the abuser therapy, counseling and other interventions as appropriate designed to address and correct

underlying reasons or motivations for the abuse. When recommended interventions shall be required as a condition in receiving continued services with the agency.

115.278 (e): In accordance with Connecticut Renaissance *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* policy, Connecticut Renaissance may impose disciplinary sanctions on a client/resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.278 (f): In accordance with Connecticut Renaissance *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* policy, for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if a review does not established evidence sufficient to substantiate the allegation.

115.278 (g): In accordance with Connecticut Renaissance *Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment* policy, Connecticut Renaissance prohibits all sexual activity between residents and will follow up with the disciplinary action for such activity. Connecticut Renaissance will not deem such activity to constitute sexual abuse if it is determined that the activity is not coerced.

The Connecticut Renaissance West reports there have been no allegations of resident-on-resident sexual abuse incidents within the audit period. Facility compliance with provisions of this standard are based on auditor's analysis of information obtained from review of related agency policy and resident handbook, and interviews with Facility Director and PREA Coordinator.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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*)

115.282 (a): In accordance with Connecticut Renaissance *Medical and Mental Health Care for Victims of Sexual Abuse* policy, victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Upon receiving a report of alleged sexual abuse or sexual harassment, Connecticut Renaissance shall promptly connect the victim with emotional support services including a mental health evaluation and, as appropriate treatment planning, recommended treatment services and referrals for continued care following discharge. Victim will be provided access for a forensic medical examination, where evidentiary or medically appropriate. Examination and any necessary medical treatment will be provided at either Waterbury Hospital or St. Mary's Hospital, both located in Waterbury, CT.

115.282 (b): In accordance with Connecticut Renaissance *Medical and Mental Health Care for Victims of Sexual Abuse* policy, if no qualified mental health practitioners are on duty at the time a report of recent sexual abuse is made, first responders will take preliminary steps to protect the victim pursuant to 115.262. Connecticut Renaissance West employs no medical staff and all medical services are provided by community providers.

115.282 (c): In accordance with Connecticut Renaissance *Medical and Mental Health Care for Victims of Sexual Abuse* policy, resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexual transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Connecticut Renaissance West has no medical services, therefore, these services will be provided by community service providers and coordinated with Safe Haven and The Center for Family Justice.

115.282 (d): In accordance with Connecticut Renaissance *Medical and Mental Health Care for Victims of Sexual Abuse* policy, all treatment services provided to the victim will be done at no financial cost to the victim. Costs will be covered by Court Support Services Division, the referring agency.

Connecticut Renaissance West reports no incidents requiring access to emergency medical and mental health services have occurred during the audit period, therefore, there is no completed documentation to review. Auditor's finding of compliance with this standard is based on evaluation of information obtained from review of related agency policy, review of Memorandums of Understanding with rape crisis centers, and interviews with Facility Director and PREA Coordinator.

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

115.283 (a): In accordance with Connecticut Renaissance *Medical and Mental Health Care for Victims of Sexual Abuse* policy, the agency does not provide specialized treatment services for victims of sexual assault; however, medical and mental health evaluation and treatment (as appropriate) will be available to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility through referral to outside community service providers.

115.283 (b): In accordance with Connecticut Renaissance *Medical and Mental Health Care for Victims of Sexual Abuse* policy, the agency does not provide specialized treatment services for victims of sexual assault; however, follow-up services, treatment plans, and, when necessary, referrals for continued care will be coordinated following their transfer to another Connecticut Renaissance facility, or their release from custody. All clients releasing Connecticut Renaissance West receive an after-care plan; counseling, housing, treatment; trauma counseling, contact information, next appointment.

115.283 (c): In accordance with Connecticut Renaissance *Medical and Mental Health Care for Victims of Sexual Abuse* policy, the agency does not provide specialized treatment services for victims of sexual assault; however, Connecticut Renaissance shall offer all victims of sexual abuse support services for a mental health evaluation. Upon indication, referral services will be provided external to the facility; in addition, resident will be referred to a victim advocate at a rape crisis center.

115.283 (d): Connecticut Renaissance West is a male facility and this provision does not apply.

115.283 (e): Connecticut Renaissance West is a male facility and this provision does not apply.

115.283 (f): In accordance with Connecticut Renaissance *Medical and Mental Health Care for Victims of Sexual Abuse* policy, the agency does not provide specialized treatment services for victims of sexual assault; a referral for treatment services shall be provided to the victim for tests for sexually transmitted infections as medically appropriate.

115.283 (g): In accordance with Connecticut Renaissance *Medical and Mental Health Care for Victims of Sexual Abuse* policy, the agency does not provide specialized treatment services for victims of sexual assault; however, when referred to outside sources for medical and mental health services,

these services are provided at no cost to victims of sexual abuse. Safe Haven and The Center for Family Justice MOU provides advocacy services to assist victims of sexual abuse.

115.283 (h): In accordance with Connecticut Renaissance *Medical and Mental Health Care for Victims of Sexual Abuse* policy, the agency does not provide specialized treatment services for victims of sexual assault; however, a referral for a mental health evaluation will be made in coordination with the referral source, Court Support Services Division.

Connecticut Renaissance West reports no incidents have occurred within the audit period requiring ongoing medical and mental health care for sexual abuse victims and abusers, so no completed documents are available for review. Auditor’s finding of compliance for the provisions of this standard is based on evaluation of information obtained during review of related agency policy and interviews with Facility Director and PREA Coordinator.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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*)

115.286 (a): Connecticut Renaissance *Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents* policy provides written procedures for conducting Incident Reviews. Policy directs Connecticut Renaissance shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been unfounded.

115.286 (b): In accordance with Connecticut Renaissance *Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents* policy, these reviews shall occur within 30 days of the conclusion of the investigation. There has been one (1) allegation reported within the audit period. The investigation concluded with a disposition of unsubstantiated. The current PREA Coordinator was not in office at the time of the incident as she just assumed duties in February 2019 Documentation could not be produced where the prior PREA Coordinator had conducted the Incident Review. While the Facility Director recalls a review being conducted after the investigation was concluded, there was no documented review to be provided. Due to the time lapse, PREA Coordinator and the Chief Operating Officer (COO)) completed an incident review on May 13, 2019. Corrective action for the delay in incident review has been initiated by the COO and noted in this standard's summary.

115.286 (c): In accordance with Connecticut Renaissance *Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents* policy, the review team shall include the Clinical Director, PREA Coordinator, Program Director, Direct Care staff and medical or mental health practitioners. While the policy established protocols, there was no indication there was an incident review team in place at the facility nor agency level at time of audit. Auditor worked with the PREA Coordinator to develop a means of addressing this provision. Auditor has been provided a copy of directive from the COO to all

concerned parties establishing and outlining expected protocols and identification of review team members at both the facility and the agency level.

115.286 (d): In accordance with Connecticut Renaissance *Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents* policy, the review team shall: 1) consider whether the allegation or administrative review indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2) consider whether the incident or allegation was motivated by race; ethnicity; gender identify; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; 3) examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4) assess the adequacy of staffing levels in that area during different shifts; 5) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; 6) prepare a report of its findings, including but not necessarily limited to determinations made by the reviews team along with any recommendations for improvements and submit to the CEO, Board of Directors and PREA Coordinator. Auditor's review of the incident review conducted finds all required considerations were made and documented.

115.286 (e): In accordance with Connecticut Renaissance *Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents* policy, Connecticut Renaissance shall implement recommendations for improvement or document reasons for not doing so. Auditor's review of the incident review conducted finds recommendations for improvements by the reviewing committee.

There has been one (1) allegation reported within the audit period. The investigation concluded with a disposition of unsubstantiated. The current PREA Coordinator was not in office at the time of the incident as she just assumed duties in February 2019. Because the documentation where the prior Coordinator had conducted the Incident Review was unable to be located, the PREA Coordinator and the Chief Operating Officer completed an incident review on May 13, 2019. The review includes an assessment of all elements noted in provision (d) above. Findings and recommendations for improvement were made in the report and the facility has implemented those recommendations. Interview with PREA Coordinator and Facility Director indicates incident reviews will be conducted within 30 days after conclusion of investigation by a Review Team comprised of the designated staff referenced in policy. While the one incident did not have evidence of an incident review within 30 days, agency policy is in alignment with standard, and auditor believes the response by the current PREA Coordinator and Executive staff is sufficient to ensure that this practice will be enforced moving forward.

Auditor finds Connecticut Renaissance West meets this standard based on analysis of information obtained from review of related policy, review of corrective action plan from COO, incident review and interviews with PREA Coordinator and Facility Director.

Standard 115.287: Data collection

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*)

115.287 (a): In accordance with *Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents* policy, Connecticut Renaissance collects accurate, uniform data for every allegation of sexual abuse at facilities. A set of standards shall be established to track occurrences and their circumstances. Data will be aggregated quarterly and reviewed by the agency's Safety Committee. While policy indicates the establishment of this practice, the report was not able to be produced at the time of onsite audit. Auditor was later provided with reports from the Agency PREA Coordinator providing sufficient evidence the agency collects accurate, uniform data for every allegation of sexual abuse at facilities.

115.287 (b): Information to satisfy this provision was not able to be produced at the time of onsite audit. Connecticut Renaissance provided auditor Annual PREA Report 2017 dated January 5, 2018 and Annual PREA Report 2018 dated June 5, 2019 containing annual aggregated incident-based sexual abuse data. Reports provided are in compliance with this provision.

115.287 (c): In accordance with *Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents* policy, the incident-based data collected shall include at a minimum the data necessary to answer all questions from the most recent version of the survey of Sexual Violence conducted by the Department of Justice. Local incident-based data was collected at Connecticut Renaissance West in a manner to complete the Survey of Sexual Victimization for 2016, 2017, and 2018.

115.287 (d): In accordance with *Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents* policy, Connecticut Renaissance shall maintain, review and collect data as needed from all available incident-based documents including reports, investigation files sexual abuse incident reviews. The PREA Coordinator maintains and reviews all incident-based documents and uses this information to prepare annual reports and to initiate policy and facility operational enhancements. In addition, these data are also reviewed by the COO and CEO of the company as evidenced by the information obtained from the annual reports and interviews with Executive staff.

115.287 (e): Connecticut Renaissance does not contract for confinement of residents; this provision is not applicable.

115.287 (f): In accordance with *Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents* policy, upon request, Connecticut Renaissance will provide all aggregated data from the previous calendar year to the Department of Justice. Connecticut Renaissance West has provided aggregated data to the Department of Justice through completion of the Survey of Sexual Victimization for the years 2016, 2017, 2018.

During the onsite audit the aggregated data and annual reports were not available. During the post audit phase, the PREA Coordinator was able to provide the data and reports necessary to find the agency and Connecticut Renaissance West compliant with the provisions of this standard. Auditor based this finding on interviews with CEO, COO, PREA Coordinator, and Facility Director triangulated with review of agency policy, review of incident-based data documentation and published reports.

Standard 115.288: Data review for corrective action

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*)

115.288 (a): In accordance with Connecticut Renaissance *Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents* policy the agency shall review data collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. This includes: 1) identifying problem areas; 2) taking corrective action on an ongoing basis; 3) preparation of an annual report of findings and corrective actions for each facility as well as the agency as a whole. During the onsite audit phase, the PREA Coordinator was unable to provide written evidence that data was being collected and aggregated to be used in improving effectiveness of their programs, nor was an annual report of findings available. PREA Coordinator provided an annual report for 2017 and 2018 during the post audit phase which indicates the agency is in compliance with their policy and provisions of this standard.

115.288 (b): In accordance with Connecticut Renaissance *Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents* policy, such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

115.288 (c): In accordance with Connecticut Renaissance *Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents* policy, data and associated annual reports shall be reviewed by Connecticut Renaissance Leadership and made available through the agency's website.

115.288 (d): In accordance with Connecticut Renaissance *Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents* policy, Connecticut Renaissance may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility. The nature of the material redacted would need to be indicated.

During the onsite audit phase, the PREA Coordinator was unable to provide written evidence that data was being collected and aggregated to be used in improving effectiveness of their programs, nor was an annual report of findings available although the agency policy supports the requirements of the standard. As noted in the above narrative, PREA Coordinator provided auditor with annual reports for the years 2017 and 2018. These reports include individual and aggregated incidence data, findings and corrective actions for each facility and the agency, and a comparison of the current year with prior years. The agency has published the annual reports to their public website at <https://www.ctrenaissance.com/go.php?page=PREA>. Auditor triangulated information collected from agency related policy, annual reports, SSV information, incidence documentation, website search, and interviews with Executive staff which provided sufficient evidence to find Connecticut Renaissance West has satisfied all provisions of this standard.

Standard 115.289: Data storage, publication, and destruction

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*)

115.289 (a): In accordance with Connecticut Renaissance *Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents* policy, data and associated reports on sexual abuse and sexual harassment shall be securely retained. Interview with PREA Coordinator finds that data and associated reports are securely retained in the agency's database. Database is granted based on a need to know basis and by recommendation of Facility Directors. PREA Coordinator authorizes users who need access to this data as needed. In addition, Connecticut Renaissance *Technology and Systems Plan* policy governs use of computers and protection of data, prohibits password sharing, and provides employees instructions on restrictions and applicable security measures for using electronic equipment and electronic data management.

115.289 (b): In accordance with Connecticut Renaissance *Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents* policy, Connecticut Renaissance shall post annually all aggregated sexual abuse data from its programs readily available to the public through its website. At the time of onsite audit there was no annual report published to the public website; however, auditor's review of the agency's public website as of the date of this report, finds the annual report has been posted for public access to their website.

115.289 (c): In accordance with Connecticut Renaissance *Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents* policy, prior to making data available, all personal identifiers shall be removed. Auditor's review of the reports published to the agency's public website finds they contain no personal identifiers.

115.289 (d): In accordance with Connecticut Renaissance *Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents* policy, Connecticut Renaissance shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise. Interview with PREA Coordinator and CEO confirms this data is securely retained and flagged for retention of 10 years.

As explained in the above narrative, at the time of onsite audit there was no annual report published to the public website; however, auditor's review of the agency's public website as of the date of this report, finds the annual report has been posted for public access to their website. Auditor triangulated information provided by the publication of the annual reports for 2017 and 2018, collected from interviews with PREA Coordinator and CEO, along with relevant agency policy review to conclude Connecticut Renaissance West meets all provisions of this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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, residents, and detainees? Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

115.401 (a): During the prior three-year audit period Connecticut Renaissance had three facilities in operation. All three facilities were audited within the first audit cycle. Connecticut Renaissance West – June 28, 2016; CT Waterbury Central Work Release Program - June 27, 2016; Waterbury East Work Release Program – February 25, 2015.

115.401 (b): This audit is conducted within the third year of the current (#2) audit cycle. There are currently four (4) facilities subject to PREA in this audit cycle. Schedule of 2nd cycle audits: Connecticut Renaissance West – May 8-9, 2019; CT Waterbury Central Work Release Program – scheduled July 17-18, 2019; Waterbury East Work Release Program – May 21, 2018; Maple Street Halfway House reopened in April 2017 and has not yet been audited but is scheduled to be conducted prior to August 19, 2019. **Corrective Action:** This provision was found non-compliant on the Interim Report, but information has been provided as noted above to indicate this provision has now been met.

115.401 (h): Auditor was provided access to all areas of the facility without hesitation and was allowed to observe all programming and activities as requested. Facility Director and staff were very accommodating and forthcoming with providing information and documentation to auditor.

115.401 (i): Auditor was permitted to request and receive copies of relevant documents in both paper format and electronic format, to include required sensitive documents. No resistance was met in obtaining any information requested.

115.401 (m): Auditor was permitted to conduct private interviews with residents. A private workspace was provided to auditor for exclusive use during the onsite audit which doubled as the space used for interviews.

115.401 (n): Residents were permitted to correspond confidentially with the auditor in the same manner as if they were communicating with legal counsel. No restrictions are made on incoming or outgoing mail for residents at Connecticut Renaissance West.

Auditor's analysis of information posted on agency website, information collected during interviews with PREA Coordinator, and information obtained by personal observation concludes Connecticut Renaissance West meets provisions of this standard.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Auditor reviewed the public website and found first cycle audits published. Prior audit for this facility was June 28, 2016.

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.

Sharon R. Shaver

July 16, 2019

Auditor Signature

Date