

PREA Facility Audit Report: Final

Name of Facility: Renaissance West

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/01/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Latera M. Davis	Date of Signature: 07/01/2022

AUDITOR INFORMATION	
Auditor name:	Davis, Latera
Email:	lateradavis@djj.state.ga.us
Start Date of On-Site Audit:	05/11/2022
End Date of On-Site Audit:	05/12/2022

FACILITY INFORMATION	
Facility name:	Renaissance West
Facility physical address:	466 West Main Street, Waterbury, Connecticut - 06702
Facility mailing address:	

Primary Contact	
Name:	Katie Seto
Email Address:	kseto@ctrenaissance.org
Telephone Number:	475-225-9089

Facility Director	
Name:	Vladrose Santiago
Email Address:	Vsantiago@ctrenaissance.org
Telephone Number:	203-591-8010

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

Facility Characteristics	
Designed facility capacity:	40
Current population of facility:	23
Average daily population for the past 12 months:	30
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18+
Facility security levels/resident custody levels:	N/A
Number of staff currently employed at the facility who may have contact with residents:	22
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Connecticut Renaissance, Inc. Headquarters
Governing authority or parent agency (if applicable):	
Physical Address:	One Waterview Drive, Suite 202, Shelton, Connecticut - 06484
Mailing Address:	
Telephone number:	203-336-5225

Agency Chief Executive Officer Information:	
Name:	Kathleen Deschenes
Email Address:	kdeschenes@ctrenaissance.org
Telephone Number:	203-336-5225 ext 222

Agency-Wide PREA Coordinator Information

Name:	Katie Seto	Email Address:	kseto@ctrenaissance.org
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SUMMARY OF AUDIT FINDINGS

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

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

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-05-11
2. End date of the onsite portion of the audit:	2022-05-12

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	40
15. Average daily population for the past 12 months:	30
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	34
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	4
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	2
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	6
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	This is a community confinement site, there is no segregated housing.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	19
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	5
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Random selection but also looked at the age and race for diversity.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents identified by the site.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility identified 2; however, English was 2nd language however they were English proficient.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents identified by the site.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents identified by the site.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents identified by the site.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The site does not have segregated housing.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>7</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>All staff that were onsite on three different shifts during the onsite portion of the audit were interviewed.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>17</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>1</p>

<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input type="checkbox"/> Religious</p> <p><input checked="" type="checkbox"/> Other</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No identified Contractors</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	Informal conversations occurred with the staff while conducting the site inspection.
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Documentation Sampling

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

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

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no reported allegations of sexual abuse
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

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

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Waterbury West Residential Treatment</p> <p>The Waterbury West Residential Treatment Program is a Level 3.5 residential treatment program. The program serves men 18 years of age and older referred by the Connecticut Court Support Services Division. Lengths of stay are 90 days.</p> <p>The Program offers a wide range of services to each client including:</p> <ul style="list-style-type: none"> · Individual, family, and group counseling · Psycho-educational programming · Life skills · Self-help meetings · Formal referrals to community agencies based on individual needs. <p>This program provides education on substance use/dependence, identifying triggers to use and relapse prevention skills. The goal of the program is to help each individual to take the first step toward achieving sobriety with a goal of lifelong recovery. Once discharge ready, our staff assist clients in obtaining housing, employment and referrals to continue their treatment.</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act (PREA)</p> <p>Organization Chart</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.211(a). As reported in the PAQ, the agency has a written policy that mandates zero tolerance in all forms of sexual abuse and sexual harassment.</p> <p>Policy: The Prison Rape Elimination Act (PREA) Policy states that "Connecticut Renaissance has zero tolerance toward all forms of sexual abuse and sexual harassment. All Connecticut Renaissance employees, volunteers, or contractors who may have contact with individuals in the custody of the Judicial Branch or Department of Correction are responsible for helping to keep CT Renaissance facilities free of sexual abuse or sexual harassment. All incidents of sexual abuse and sexual harassment will be reported and investigated thoroughly. Any CT Renaissance employee, volunteer or intern who engages in acts of sexual abuse or harassment of an individual serviced by CT Renaissance programs, or who is found to be negligent in pursuing these responsibilities, will be subject to disciplinary and/or corrective action. Arrest and prosecution may also be pursued when conduct requires such a response. Any contractor engaging in sexual abuse or sexual harassment of a CT Renaissance client/resident may be subject contract cancellation" (p. 1).</p> <p>The policy further defines sexual abuse and sexual harassment as:</p> <p>Sexual Abuse: Sexual Abuse involving an individual in the custody of the Judicial Branch or Department of Correction by another individual in the custody of the Judicial Branch or Department of Correction may include any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:</p> <ul style="list-style-type: none"> • Contact between the penis and the vulva or the penis and the anus, including penetration, however slight. • Contact between the mouth and the penis, vulva or anus. • Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument. • Any other intentional touching, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of any individual, excluding contact incidental to a physical altercation. <p>Sexual Abuse involving an individual in the custody of the Judicial Branch or Department of Correction by an employee, contractor, intern or volunteer includes the following regardless of the consent of the individual in the custody of the Judicial Branch or Department of Correction;</p> <ul style="list-style-type: none"> • Contact between the penis and the vulva or the penis and the anus, including penetration, however slight; • Contact between the mouth and the penis, vulva or anus; • Contact between the

mouth and any body part where the employee, contractor, intern or volunteer has the intent to abuse, arouse, or gratify sexual desire; • Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument, that is unrelated to official duties or where the employee, contractor, intern or volunteer has the intent to abuse, arouse or gratify sexual desire; • Any other intentional act, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh or the buttocks, that is unrelated to official duties or where the employee, contractor, intern or volunteer has the intent to abuse arouse or gratify sexual desire; • Any attempt, threat or request by an employee, contractor intern or volunteer to engage in the activities as listed above; • Any display by an employee, contractor, intern or volunteer of his or her uncovered genitalia, buttocks or breasts in the presence of an individual in the custody of the Judicial Branch or Department of Correction; • Any other conduct that is prohibited under Connecticut General Statutes 53a-70, 53a-70a, 53a-70b, 53-70c, 53a-71, 53a-72a, 53a-72b, or 53a-73a; and • Voyeurism by an employee, contractor, intern or volunteer. Voyeurism means an invasion of privacy of an individual in the custody of the Judicial Branch or Department of Correction by an employee, contractor, intern or volunteer for reasons unrelated to official duties, such as peering at an individual who is performing bodily functions; requiring an individual to Reviewed 12/29/21 DP Revised 5/31/19 DP expose his/her buttocks, genitals, or breasts; or taking images of all or part of an individual's naked body or of an individual performing bodily functions.

Sexual Harassment includes: • Repeated and unwelcomed sexual advances, requests for sexual favors or verbal comments, gestures or actions of a derogatory or offensive sexual nature by one individual in the custody of the Judicial Branch or Department of Correction toward another individual in the custody of the Judicial Branch or Department of Correction; • Verbal comments or gestures of a sexual nature to an individual in the custody of the Judicial Branch or Department of Correction by an employee, contractor, intern or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures; • The display of sexually suggestive pictures or objects in a confinement facility; • Any other undesirable conduct of a sexual nature (pp. 3-4).

Documentation Reviewed

Organization Chart

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

115.211(b). As reported in the PAQ, the agency employs or designates an upper-level, agency-side PREA coordinator. It was further reported that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The position of the PREA Coordinator is the Clinical Performance and Outcomes Director.

Policy: Prison Rape Elimination Act (PREA) Policy states that "CT Renaissance shall employ or designate an upper-level, agency-wide PREA Coordinator. The PREA Coordinator will be 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" (p. 1).

Documentation Reviewed

Organization Chart

Interviews

PREA Coordinator – The interviewed staff reported that they have enough time in their role to manage their PREA responsibilities. As the PREA Coordinator, I oversee the agency's PREA response, and I am the agency's main point of contact for PREA. My efforts include, but are not limited to taking PREA reports, monitoring and updating PREA policies and written materials, providing PREA training and guidance, handling administrative investigations, answering questions about PREA and Connecticut (CT) Renaissance's PREA response, and generally reinforcing the agency's zero tolerance policy and client safety. I provide PREA training monthly to new hires, monitor PREA documentation in our programs, and ensure PREA compliance. If I identify an issue with complying with a PREA standard, I first seek more information by reviewing the standard. I then consider what agency policies and practices are in place to meet the standard and what is at the root of the compliance issue. I consider if there is a need to change policy or practice or if there are any program- or facility-specific issues that may be contributing factors (physical premises, staffing, technology, etc.). Once determining the issue, I take appropriate action, such as modifying policy, providing education, and collaborating with staff at all levels. If this involves incidents of abuse or sexual harassment, I will follow my duty to investigate and report.

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

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act (PREA) Policy</p> <p>Interviews:</p> <p>Findings (By Provision):</p> <p>115.212 (a). As reported in the PAQ, the agency has not entered or renewed any contract for the confinement of residents.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.212 (b). As reported in the PAQ, the agency has not entered or renewed any contract for the confinement of residents.</p> <p>Interviews</p> <p>The facility does not have an agency contract administrator.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.212(c). As reported in the PAQ, the agency has not entered or renewed any contract for the confinement of residents.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Corrective Action and Conclusion:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 987 297">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="242 331 775 358">Supporting Documents, Interviews and Observations:</p> <p data-bbox="242 387 553 414">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="242 443 644 470">Policy: Supervision and Monitoring-Staff</p> <p data-bbox="242 499 429 526">2022 Staffing Plan</p> <p data-bbox="242 555 584 582">Staff Plan Assessment West 2022</p> <p data-bbox="242 611 352 638">Interviews:</p> <p data-bbox="242 667 451 694">Director or Designee</p> <p data-bbox="242 723 430 750">PREA Coordinator</p> <p data-bbox="242 779 483 806">Findings (By Provision):</p> <p data-bbox="242 835 1457 969">115.213(a). As reported in the PAQ, the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents: 30. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated: 40.</p> <p data-bbox="242 999 1477 1193">Policy: The Supervision and Monitoring-Staff Policy states that "Each Connecticut Renaissance Residential Drug Treatment and Community Work Release facility contracted with CSSD or Dept. of Correction, shall maintain adequate staffing and supervision to ensure the safety and well being of the residents. Each Program Director will develop a staffing plan. The staffing plan will be reviewed and assessed for resident sexual safety at least annually by the PREA Coordinator (or designee) and the Program Director. The staffing plan will be kept in the PREA binder at each site in the COD office and a copy will be submitted to the PREA Coordinator. (p. 1).</p> <p data-bbox="242 1223 1490 1357">The policy further states that the "Staffing shall take into consideration the following: • The physical layout of the facility. • The composition of the resident population • The use of the pop-sheet to identify and monitor any residents identified as vulnerable victims (VV) or sexually aggressive (SA) • Prevalence of substantiated and unsubstantiated incidents of sexual abuse and/or harassment" (p. 1).</p> <p data-bbox="242 1386 501 1413">Documentation Reviewed</p> <p data-bbox="242 1442 429 1469">2022 Staffing Plan</p> <p data-bbox="242 1498 584 1525">Staff Plan Assessment West 2022</p> <p data-bbox="242 1554 347 1581">Interviews</p> <p data-bbox="242 1610 1477 1776">Director or Designee – The interviewed staff reported that the facility has a staffing plan. There is a minimum of two staff per shift. Tours are conducted hourly, and clients are not allowed in each other's rooms. Video monitoring is included in the plan and the staffing plan in in the PREA binder located in the main counselor on Duty Office. When assessing adequate staffing levels and the need for video monitoring, the facility staffing plan considers: The physical layout of each facility. All areas have adequate camera coverage and hourly tours of the entire premises are conducted by staff.</p> <p data-bbox="242 1805 1477 2112">a. The composition of the resident population. Client screenings are utilized to help inform housing and treatment decisions. Camera and staff monitoring are appropriate to the client populations and include full video coverage of the premises and hourly house tours.</p> <p data-bbox="242 1928 1477 2022">b. The prevalence of substantiated and unsubstantiated incidents of sexual abuse. PREA incidents are reviewed within 30 days and safety improvements and trends are discussed. The annual PREA report also identifies prevalence of incidents in the program.</p> <p data-bbox="242 2051 1441 2112">c. Any other relevant factors. Any other relevant factors are addressed when identified and are followed up on by the PREA Coordinator.</p>

The program maintains minimum staffing levels by contract. Staff schedules are posted in the Counselor on Duty Office. Cameras are reviewed on every shift and any technical issues are immediately reported to IT.

PREA Coordinator – The interviewed staff reported that Staffing plans are assessed for resident sexual safety at least annually and reviewed by the Director of Residential Services, the Facility Director and the PREA Coordinator. Each plan considers and specifies the physical layout of the facility, the resident population, prevalence of incidents and other factors that impact client safety and monitoring. Findings from any incident reviews are incorporated into the plan with respect to addressing factors that may contribute to PREA incidents including accounting for staff's ability to appropriately monitor residents throughout the facility. The staffing plan is kept in a binder on site. Our West Residential facility must ensure certain staffing levels, so there are no deviations of the staffing plan reported. Our location is adequately monitored by video surveillance which has the ability to play back videos. At least once a year, assessments of video monitoring needs are conducted including analyzing the number of cameras, the placement, and monitoring/dependability of systems. In addition to the annual update of the facility staffing plan, any changes that may be needed throughout the year are overseen by the PREA Coordinator, in consultation with the Director of Residential and Facility Director.

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

115.213(b). N/A-As reported in the PAQ, there were no deviations in the staffing plan.

Policy: The Supervision and Monitoring-Staff Policy states that "each facility shall maintain a staffing plan based upon the determined staffing needs required to ensure a safe environment that is properly monitored and supervised. The plan will be maintained by the Program Director. Any deviations from the staff schedule or staffing plan shall be documented. This includes documentation of changes in personnel coverage, changes in assigned time frames and/changes in the required staffing pattern. Communication of staff changes will be made via email, in the staff communication log as well as posting in the "counselor-on-duty" office." (p. 1).

Interviews

Director or Designee – The interviewed staff reported that the facility documents all instances of noncompliance with the staffing plan.

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

115.213(c). As reported in the PAQ, at least once every year the facility, reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

Policy: The Supervision and Monitoring-Staff Policy states that "whenever necessary, but no less frequently than once each year, Connecticut Renaissance shall assess for each Residential Drug Treatment and Community Work Release facility staffing patterns and determine if any adjustments need to be made. The assessment of the staffing plan will be documented. The assessment will be used to identify adjustments that need to be made to ensure sexual safety of residents and protection from retaliation if reports are received or an investigation conducted" (p. 1).

The policy further states that "the use of Video Monitoring Systems may be utilized to enhance supervision and monitoring of the residents and the facilities. Assessment of video monitoring needs shall also take place at least annually or more frequently as needs arise. Assessment shall include, analyzing the number of cameras, the placement of cameras, monitoring and dependability of monitoring systems" (p. 1).

Documentation Reviewed

2022 Staffing Plan

Staff Plan Assessment West 2022

Interviews

PREA Coordinator – The interviewed staff reported that all staffing plan updates are made in consultation with the PREA Coordinator and reviewed at least once per year.

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

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Search Facility and Person</p> <p>Cross-Gender Pat-Down Search Documentation Report</p> <p>Pat Search Curriculum</p> <p>Copy of Pat Search Steps</p> <p>Cross Gender Search and Searches of Transgender and Intersex Residents Training Record (11)</p> <p>Interviews:</p> <p>Resident Interview Questionnaire (10)</p> <p>Random Sample of Staff (7)</p> <p>Findings (By Provision):</p> <p>115.215 (a). As reported in the PAQ, the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.</p> <p>Policy: The Searches Facility and Person policy states that “when, in exigent circumstances, a cross gender pat down search occurs, documentation shall be completed and submitted to DOC and the Clinical Performance and Outcomes Department” (p.3).</p> <p>In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents: 0</p> <p>In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. :</p> <p>115.215 (b). NA-the facility houses male residents.</p> <p>115.215 (c). As reported in the PAQ, the facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. The facility does not house female residents.</p> <p>Policy: The Searches Facility and Person Policy states that “when, in exigent circumstances, a cross gender pat down search occurs, documentation shall be completed and submitted to DOC and the Clinical Performance and Outcomes Department” (p.3).</p> <p>115.215 (d). As reported in the PAQ, the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.</p> <p>Policy: The Searches Facility and Person Policy states that “all agency staff is prohibited from viewing residents while dressing, showering or performing bodily functions. Searches of a client's belongings shall be conducted upon admission, discharge, upon return to facility after a community activity and when additional personal belongings enter the facility” (p. 1).</p> <p>The policy further states that “The following guidelines shall be adhered to when searching a particular client's room: a. Respect the client's property rights, taking care not to break or otherwise harm their property. b. Do not disrupt the room any more than necessary. Avoid unnecessarily embarrassing the client or ridiculing them in the process of the search. c. Do not use any force. d. Opposite gender staff will announce themselves prior to entering a resident's room or bathroom” (p. 2).</p>

Interviews

Resident Interview Questionnaire – The interviewed residents reported that female staff announce their presence when entering the housing area. One resident further stated that the PM shift is not as consistent with making announcements. The residents also reported that the staff will knock on the door prior to making the announcement. All of the interviewed residents reported that they are never naked in full view of opposite gender staff.

Random Sample of Staff – The interviewed staff reported that opposite gender staff announce themselves when entering the housing area. It was further reported that residents are able to dress, shower, and toilet without being viewed by staff of the opposite gender. Several staff reported that they will obtain permission first before entering the rooms

PREA Audit Site Review: While conducting the site inspection staff made appropriate announcements.

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

115.215 (e). As reported in the PAQ, the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. There were zero reported searches that occurred in the last 12 months.

Policy: The Searches Facility and Person states that "all staff is prohibited from searching a transgender or intersex client for the purpose of determining genital status" (p. 3).

Interviews

Random Sample of Staff – The interviewed staff reported that they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. It should be noted that initially one staff stated yes, however when probed they stated that such practices are not allowed.

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

115.215 (f). As reported in the PAQ, 100% of staff who have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional manner with security needs. The facility has a form (Cross-Gender Pat-Down Search) to document any pat down searches.

Documentation Reviewed

Cross-Gender Pat-Down Search Documentation Report

Pat Search Curriculum

Copy of Pat Search Steps

Cross Gender Search Training Record (11)

Interviews

Random Sample of Staff – All of the interviewed staff reported that they have received training on how to conduct cross gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner. When probed, one staff could not recall the details regarding searching a transgender resident. It was further reported that the facility is a no touch facility.

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

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act (PREA)</p> <p>Language Line</p> <p>Pictures (how to report/victim advocacy)</p> <p>Interviews:</p> <p>Agency Head</p> <p>Residents (with disabilities or who are limited English proficient) (4)</p> <p>Random Sample of Staff (7)</p> <p>Findings (By Provision):</p> <p>115.216 (a). As reported in the PAQ, the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>Policy: The Prison Rape Elimination Act (PREA) Policy states that "the Agency will provide materials related to the zero-tolerance policy in the language of current limited English proficient residents. The agency will create a system for staff to access alternative language lines for additional interpretive services. Information regarding access to the Language Line is available in the PREA Binder available through the program Director or in the COD office. In the case of a LEP client (limited English proficiency) or disabled person unable to read and/or understand the written PREA policy, a staff member will read the PREA policy and elicit responses to confirm that the person understands the policy. Someone who is severely disabled may meet our exclusionary criteria for admission" (p. 1).</p> <p>The agency/facility does not have a contract for interpretation services however utilizes language line over-the-phone interpreting services.</p> <p>Documentation Reviewed</p> <p>Language Line (handout)</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that residents with disabilities such as behavioral health issues are provided with information about how the organization works to prevent sexual abuse and/or harassment. PREA guidelines are reviewed with each resident upon admission. Those who are Spanish speaking will receive PREA guidelines in Spanish. CT Renaissance has access to interpreters if translation in other languages is needed.</p> <p>Residents (with disabilities or who are limited English proficient) – There were four residents identified with a disability. The interviewed residents reported that the facility provided information about sexual abuse and sexual harassment in a manner in which they could understand. The individuals further reported that they either didn't need assistance or staff read over the documentation.</p> <p>PREA Audit Site Review: During the onsite inspection the auditor observed a limited amount of written material available for residents in Spanish and English; along with information for interpreter services.</p> <p>Corrective Action: During the close out the auditor requested that the facility post more information throughout the facility on PREA and outside advocacy/emotional support. The facility shall take a picture of where the postings are located. During the post onsite phase pictures were posted throughout the facility indicating how to make a report and access to outside victim advocacy and emotional supportive services.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the</p>

facility is in compliance with the provisions of this standard.

115.216 (b). As reported in the PAQ, the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment.

Policy: The Prison Rape Elimination Act (PREA) Policy states that "the Agency will provide materials related to the zero-tolerance policy in the language of current limited English proficient residents. The agency will create a system for staff to access alternative language lines for additional interpretive services. Information regarding access to the Language Line is available in the PREA Binder available through the program Director or in the COD office. In the case of a LEP client (limited English proficiency) or disabled person unable to read and/or understand the written PREA policy, a staff member will read the PREA policy and elicit responses to confirm that the person understands the policy. Someone who is severely disabled may meet our exclusionary criteria for admission" (p. 1).

Documentation Reviewed

Language Line (handout)

Interviews

Residents (with disabilities or who are limited English proficient) – There were four residents identified with a disability. The interviewed residents reported that the facility provided information about sexual abuse and sexual harassment in a manner in which they could understand. The individuals further reported that they either didn't need assistance or staff read over the documentation.

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

115.216 (c). As reported in the PAQ, the agency policies prohibit other use of resident interpreters, resident readers, or other type of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the residents' allegations. Furthermore, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations: 0.

Policy: The Prison Rape Elimination Act (PREA) Policy states that "the agency prohibits the use of residents as interpreters in matters regarding allegation of sexual abuse/harassment during an internal investigation, unless the delay could compromise the resident's safety. The agency has identified a staff member for Spanish speaking individuals who would be able to provide interpreter assistance as needed" (p. 1).

Documentation Reviewed

Language Line (handout)

Interviews

Random Sample of Staff – All of the interviewed staff reported that they have never seen the agency allow resident to serve as interpreters for each other. Most staff articulated that they would access an interpreter if needed.

Residents (with disabilities or who are limited English proficient) – There were four residents identified with a disability. The interviewed residents reported that the facility provided information about sexual abuse and sexual harassment in a manner in which they could understand. The individuals further reported that they either didn't need assistance or staff read over the documentation.

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

Corrective Action and Conclusion:

Corrective Action: During the close out the auditor requested that the facility post more information throughout the facility on PREA and outside advocacy/emotional support. The facility shall take a picture of where the postings are located. During the post onsite phase pictures were posted throughout the facility indicating how to make a report and access to outside victim advocacy and emotional supportive services.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Hiring</p> <p>Policy: Employment Background Checks</p> <p>Personnel (7 new hire):</p> <ul style="list-style-type: none"> · New Hire Orientation Checklist · Reference Check Form · Internal Career Opportunity · PREA-Employment Questionnaire) · Employment Application <p>5-year background checks (2)</p> <p>Interviews:</p> <p>Administrative (Human Resources) Staff</p> <p>Findings (By Provision):</p> <p>115.217 (a). As reported in the PAQ, the agency policy does not prohibit hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:</p> <ol style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2). <p>Policy: Employment Background Checks states that “to ensure that individuals who join CT Renaissance are well qualified and have a strong potential to be productive and successful, it is the policy of CT Renaissance to make inquiries into a candidate’s background in the following areas including, but not limited to, the following examples: 1. Criminal History 2. Employment Reference Checks 3. Verification of Education, Licenses and/or Certifications 4. Driver Record Check 5. Drug Screen – Urine Test 6. Medical Condition, including Tuberculosis Certification 7. Citizenship / Valid Work Permit Status Check 8. Consumer Credit History (if applicable) Notification of any prior criminal acts (including sexual abuse or sexual harassment) or illegal substance use history is requested and a criminal records check shall be conducted prior to making a job offer” (p. 1). The policy further states that “CT Renaissance shall not hire, appoint or promote anyone who has engaged in, or has attempted to engage in sexual abuse or sexual harassment” (p. 1).</p> <p>Policy: The Hiring Policy states that “Renaissance 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” (p. 1). The policy further states that “CT Renaissance 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, and 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. CT Renaissance will consider any prior reported incidents of sexual harassment in determining whether to hire, appoint, or promote an individual who may have contact with a person in the custody of the Judicial Branch or the Department of Correction” (p. 2).</p>

Documentation Reviewed

Personnel Files hired in the last 12 months (7)

Interviews

Discussion: The auditor reviewed the personnel files for all staff hired in the last 12 months. There was one new hire pre-employment questionnaire that could not be located. However, the agency has a process in place to ask the pre-employment questions, and throughout the programs have consistently completed the requirement.

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

Policy: The Hiring Policy states that "Renaissance 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" (p. 1). The policy further states that "CT Renaissance 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, and 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. CT Renaissance will consider any prior reported incidents of sexual harassment in determining whether to hire, appoint, or promote an individual who may have contact with a person in the custody of the Judicial Branch or the Department of Correction" (p. 2).

Interviews

Administrative (Human Resources) Staff – The interviewed staff reported that the agency does consider prior incidences of sexual harassment. We have a very strict policy and will not consider someone for employment if there are claims of sexual harassment. For existing staff, if there is a sexual harassment complaint, the HR department conducts a thorough investigation that can lead to immediate termination.

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

115.217 (c). As reported in the PAQ, the agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks: 7.

Policy: The Hiring policy states that "CT Renaissance's procedures in obtaining and reviewing a candidate's criminal history. Criminal Record Checks shall be completed prior to hire and every 5 years thereafter for all potential employees, volunteers, interns and contractors. Policy reviewed Oct 2020 DP Policy updated 5/31/19 DP The Reference Check will utilize the signed Reference Check Authorization and Release of Information Form and consist 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" (pp. 3-4).

Policy: The Employment Background Checks states that "to ensure that individuals who join CT Renaissance are well qualified and have a strong potential to be productive and successful, it is the policy of CT Renaissance to make inquiries into a candidate's background in the following areas including, but not limited to, the following examples: 1. Criminal History 2. Employment Reference Checks 3. Verification of Education, Licenses and/or Certifications 4. Driver Record Check 5. Drug Screen – Urine Test 6. Medical Condition, including Tuberculosis Certification 7. Citizenship / Valid Work Permit Status Check 8. Consumer Credit History (if applicable)" (p. 1).

Documentation Reviewed

Personnel Files hired in the last 12 months (7)

Interviews

Administration (Human Resources Staff): The interviewed staff reported that the agency conducts criminal background checks as well as motor vehicle checks (depending on the role). In addition, we also conduct drug screens for all new hires. It is rare for CTR to have contractors on site that works in residential areas. However, if there is a case where will need to hire a contractor from another agency/organization, we will ensure that the contractor has a recent background check that complies with CTR and State policy.

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

115.217 (d). As reported in the PAQ, the agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 0.

Policy: The Hiring policy states that "criminal Record Checks shall be completed prior to hire and every 5 years thereafter for all potential employees, volunteers, interns and contractors" (p. 3).

Interviews

Administration (Human Resources Staff): The interviewed staff reported that the agency conducts criminal background checks as well as motor vehicle checks (depending on the role). In addition, we also conduct drug screens for all new hires. It is rare for CTR to have contractors on site that works in residential areas. However, if there is a case where will need to hire a contractor from another agency/organization, we will ensure that the contractor has a recent background check that complies with CTR and State policy.

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

115.217 (e). As reported in the PAQ, the agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents, or who may have contact with residents, or that a system is in place for otherwise capturing such information for current employees.

Policy: The Hiring policy states that "criminal Record Checks shall be completed prior to hire and every 5 years thereafter for all potential employees, volunteers, interns and contractors" (p. 3).

Policy: The Employment Background Checks policy states that "criminal records checks shall also be performed on all Renaissance employees every five years following their hiring. If the checks reveal any criminal charges or cases not previously reported in writing by the employee to Renaissance, the employee may be subject to termination. 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" (p. 1).

Documentation Reviewed

5- year background check (2)

Interviews

Administrative (Human Resources) Staff – The interviewed staff stated that All employees must complete a successful background check prior to employment. Prior to a new hire's start date, we schedule the candidate to arrive at our Administrative office to complete preliminary documentation for the background check as well as to submit a urine sample for the drug screens. We use a vendor, Employee Reference Source (ERS) to submit all requests for criminal background checks. It was further reported that background checks are done at least once every five years. If recent checks reveal criminal history, the employee may be subject to termination.

Discussion: There were two staff who was eligible for the five-year background check. While the facility did not already have the checks run, the checks were conducted during the post audit phase of the audit. No further action is needed.

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

Interviews

Administrative (Human Resources) Staff – The interviewed staff reported that new hires and staff considered for promotion in our residential areas must complete a PREA Employment Questionnaire. It was further reported that the facility does impose a continuing affirmative duty to disclose any such previous misconduct.

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

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

Policy: The Hiring Policy states that "Omissions on the part of the employee, volunteer, intern or contractor or the provision of materially false information, shall be grounds for termination" (p. 3).

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

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

Interviews

Administrative (Human Resources) Staff – The interviewed staff stated that the agency does disclose sexual abuse or sexual harassment information to other institutional employers about former employees.

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

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Hawkeye Communications Inc. (technology upgrade)

Interviews:

Agency Head

Director

Findings (By Provision):

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

Interviews

Agency Head – The interviewed agency head reported that CT Renaissance seeks to provide a safe residential environment that protects its residents by providing adequate interior and exterior lighting and video surveillance. Tours of the buildings are conducted on regular intervals and bed checks are conducted hourly throughout the night. Bathrooms are equipped with shower curtains that are clear on the upper portion.

Director or Designee – The interviewed staff reported that there has been no substantial expansions or modifications to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

PREA Audit Site Review: During the site review and interviews with staff there was no information that indicated that the site had made any expansions or modifications.

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

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

Documentation Reviewed

Hawkeye Communications Inc. (technology upgrade)

Interviews:

Agency Head – The interviewed agency head reported that interior and external video surveillance is used at all locations. The counselor on duty monitors the cameras of multiple areas within and outside of each residence. The cameras have the ability to record; if there is a report of abuse, staff have the ability to review the recording.

Director or Designee – The interviewed staff reported that there is camera locations for all public areas. Additional cameras requested to ensure more coverage and ensure clients remain in line-of-sight areas of the house. Tours are conducted hourly.

PREA Audit Site Review: During the onsite portion of the audit, the auditor checked the monitoring system. The monitoring system is located in the COD (case manager on duty) office. The office is utilized to watch cameras and make announcements; along with other duties/responsibilities of staff.

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

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment</p> <p>Policy: Medical and Mental Health Care for Victims of Sexual Abuse</p> <p>Email Correspondence with Waterbury Hospital</p> <p>Safe Haven Information Sheet</p> <p>MOU: Safe Haven of Greater Waterbury</p> <p>Interviews:</p> <p>Random Sample of Staff (7)</p> <p>Findings (By Provision):</p> <p>115.221 (a). As reported in the PAQ, the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Connecticut State Policy is responsible for conducting criminal investigations. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.</p> <p>Policy: Responding to Allegations of Sexual Abuse and/or Sexual Harassment states that:</p> <p>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. • PREA Coordinator, Program Director or designee shall contact the State Police Department to initiate a criminal investigation when appropriate. • Law enforcement will take the lead role in investigations for sexual abuse and CTR staff will cooperate with such investigations and shall endeavor to remain informed about the progress of the investigation. • CT Renaissance Administrative Review shall include: o An effort to determine whether staff actions or failures to act contributed to the abuse o Shall be documented in written reports of the review and the findings” (p. 1).</p> <p>The policy provides the following staff first responder guidance to address uniform evidence protocol:</p> <p>“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 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 allegations” (p. 1).</p> <p>Policy: The Medical and Mental Health Care for Victims of Sexual Abuse policy states that “CT Renaissance shall offer all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If the area hospitals do not have available SAFE or SANEs then the examination can be performed by other qualified medical practitioners” (p. 1).</p> <p>Documentation Reviewed</p>

Interviews

Random Sample of Staff – The interviewed staff reported that the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse include remove the person from the area and get them to a safe location, secure the scene, and make sure no one contaminates the evidence. When probed, some of the ways it was described that the evidence would not get contaminated includes no showering, brushing teeth or changing clothes. When asked who conducts the interviews the residents reported the cops, the "PREA person", Program Director, an external agency, or the supervisor.

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

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

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

Policy: The Medical and Mental Health Care for Victims of Sexual Abuse policy states that "CT Renaissance shall offer all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If the area hospitals do not have available SAFE or SANEs then the examination can be performed by other qualified medical practitioners" (p. 1).

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

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

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

Documentation Reviewed

Email Correspondence with Waterbury Hospital

Safe Haven Information Sheet

MOU: Safe Haven of Greater Waterbury

Corrective Action: During the close out the auditor requested that the facility post more information throughout the facility on PREA and outside advocacy/emotional support. The facility shall take a picture of where the postings are located. During the post onsite phase pictures were posted throughout the facility indicating how to make a report and access to outside victim advocacy and emotional supportive services. No further action is needed.

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

115.221 (d). As reported in the PAQ, the facility attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other mean. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

Policy: The Medical and Mental Health Care for Victims of Sexual Abuse policy states that "the agency shall obtain and maintain Memorandum of Understanding with local crisis centers and the hospitals to ensure a portal for services. Documentation of the MOU will be maintained by the PREA Coordinator. • As requested by the victim, the victim advocate, CT Renaissance 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" (p. 1).

Documentation Reviewed

Safe Haven Information Sheet

MOU: Safe Haven of Greater Waterbury

Interviews

PREA Coordinator – The interviewed staff reported that The facility has a Coordinated Response Plan that specifically includes the directive to offer contact to victim advocacy services. The agency maintains a Memorandum of Understanding with Safe Haven, which is an established service for providers.

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

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

Policy: The Medical and Mental Health Care for Victims of Sexual Abuse policy states that “the agency shall obtain and maintain Memorandum of Understanding with local crisis centers and the hospitals to ensure a portal for services. Documentation of the MOU will be maintained by the PREA Coordinator. • As requested by the victim, the victim advocate, CT Renaissance 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” (p. 1).

Documentation Reviewed

Safe Haven Information Sheet

MOU: Safe Haven of Greater Waterbury

Interviews

PREA Coordinator – The interviewed staff reported that Victims of sexual abuse shall receive timely access to emergency medical treatment and crisis intervention services. Upon receiving a report, CT Renaissance will promptly connect the victim to emotional support services, appropriate treatment planning, recommended services and referrals for continued care. CT Renaissance offers all victims access to forensic medical examinations without financial cost where evidentiary or medically appropriate which are performed by SAFE (Sexual Assault Forensic Examiners) where possible or other qualified medical practitioners. Victims will be referred to a victim advocate at a rape crisis center. As requested by the victim, the victim advocate, CT Renaissance staff or other requested support may accompany the victim through the forensic exam process, investigatory interviews, crisis intervention, information and referral process. The agency doesn't provide specialized treatment for sexual assault but victims will be referred outside for medical and mental health services.

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

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

Documentation Reviewed

MOU: Safe Haven of Greater Waterbury

Corrective Action:

Corrective Action: During the close out the auditor requested that the facility post more information throughout the facility on PREA and outside advocacy/emotional support. The facility shall take a picture of where the postings are located. During the post onsite phase pictures were posted throughout the facility indicating how to make a report and access to outside victim advocacy and emotional supportive services. No further action is needed.

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

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

Corrective Action and Conclusion

115.221 (c/f) Corrective Action: During the close out the auditor requested that the facility post more information throughout the facility on PREA and outside advocacy/emotional support. The facility shall take a picture of where the postings are located. During the post onsite phase pictures were posted throughout the facility indicating how to make a report and access to outside victim advocacy and emotional supportive services. No further action is needed.

115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Responding to Victims of Sexual Abuse</p> <p>SH Allegations</p> <p>Interviews:</p> <p>Agency Head</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.222 (a). As reported in the PAQ, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 2.</p> <p>In the past 12 months, the number of allegations resulting in an administrative investigation: 2.</p> <p>In the past 12 months, the number of allegations referred for criminal investigation: 0.</p> <p>Policy: The Responding to Sexual Abuse and Harassment Policy provides guidance on the administrative and criminal response to a sexual abuse or sexual harassment allegation. The policy states that: 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. • PREA Coordinator, Program Director or designee shall contact the State Police Department to initiate a criminal investigation when appropriate. • Law enforcement will take the lead role in investigations for sexual abuse and CTR staff will cooperate with such investigations and shall endeavor to remain informed about the progress of the investigation. • CT Renaissance Administrative Review shall include: o an effort to determine whether staff actions or failures to act contributed to the abuse o Shall be documented in written reports of the review and the findings (p. 1).</p> <p>Documentation Reviewed</p> <p>Sexual Harassment Allegations/Investigation Findings (2)</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that an administrative investigation is conducted for all allegations. If there is evidence that abuse or harassment occurred, the DOC PREA Unit and the State Police are notified, and the investigation is turned over to them. The PREA Coordinator is notified of any allegation and conducts the administrative investigation. If there is substantiating evidence of sexual abuse or harassment, the DOC PREA unit is notified, and the investigation is turned over to the State Police.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.222 (b). As reported in the PAQ, the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>Policy: The Responding to Sexual Abuse and Harassment Policy provides guidance on the administrative and criminal response to a sexual abuse or sexual harassment allegation. The policy states that: Investigations into allegations of sexual</p>

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. • PREA Coordinator, Program Director or designee shall contact the State Police Department to initiate a criminal investigation when appropriate. • Law enforcement will take the lead role in investigations for sexual abuse and CTR staff will cooperate with such investigations and shall endeavor to remain informed about the progress of the investigation. • CT Renaissance Administrative Review shall include an effort to determine whether staff actions or failures to act contributed to the abuse o Shall be documented in written reports of the review and the findings (p. 1).

Documentation Reviewed

Website: <https://ctrenaissance.org/about/licensing-accreditation/prea/>

Sexual Harassment Allegations/Investigation Findings (2)

Interviews

Investigative Staff – The interviewed staff stated allegations of sexual abuse or sexual harassment are referred to the CT State Police for criminal investigations. Administrative investigations are handled internally.

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

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

Documentation Reviewed

Website: <https://ctrenaissance.org/about/licensing-accreditation/prea/>

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

115.222 (d). Auditor is not required to audit this provision.

115.222 (e). Auditor is not required to audit this provision.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 987 297">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 331 775 358">Supporting Documents, Interviews and Observations:</p> <p data-bbox="240 389 553 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 448 544 474">Policy: Training Requirements</p> <p data-bbox="240 506 647 533">Policy: Outline of Training Requirements</p> <p data-bbox="240 564 616 591">Memo: PREA Training Requirements</p> <p data-bbox="240 622 1035 649">Prevention and Responding to Corrections-Based Sexual Abuse & Harassment</p> <p data-bbox="240 680 564 707">NEW Hire PREA Training (PPT)</p> <p data-bbox="240 739 443 766">PREA Training PPT</p> <p data-bbox="240 797 659 824">Incident Management and Reporting PPT</p> <p data-bbox="240 855 863 882">1 Regulatory Compliance and Performance Management PPT</p> <p data-bbox="240 913 1453 972">Preventing and Responding to Community-Based Sexual Abuse and Harassment (A Review for Community Confinement Employees) PPT</p> <p data-bbox="240 1003 735 1030">Employee PREA Training Acknowledgement (15)</p> <p data-bbox="240 1061 1394 1120">PREA Training Pamphlet (Preventing and Responding to Correctives-Based Sexual Abuse: A Guide for Community Corrections Professionals</p> <p data-bbox="240 1151 576 1178">Mandated Reporter Training PPT</p> <p data-bbox="240 1209 352 1236">Interviews:</p> <p data-bbox="240 1267 536 1294">Random Sample of Staff (10)</p> <p data-bbox="240 1326 483 1352">Findings (By Provision):</p> <p data-bbox="240 1384 1485 1635">115.231 (a). As reported in the PAQ, the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in confinement.</p> <p data-bbox="240 1706 1493 1895">The agency trains all employees who may have contact with residents on the common reactions of sexual abuse and sexual harassment victims. The agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents. The agency trains all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents. The agency trains all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p data-bbox="240 1921 1493 2051">Policy: The Training Requirements policy states that "sexual Abuse and Harassment - agency policies and procedures in conjunction with PREA must be attended annually by all staff and administration. The agency PREA coordinator and any staff conducting PREA investigations will complete training in conducting sexual abuse investigations in confinement settings (NIC PREA: Investigating Sexual Abuse in a Confinement Setting or equivalent)" (p. 1).</p> <p data-bbox="240 2078 1425 2136">During the onsite phase the auditor reviewed the PREA Training Curriculum, and it was determined that the curriculum covers all of the required elements of staff PREA training. The auditor reviewed a sample of 15 training records (PREA</p>

Acknowledgement Statements).

Documentation Reviewed

NEW Hire PREA Training (PPT)

PREA Training PPT

Incident Management and Reporting PPT

1 Regulatory Compliance and Performance Management (PPT)

Preventing and Responding to Community-Based Sexual Abuse and Harassment (A Review for Community Confinement Employees (PPT)

Employee PREA Training Acknowledgement New hire and refresher (15)

PREA Training Pamphlet (Preventing and Responding to Correctives-Based Sexual Abuse: A Guide for Community Corrections Professionals

Mandated Reporter Training PPT

Interviews

Random Sample of Staff – All of the interviewed staff reported that they received training on the above-mentioned elements. The staff reported that they received as a new hire and that they received a refresher recently. One of the staff reported that they last received training two years ago. When probed the staff was able to describe various components of the training such as, signs to look out for if someone is being victimized, and some of the common reactions of sexual abuse victims.

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

115.231 (b). As reported in the PAQ, the training is tailored to the gender of the residents at the facility.

Documentation Reviewed

Sample of training records.

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

115.231 (c). As reported in the PAQ, in between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is annually.

During the onsite phase the auditor reviewed the PREA Training Curriculum, and it was determined that the curriculum covers all of the required elements of staff PREA training. The auditor reviewed a sample of 15 training records (PREA Acknowledgement Statements). The training records reviewed included initial and refresher training.

Documentation Reviewed

Refresher: Employee PREA Training Acknowledgment (11)

Community Confinement Employees PPT

Interviews

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

115.231 (d). The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

Policy: The Training Requirements Policy states that "Each employee shall sign a signature form to verify attendance and complete an instructor evaluation and post-test if applicable" (p. 2).

Documentation Reviewed

Annual PREA Sign Off (15)

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

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Volunteers and Interns</p> <p>Policy: Independent Contractors</p> <p>PREA Visitor/Contractor PREA Acknowledgement (3)</p> <p>Interviews:</p> <p>Volunteer(s) or Contractor(s) who may have Contact with Residents</p> <p>Findings (By Provision):</p> <p>115.232 (a). As reported in the PAQ, all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 1.</p> <p>Policy: The Volunteers and Interns policy states that "all applicants accepted as Volunteers or Interns shall have a complete orientation and training period that includes at a minimum client rights, security and confidentiality regulations, emergency procedures, lines of communication and authority, information regarding insurance coverage, information about personal risks and liability, and all agency policies and procedures. Volunteers / Interns are given the opportunity to attend internal workshop and seminars" (p. 1).</p> <p>Documentation Reviewed</p> <p>PREA Visitor/Contractor PREA Acknowledgement (3)</p> <p>Interviews:</p> <p>Volunteer(s) or Contractor(s) who may have Contact with Residents - The interviewed volunteer stated that they have not been trained on the zero-tolerance policy. The volunteer reported that they were made aware, however they have never taken a course on how or what to do.</p> <p>Corrective Action: The facility shall provide documentation where the volunteer received additional PREA Training. The documentation was provided no further action is needed.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.232 (b). As reported in the PAQ, the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. It was further reported that all volunteers and contracts receive the same training as employees.</p> <p>Policy: The Volunteers and Interns policy states that "all applicants accepted as Volunteers or Interns shall have a complete orientation and training period that includes at a minimum client rights, security and confidentiality regulations, emergency procedures, lines of communication and authority, information regarding insurance coverage, information about personal risks and liability, and all agency policies and procedures. Volunteers / Interns are given the opportunity to attend internal workshop and seminars" (p. 1).</p> <p>Documentation Reviewed</p> <p>PREA Visitor/Contractor PREA Acknowledgement (3)</p>

Interviews

Volunteer(s) or Contractor(s) who may have Contact with Residents – The interviewed volunteer reported that they have not received a formal training. It was further reported that they were notified to report any allegation to any staff in the office at the time.

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

Documentation Reviewed

PREA Visitor/Contractor PREA Acknowledgement (3)

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

Corrective Action and Conclusion:

115.232 (a) Corrective Action: The facility shall provide documentation where the volunteer received additional PREA Training. The documentation was provided no further action is needed. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Admission and Orientation Westbury West</p> <p>Policy: Prison Rape Elimination Act (PREA) Policy (Client Signature) (24)</p> <p>Client PREA Brochure Acknowledgement (English/Spanish) (24)</p> <p>CT PREA Brochure (English/Spanish)</p> <p>12-month roster of residents</p> <p>Postings</p> <p>Findings (By Provision):</p> <p>115.233 (a). Residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The number of residents admitted during past 12 months who were given this information at intake:</p> <p>Interviews: 147.</p> <p>Policy: Admission and Orientation, Waterbury West states that “all clients who are approved for admission shall complete an intake process upon arrival at the facility. Under staff supervision, the clients shall complete case record paperwork, PREA Screening and a drug screening. Furthermore, they shall be oriented to the facility, assigned a primary counselor, have an opportunity to review and discuss program rules and regulations, services available, program goals, rules governing conduct, possible disciplinary actions, and any limitations of available services. Clients in residential programs under the PREA standards will receive a brochure which will explain PREA and provide emergency and reporting procedures. Clients shall agree to abide by the rules, regulations, and general programming standards, and acknowledge such understanding by signing the Client Handbook Acknowledgement Form” (p. 1).</p> <p>Documentation Reviewed</p> <p>Client PREA Brochure Acknowledgement (English/Spanish) (24)</p> <p>Policy: Prison Rape Elimination Act (PREA) Policy (Client Signature) (24)</p> <p>CT PREA Brochure (English/Spanish)</p> <p>Intake records of residents entering the facility in the last 12 months (spot check). Log or other record corroborating that residents received information at intake (e.g., resident signatures). Any relevant education materials (e.g., resident handbook) to ensure that relevant information is covered.</p> <p>12-month roster of residents</p> <p>Interviews:</p> <p>Intake Staff – The interviewed intake staff reported that the PREA screening is conducted on day 1 and day 30. Before Clients get to me for Day 1 Assessments, they meet with the Patient Access Specialist. She goes over policies and procedures with Clients. I think she explains to Clients about Zero Tolerance policies. The parent access specialist educates the residents of their rights, and they also discuss during the housing meetings.</p> <p>Resident Interview Questionnaire – All of the interviewed residents reported that when they first arrived at the facility there were given the rules against sexual abuse and sexual harassment. When probed the residents stated that the staff went over paperwork with them, and this occurred within the same day of placement. All but one resident further confirmed that they were informed of their right to not be sexually abused or sexually harassed, how to report sexual abuse or sexual harassment, and their right to not be punished for reporting sexual abuse or sexual harassment.</p>

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

115.233 (b). As reported in the PAQ, the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1. The number of residents transferred from a different community confinement facility during the past 12 months: 2. The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information: 2.

Policy: Policy: Admission and Orientation, Waterbury West states that "PREA Acknowledgement - Residents shall receive information explaining CT 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 incidents and the review process. Such 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" (p. 2).

Documentation Reviewed

Client PREA Brochure Acknowledgement (English/Spanish) (24)

Policy: Prison Rape Elimination Act (PREA) Policy (Client Signature)

CT PREA Brochure (English/Spanish)

Intake records of residents entering the facility in the last 12 months (spot check). Log or other record corroborating that residents received information at intake (e.g., resident signatures). Any relevant education materials (e.g., resident handbook) to ensure that relevant information is covered.

Interviews

Intake Staff – The interviewed staff reported that the patient access specialist goes over their rights to be free from sexual abuse and sexual harassment. On day 1, when Client's admit, they meet with the Patient Access Specialist who explains policies to Clients and ascertains signatures for legal documents.

Resident Interview Questionnaire – The interviewed residents reported that they arrived at the facility within the last nine months. Four of the interviewed residents arrived at the facility from home. The other six transferred from another facility.

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

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

During the onsite inspection the auditor observed that the facility had signage for translation services. In addition, the facility had several bi-lingual staff to provide interpretation services for the most common secondary language (Spanish).

Documentation Reviewed

Client PREA Brochure Acknowledgement (English/Spanish) (24)

Policy: Prison Rape Elimination Act (PREA) Policy (Client Signature) (24)

CT PREA Brochure (English/Spanish)

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

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

Documentation Reviewed

Client PREA Brochure Acknowledgement (English/Spanish) (24)

Policy: Prison Rape Elimination Act (PREA) Policy (Client Signature) (24)

CT PREA Brochure (English/Spanish)

Interviews

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

115.233 (e). As reported in the PAQ, the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

Documentation Reviewed

Client PREA Brochure Acknowledgement (English/Spanish) (24)

Policy: Prison Rape Elimination Act (PREA) Policy (Client Signature) (24)

CT PREA Brochure (English/Spanish)

Posting (Spanish/English)

PREA Audit Site Review: During the onsite inspection the auditor observed PREA posters, resident handbooks, PREA brochures and information regarding the advocacy services throughout the common areas of all sites.

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

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Training Requirements</p> <p>Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting)</p> <p>Training Certificate (PREA: Coordinators' Roles and Responsibilities)</p> <p>Interviews:</p> <ul style="list-style-type: none"> · Investigative Staff Training <p>Findings (By Provision):</p> <p>115.234 (a). As reported in the PAQ, the agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>Policy: The Training Requirements policy states that "sexual Abuse and Harassment - agency policies and procedures in conjunction with PREA must be attended annually by all staff and administration. The agency PREA coordinator and any staff conducting PREA investigations will complete training in conducting sexual abuse investigations in confinement settings (NIC PREA: Investigating Sexual Abuse in a Confinement Setting or equivalent)" (p. 1).</p> <p>Documentation Reviewed</p> <p>Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting)</p> <p>Training Certificate (PREA: Coordinators' Roles and Responsibilities)</p> <p>Interviews</p> <p>Investigative Staff – The interviewed staff stated that they have completed the NIC training courses called PREA: Investigating Sexual Abuse in a Confinement Setting and PREA: Coordinators' Roles and Responsibilities. The topics included in the training were: PREA Investigative Standards, Criteria and Evidence for Administrative Action and Prosecution, the Role of Medical and Mental Health in the Investigative Process, Roles of the Victim Advocate, Working with Victims, Proper use of Miranda and Garrity Warnings, Sexual Abuse Evidence Collection in Confinement Settings, Interviewing Techniques, and Institutional Culture and Investigations.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.234 (b). Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>Documentation Reviewed</p> <p>Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting)</p> <p>Training Certificate (PREA: Coordinators' Roles and Responsibilities)</p> <p>Interviews:</p> <p>Investigative Staff – The interviewed staff stated that the topics included in the training were: PREA Investigative Standards, Criteria and Evidence for Administrative Action and Prosecution, the Role of Medical and Mental Health in the Investigative Process, Roles of the Victim Advocate, Working with Victims, Proper use of Miranda and Garrity Warnings, Sexual Abuse Evidence Collection in Confinement Settings, Interviewing Techniques, and Institutional Culture and Investigations.</p> <p>115.234 (c). As reported in the PAQ, the agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 1.</p>

Documentation Reviewed

Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting)

Training Certificate (PREA: Coordinators' Roles and Responsibilities)

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

115.234 (d). Auditor is not required to audit this provision.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Training Requirements</p> <p>NEW Hire PREA Training (PPT)</p> <p>PREA Training PPT</p> <p>Incident Management and Reporting PPT</p> <p>1 Regulatory Compliance and Performance Management PPT</p> <p>Preventing and Responding to Community-Based Sexual Abuse and Harassment (A Review for Community Confinement Employees) PPT</p> <p>Employee PREA Training Acknowledgement (1)</p> <p>PREA Training Pamphlet (Preventing and Responding to Correctives-Based Sexual Abuse: A Guide for Community Corrections Professionals</p> <p>Mandated Reporter Training PPT</p> <p>NIC Specialized Training</p> <p>Interviews:</p> <p>Medical and Mental Health Staff</p> <p>Findings (By Provision):</p> <p>115.235 (a). As reported in the PAQ, the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <p>The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 0.</p> <p>The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 0</p> <p>Documentation Reviewed</p> <p>Training records and personnel records to verify that regular practitioners have been trained ("regular" does not include practitioners who are engaged infrequently).</p> <p>Interviews</p> <p>Medical and Mental Health Staff – The interviewed medical and mental health staff reported that they have not received specialized training related to sexual abuse.</p> <p>Corrective Action: One of the sites mental health staff shall complete the specialized training for medical and mental health staff. The training was completed during the post onsite audit phase. The facility shall provide additional documentation of one more mental health staff receiving training. The additional documentation was provided. No further action is needed.</p> <p>115.235 (b). As reported in the PAQ, the agency does not have onsite medical and mental health services. During the onsite portion of the audit, it was determined that the facility has one onsite clinical staff.</p> <p>Interviews</p> <p>Medical and Mental Health Staff – The interviewed medical and mental health staff reported that they do not conduct forensic examinations.</p>

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

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

Corrective Action and Conclusion:

115.235 (a). Corrective Action: One of the sites mental health staff shall complete the specialized training for medical and mental health staff. The training was completed during the post onsite audit phase. The facility shall provide additional documentation of one more mental health staff receiving training. The additional documentation was provided. No further action is needed.

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

115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Admission and Orientation Waterbury West</p> <p>Policy: Screening for Risk of Victimization and Abusiveness</p> <p>PREA Screening Risk Assessment (30)</p> <p>PREA Screening Risk Assessment Tool (prior/updated)</p> <p>Rescreening (20)</p> <p>Interviews:</p> <p>Staff Responsible for Risk Screening (2)</p> <p>Resident Interview Questions (10)</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.241 (a). As reported in the PAQ, the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p>Policy: The Admission and Orientation stated that “All clients who are approved for admission shall complete an intake process upon arrival at the facility. Under staff supervision, the clients shall complete case record paperwork, PREA Screening and a drug screening. Furthermore, they shall be oriented to the facility, assigned a primary counselor, have an opportunity to review and discuss program rules and regulations, services available, program goals, rules governing conduct, possible disciplinary actions, and any limitations of available services” (p. 1).</p> <p>Policy: The Screening for Risk of Victimization & Abusiveness policy states that “all residents will be assessed during and the intake and evaluation process for their risk of being sexually abused by other residents or sexually abusive toward other residents. CT Renaissance programs will utilize a screening tool to determine a level of risk for abusiveness and/or victimization” (p. 1).</p> <p>Interviews</p> <p>Staff Responsible for Risk Screening – The interviewed staff reported that all residents are screened upon admission or transfer.</p> <p>Resident Interview Questionnaire – All but one of the interviewed residents reported that on the the facility they were asked questions like whether or not they had been in jail or prison before, whether they have been sexually abused, whether they identify as gay, lesbian, bisexual, or whether they may be in danger of sexual abuse. When probed the residents reported that the questions were asked the same day, a few days, or within a week.</p> <p>PREA Audit Site Review: During the site review the auditor observed some PREA signage in the main area of the site. The auditor recommended that more signage is posted in the housing area. The additional posters were placed during the post onsite audit phase.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.241 (b). According to the PAQ, the policy requires that residents be screened for risk of sexual victimization or risk of sexual abusing other residents within 72 hours of their intake. The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 141.</p>

Policy: Policy: The Screening for Risk of Victimization & Abusiveness policy states that “the PREA Screening Assessment shall be conducted with the client within 72 hours of admission. • The PREA Screening assessment shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents, for risk of being sexually abusive” (p. 1).

Documentation Reviewed

PREA Screening Risk Assessment (30)

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that the risk of sexual victimization or risk of sexually abusing other residents occurs within 72 hours of admission.

Resident Interview Questionnaire – All but one of the interviewed residents reported that on the the facility they were asked questions like whether or not they had been in jail or prison before, whether they have been sexually abused, whether they identify as gay, lesbian, bisexual, or whether they may be in danger of sexual abuse. When probed the residents reported that the questions were asked the same day, a few days, or within a week.

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

115.241 (c). As reported in the PAQ, the facility uses a risk assessment is conducted using an objective screening instrument.

Documentation Reviewed

PREA Screening Checklist-prior/updated

PREA Screening Risk Assessment (30)

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

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

Corrective Action: During the pre-audit phase it was determined that the facility had a PREA screening tool (PREA Screening Checklist) did not cover all of the required elements to assess for risk of sexual victimization. The agency/facility updated the tool to cover all of the required elements.

Documentation Reviewed

PREA Screening Checklist-prior/updated

PREA Screening Risk Assessment (30)

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that The screening assesses the age, build, criminal history (including non-violent sex offenses), whether the resident has any disabilities, previous incarcerations, their perceived sexual orientation, and perception of vulnerability. It is a yes/no checklist with space for comments as needed and the initial screening is completed during admission/intake.

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

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

Corrective Action: During the pre-audit phase it was determined that the facility had a PREA screening tool (PREA Screening Checklist) did not cover all of the required elements to assess for risk of sexual victimization. The agency/facility

updated the tool to cover all of the required elements.

Documentation Reviewed

PREA Screening Checklist -prior/updated

PREA Screening Risk Assessment (30)

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that The screening assesses the age, build, criminal history (including non-violent sex offenses), whether the resident has any disabilities, previous incarcerations, their perceived sexual orientation, and perception of vulnerability. It is a yes/no checklist with space for comments as needed and the initial screening is completed during admission/intake. It was further reported that the facility now uses a computer form.

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

115.241 (f). As reported in the PAQ, the policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 124.

Policy: The Screening for Risk of Victimization and Abusiveness Policy states that "within 30 days of admission, the program will reassess the resident's risk of victimization for abusiveness based upon any additional relevant information received by the facility since the intake screening" (p. 3).

Documentation Reviewed

PREA Screening Checklist-prior/updated

Rescreening (30 Day Follow Up Review) (20)

Interviews

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

Resident Interview Questionnaire – Only one of the interviewed residents could recall whether or not the staff have asked them the screening intake questions again since they have been here.

Corrective Action: During the audit process it was determined that there was a period of time in the last 12 months where either the risk screenings were not completed within the 30 days or not completed at all. The agency reported that the problem was identified earlier this year and addressed with the staff. The auditor was able to review the prior and current residents to see the improvement in documentation. Additional documentation was provided on residents who were placed since the onsite portion of the audit. No further action is needed.

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

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

Policy: The Screening for Risk of Victimization and Abusiveness Policy states that "a resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness." (p. 3).

Documentation Reviewed

Rescreening (30 Day Follow Up Review) (20)

Interviews

Staff Responsible for Risk Screening -The interviewed staff reported that reassessments occur within 30 days.

Resident Interview Questionnaire – Only one of the interviewed residents could recall whether or not the staff have asked

them the screening intake questions again since they have been here.

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

115.241 (h). As reported in the PAQ, the policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability.

Policy: The Screening for Risk of Victimization and Abusiveness Policy states that "Residents may not be disciplined for refusing to answer, or for not disclosing complete information" (p. 3).

Documentation Reviewed

PREA Screening Checklist-prior/updated (30)

Rescreening (30 Day Follow Up Review) (20)

Interviews

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

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

Policy: The Screening for Risk of Victimization and Abusiveness Policy states that the "information received during the screening / evaluation process shall uphold all of CT Renaissance's standards of confidentiality. Information received shall be used from a programmatic and treatment perspective in determining service needs and ensuring the safety of the resident. Employees, volunteers, interns or contractors found to be using sensitive information to the detriment of the resident shall be the subject of corrective action up to and including termination" (p. 3).

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that Clinical staff have access to records specific to clients served. One staff reported that clinical staff have access to records specific to clients served and the screening tool is located on an online case management system.

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

Corrective Action and Conclusion:

115.241 d/e. Corrective Action: During the pre-audit phase it was determined that the facility had a PREA screening tool (PREA Screening Checklist) did not cover all of the required elements to assess for risk of sexual victimization. The agency/facility updated the tool to cover all of the required elements.

115.241. (f). Corrective Action: During the audit process it was determined that there was a period of time in the last 12 months where either the risk screenings were not completed within the 30 days or not completed at all. The agency reported that the problem was identified earlier this year and addressed with the staff. The auditor was able to review the prior and current residents to see the improvement in documentation. Additional documentation was provided on residents who were placed since the onsite portion of the audit. No further action is needed.

115.242	Use of screening information
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="242 329 777 358">Supporting Documents, Interviews and Observations:</p> <p data-bbox="242 387 553 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="242 445 1123 474">Policy: Evaluation and Intake Interview, Waterbury West Residential Treatment Program</p> <p data-bbox="242 504 836 533">Policy: Screening for Risk of Victimization and Abusiveness</p> <p data-bbox="242 562 352 591">Interviews:</p> <p data-bbox="242 620 430 649">PREA Coordinator</p> <p data-bbox="242 678 644 707">Staff Responsible for Risk Screening (2)</p> <p data-bbox="242 736 564 766">Transgender/Intersex Residents</p> <p data-bbox="242 795 483 824">Findings (By Provision):</p> <p data-bbox="242 853 1485 943">115.242 (a). The agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p data-bbox="242 972 1493 1200">Policy: The Evaluation and Intake Interview, Waterbury West Residential Treatment Program states that “a comprehensive assessment is then formulated, which includes a summary of the above information, diagnosis, client strengths and limitations, clinical impression, stage of change, recommendations for treatment and initial treatment plan. This assessment is conducted within specific time frames and is used in the development of the individual treatment plan. This assessment will identify any co-occurring disabilities/disorders that should be addressed when developing the individual plan including preliminary discharge plans. This assessment is due within 5 business days from the evaluation appointment, unless otherwise noted by grant contracts” (p. 1).</p> <p data-bbox="242 1229 1481 1323">Policy: The Screening for Risk of Victimization and Abusiveness states that “each program 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” (p. 3).</p> <p data-bbox="242 1352 347 1382">Interviews</p> <p data-bbox="242 1411 1493 1606">PREA Coordinator – The interviewed staff reported that All residents are assessed during the intake and evaluation process for their risk of being sexually abused by other residents or sexually abused towards. CT Renaissance uses the Screening Assessment for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) tool and clients receive this screening within 72 hours of admission. The screening tool is scored and utilized to make housing, monitoring and treatment or service decisions/recommendations. In addition, if the resident is identified as a vulnerable victim or sexually aggressive, it will be noted in the POP sheet to assist staff in monitoring them. Within 30 days, the program will reassess.</p> <p data-bbox="242 1635 1493 1765">Staff Responsible for Risk Screening – The interviewed staff reported that During screen, if determination made that client is at risk, teams review the options to keep all individuals safe. For example, single room, additional therapeutic services, reviewing cameras and increased monitoring. During screening, if determination is made that a client is at risk, teams review the options to keep all individuals safe.</p> <p data-bbox="242 1794 1481 1856">Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="242 1886 1485 1946">115.242 (b). As reported in the PAQ, the agency/facility makes individualized determinations about how to ensure the safety of each resident.</p> <p data-bbox="242 1975 1485 2136">Policy: The Evaluation and Intake Interview, Waterbury West Residential Treatment Program states that “all individuals referred to Connecticut Renaissance will undergo an evaluation interview on the premises to assess eligibility for admission. A qualified staff or supervisor who is knowledgeable to assess the needs of person served, trained in the use of assessment instruments, and able to communicate with the client performs the evaluation. The purpose of the evaluation is to assess for the appropriateness of available services” (p. 1).</p>

Interviews

Staff Responsible for Risk Screening – The interviewed staff reported that During screen, if determination made that client is at risk, teams reviews the options to keep all individuals safe. For example, single room, additional therapeutic services, reviewing cameras and increased monitoring.

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

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

Policy: The Screening for Risk of Victimization & Abusiveness states that “bed placements for transgender or intersex residents shall be based on concerns for the resident’s health and safety. The transgender or intersex resident’s own view of safety needs shall be a serious consideration in making bed placements. However, the program shall not place lesbian, gay, bisexual, transgender or intersex residents in dedicated areas solely on the basis of such identification or status, unless such placement is in a dedicated area established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents. Documentation of placement considerations shall be maintained in the client’s record” (p. 2).

Interviews

PREA Coordinator – The interviewed staff reported that Housing and program assignments are made on a case-by-case basis, based on information from the PREA Screening and the client at intake. A variety of housing configurations are available based on need and preference. The agency prioritizes resident health and safety when making placement decisions and utilizes a client-centered approach across all services. The agency accepts referrals to West within our admission criteria and as per our contract with CSSD. Any management or security problems would be addressed on an individual basis, in coordination with CSSD, and handled accordingly, with the joint goals of ensuring safety while facilitating client access to the program.

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

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

Interviews

PREA Coordinator – The interviewed staff reported that A transgender or intersex resident's own view with respect to his or her own safety would be given the highest consideration in placement and programming assignments.

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

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

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

Interviews

PREA Coordinator – The interviewed staff reported that West Residential facility has a configuration that allows for private showering for a transgender or intersex resident.

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

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

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

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

Documentation Reviewed

Interviews

PREA Coordinator – The interviewed staff reported that the agency is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex residents. By policy and practice, the agency does not separate lesbian, gay, bisexual, transgender, or intersex residents. CT Renaissance fosters an inclusive environment.

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

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Reporting of Sexual Abuse & Harassment</p> <p>Orientation Checklist with Program Director/Supervisor</p> <p>Interviews:</p> <p>Random Sample of Staff (10)</p> <p>Resident Interview Questionnaire (10)</p> <p>Findings (By Provision):</p> <p>115.251 (a). As reported in the PAQ, the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Policy: The Reporting of Sexual Abuse & Harassment states that “clients / Residents may make verbal or written reports of sexual abuse or harassment 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; 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. Policy reviewed 12/30/21 DP Policy created 1/11/16 GG • Staff must allow the client / resident a private area to report their concerns and make their report. Staff must accept both verbal and/or written incident reports. If the client / resident is willing to make a written report, the PREA incident report form should be utilized. If not, the staff person taking the report can write the report The resident handbook provides multiple internal and external reporting methods (pp. 1-2).</p> <p>Documentation Reviewed</p> <p>Resident Handbook</p> <p>Interviews</p> <p>Random Sample of Staff – The interviewed staff reported various methods in which residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. The various methods include to tell staff, call the hotline, or write a grievance. Several staff reported being unaware as to how the residents would report to an outside entity.</p> <p>Resident Interview Questionnaire - The interviewed residents reported that they are aware of multiple methods to report sexual abuse or sexual harassment. The various ways reported include tell staff, notify police, notify the parole officer, complete a grievance or call the hotline.</p> <p>PREA Audit Site Review: During the site review the auditor observed some PREA signage in the main area of the site. The auditor recommended that more signage is posted in the housing area. The additional posters were placed during the post onsite audit phase.</p> <p>Corrective Action: The resident handbook was missing some key information to inform residents of their rights on the agencies zero tolerance policy for sexual abuse and sexual harassment. During the post onsite audit phase, the handbook was updated. There is no further action needed.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.251 (b). As reported in the PAQ, the agency shall also inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain</p>

anonymous upon request. Staff are required to document verbal reports.

Policy: The Reporting of Sexual Abuse & Harassment states that:

- Clients / Residents may make verbal or written reports of sexual abuse or harassment 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; 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. Policy reviewed 12/30/21 DP Policy created 1/11/16 GG
- Staff must allow the client / resident a private area to report their concerns and make their report. Staff must accept both verbal and/or written incident reports. If the client / resident is willing to make a written report, the PREA incident report form should be utilized. If not, the staff person taking the report can write the report.
- The PREA incident report form shall be forwarded to the agency's PREA Coordinator & designated Program Director who will then contact the client's Parole Officer or other referral source.
- Clients / Residents may report concerns of sexual abuse or harassment to their Parole Officers or referral sources, who will then contact the agency's PREA Coordinator to corroborate and investigation.
- Clients / Residents may contact Safe Haven, 29 Central Ave in Waterbury, CT at (203) 753-3613 (for sexual assault services) or The Center for Family Justice located at 753 Fairfield Ave., Bridgeport, 203-334-6154. The crisis centers shall forward reports of sexual abuse and sexual harassment to agency officials. Clients may remain anonymous if they desire. Client/residents also may call 911 for an immediate report to local and CT State Police.
- CT Renaissance will provide victims with access to external victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and phone numbers of such community resources. The programs shall enable communication between residents and such community resources in as confidential manner as possible.
- Clients will be informed that when third party services are used for reporting purposes, the agency will be made aware of reports of sexual abuse and harassment. The agency will pursue a coordinated response accordingly and as necessary.
- Employees shall accept reports made verbally, in writing, anonymously and from third parties. Any report received shall be promptly documented. • Reports of sexual abuse and sexual harassment shall be thoroughly reviewed by the PREA Coordinator, who will do so in conjunction with the Clinical Director, Chief Executive Officer and other parties as appropriate.
- Residents upon admission will be oriented to CT Renaissance's PREA policies and procedures.
- In the orientation process, residents will obtain a clear understanding of reporting and review procedures including being provided the PREA incident reporting form and other options for privately and anonymously making reports of sexual abuse or sexual harassment. (pp. 1-2).

Documentation Reviewed

Resident Handbook

PREA Coordinator – The interviewed staff reported that if a client wishes to report abuse or harassment to an entity outside of the agency, they can contact the Sexual Assault Hotline, or the police department. The agency provides clients with the Sexual Assault Hotline number at orientation, as well as information about their options for making such reports. The number is also posted in English and Spanish at the facilities. The procedures enable receipt and immediate transmission of resident reports of sexual abuse and sexual harassment to the agency, while the resident may choose to remain anonymous upon request. The crisis centers will forward reports of sexual abuse and sexual harassment to agency officials. Staff will accept anonymous and third-party reports, in addition to verbal or written reports.

Resident Interview Questionnaire - The interviewed residents reported that they are aware of multiple methods to report sexual abuse or sexual harassment. The various ways reported include tell staff, notify police, notify the parole officer, complete a grievance or call the hotline. All of the interviewed residents reported that they believe they could make a report without having to give their name. Two of the residents were vague in their understanding, stating "I hope so".

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

115.251 (c). As reported in the PAQ, the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports within 24 hours.

Policy: The Reporting of Sexual Abuse & Harassment states that "CT Renaissance requires 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. Residents / Clients shall be encouraged and provided a safe means of reporting such abuse. Anyone who reports an allegation of sexual abuse or harassment may do so without fear of reprisal” (p. 1).

Interviews

Random Sample of Staff – The interviewed staff reported that a resident who alleges sexual abuse, can do so verbally, in writing, anonymously and from a third party. When asked do you document the report, all of the staff stated yes. It was further reported that they would document immediately by completing an incident report.

Resident Interview Questionnaire – All of the interviewed residents reported that they could make a report either in person or in writing. They further stated that family and friends could make a report for them if needed.

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

115.251 (d). The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff can privately report by anonymous phone call, in writing to the PREA Coordinator, Department of Corrections or the State PREA Coordinator.

Policy: The Reporting of Sexual Abuse & Harassment states that the staff reporting procedures include:

- Staff shall report to their next level Supervisor and the agency's PREA Coordinator any knowledge or suspicion of sexual abuse and/or harassment against a client / resident by another client/resident, employee, volunteer, intern or contractor. Retaliation by other residents or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents should also be reported.
- Staff shall utilize the PREA Incident report form on behalf of the client / resident to initiate a response by the PREA Coordinator.
- Staff may make such reports in a private manner of which they are comfortable. Such reports of sexual abuse, harassment, known retaliation or concerns of neglect on the part of another staff, volunteer, intern or contractor may be submitted in writing or verbally to the PREA Coordinator and may be done so anonymously.
- 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.
- Unless otherwise precluded by Federal, State or local law, agency staff shall be required to report sexual abuse and must inform client / residents of their duty to report, and the limitations of confidentiality at the initiation of services.
- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, CT Renaissance shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.
- Upon hire, new employees will receive training on the agency's policies and procedures regarding sexual abuse and sexual harassment. A signed understanding of CT Renaissance's PREA policies shall be maintained in the employee's personnel file.
- Staff shall attend an annual re-training on PREA policies and procedures. The annual training will be competency based.

Documentation Reviewed

Orientation Checklist with Program Director/Supervisor

Interviews

Random Sample of Staff – The interviewed staff reported that they could privately report sexual abuse and sexual harassment of residents by calling the PREA hotline, call law enforcement, notifying chain of command, or notify the PREA coordinator.

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

Corrective Action and Conclusion:

115.251 (a) Corrective Action: The resident handbook was missing some key information to inform residents of their rights on the agencies zero tolerance policy for sexual abuse and sexual harassment. During the post onsite audit phase, the handbook was updated. There is no further action needed.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.252	Exhaustion of administrative remedies
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 331 775 358">Supporting Documents, Interviews and Observations:</p> <p data-bbox="240 389 552 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 448 432 474">Policy: Grievances</p> <p data-bbox="240 506 360 533">Grievances</p> <p data-bbox="240 564 408 591">Grievance Form</p> <p data-bbox="240 622 352 649">Interviews:</p> <p data-bbox="240 680 432 707">PREA Coordinator</p> <p data-bbox="240 739 520 766">PREA compliance manager</p> <p data-bbox="240 797 483 824">Findings (By Provision):</p> <p data-bbox="240 855 1485 909">115.252 (a). As reported in the PAQ, the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. Upon further review it was determined that the agency has a process to file Grievances.</p> <p data-bbox="240 940 1453 994">Policy: The Grievances policy provides guidance on how the agency will respond to allegations of sexual abuse or sexual harassment reported through the grievance process.</p> <p data-bbox="240 1025 1422 1079">The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.</p> <p data-bbox="240 1111 1430 1164">The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.</p> <p data-bbox="240 1196 1469 1249">The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p data-bbox="240 1281 1469 1335">Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.</p> <p data-bbox="240 1366 547 1393">The agency shall ensure that -</p> <p data-bbox="240 1424 1485 1478">(1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and</p> <p data-bbox="240 1509 1115 1536">(2) Such grievance is not referred to a staff member who is the subject of the complaint.</p> <p data-bbox="240 1568 1485 1621">(1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.</p> <p data-bbox="240 1653 1430 1706">(2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.</p> <p data-bbox="240 1738 1485 1792">(3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.</p> <p data-bbox="240 1823 1485 1877">(4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.</p> <p data-bbox="240 1908 272 1935">(e)</p> <p data-bbox="240 1966 1453 2020">(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall</p>

also be permitted to file such requests on behalf of residents.

(2) If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

(3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

(f)

(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

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

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

The auditor reviewed one filed grievance in the last year, and it was determined that it was not PREA related.

Documentation Reviewed

Grievances

Grievance Form

115.252 (b). As reported in the PAQ, the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. Upon further review it was determined that the agency has a process to file Grievances.

The auditor reviewed one filed grievance in the last year, and it was determined that it was not PREA related.

Documentation Reviewed

Grievances

115.252 (c). As reported in the PAQ, the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. Upon further review it was determined that the agency has a process to file Grievances.

Policy:

The auditor reviewed one filed grievance in the last year, and it was determined that it was not PREA related.

Documentation Reviewed

Grievances

115.252 (d). As reported in the PAQ, the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. Upon further review it was determined that the agency has a process to file Grievances.

The auditor reviewed one filed grievance in the last year, and it was determined that it was not PREA related.

Documentation Reviewed

Grievances

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

115.252 (e). As reported in the PAQ, the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. However, upon further review it was identified that the site has a grievance system in place.

115.252 (f). As reported in the PAQ, the agency does not have an administrative procedure for dealing with resident

grievances regarding sexual abuse. However, upon further review it was identified that the site has a grievance system in place.

115.252 (g). As reported in the PAQ, the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. However, upon further review it was identified that the site has a grievance system in place.

Corrective Action and Conclusion:

During the course of the audit process, it was determined that the agency has a method for residents to report sexual abuse or sexual harassment through the grievance process. The facility updated its policy to ensure all elements were covered when responding to allegations of sexual abuse or sexual harassment. No further action is needed.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: The Reporting of Sexual Abuse and Harassment</p> <p>Policy: The Medical and Mental Health Care for Victims of Sexual Abuse</p> <p>Client PREA Brochure Acknowledgement (English/Spanish)</p> <p>MOU: Safe Haven of Greater Waterbury</p> <p>Safe Haven of Greater Waterbury-Sexual Assault Services</p> <p>CT PREA Brochure (English/Spanish)</p> <p>Interviews:</p> <p>Resident Interview Questionnaire (10)</p> <p>Findings (By Provision):</p> <p>115.253 (a). As reported in the PAQ, the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.</p> <p>Policy: The Medical and Mental Health Care for Victims of Sexual Abuse policy states that “upon receiving a report of alleged sexual abuse or sexual harassment, CT 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. • CT Renaissance shall offer all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If the area hospitals do not have available SAFE or SANEs then the examination can be performed by other qualified medical practitioners. • Victims shall be referred to a victim advocate at a rape crisis center” (p. 1).</p> <p>Documentation Reviewed</p> <p>Client PREA Brochure Acknowledgement (English/Spanish)</p> <p>MOU: Safe Haven of Greater Waterbury</p> <p>Safe Haven of Greater Waterbury-Sexual Assault Services</p> <p>CT PREA Brochure (English/Spanish)</p> <p>Interviews</p> <p>Resident Interview Questionnaire – Four of the ten interviewed residents reported that they were aware of outside services that deal with sexual abuse if needed. Only one of them could name a specific place. The others said in general that they know there are services, just can't recall which ones and/or stated domestic violence shelters. When asked if the facility provided them with mailing addresses and toll-free telephone numbers, the residents could not recall. It was further reported that if they wanted to talk to the outside services they could on their own as they had their own cell phones. The residents felt that they could have a private conversation with the outside services. One resident reported that the outside service would have to report abuse that occurred at the facility.</p> <p>PREA Audit Site Review/Corrective Action: During the onsite audit inspection the auditor observed very limited information readily available to residents on outside reporting. During the close out, the auditor requested that the facility post information throughout the facility and provide the auditor with the proof of the posting.</p>

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

115.253 (b). As reported in the PAQ, the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

Policy: The Reporting of Sexual Abuse and Harassment policy states that "clients will be informed that when third party services are used for reporting purposes, the agency will be made aware of reports of sexual abuse and harassment. The agency will pursue a coordinated response accordingly and as necessary" (p. 2).

Documentation Reviewed

Client PREA Brochure Acknowledgement (English/Spanish)

MOU: Safe Haven of Greater Waterbury

Safe Haven of Greater Waterbury-Sexual Assault Services

CT PREA Brochure (English/Spanish)

Interviews

Resident Interview Questionnaire – Four of the ten interviewed residents reported that they were aware of outside services that deal with sexual abuse if needed. The residents felt that they could have a private conversation with the outside services. One resident reported that the outside service would have to report abuse that occurred at the facility.

Corrective Action: During the onsite audit inspection the auditor observed very limited information readily available to residents on outside reporting. During the close out, the auditor requested that the facility post information throughout the facility and provide the auditor with the proof of the posting.

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

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

The facility has a MOA with The Center for Family Justice. Upon review of the MOA with the Center for Family Justice, it is found that the facility has a written agreement that the Center for Family Justice can provide free, confidential and empowerment based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training.

Documentation Reviewed

MOU: Safe Haven of Greater Waterbury

Safe Haven of Greater Waterbury-Sexual Assault Services

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

Corrective Action and Conclusion:

During the onsite audit inspection, the auditor observed very limited information readily available to residents on outside reporting. During the close out, the auditor requested that the facility post information throughout the facility and provide the auditor with the proof of the posting.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. There is no further action needed.

115.254	<p>Third party reporting</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Reporting of Sexual Abuse and/or Harassment</p> <p>Client PREA Brochure Acknowledgement (English/Spanish)</p> <p>Website: https://ctrenaissance.org/about/licensing-accreditation/prea/</p> <p>Findings (By Provision):</p> <p>115.254 (a). As reported in the PAQ, the agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.</p> <p>Policy: The Reporting of Sexual Abuse and/or Harassment policy states that “clients will be informed that when third party services are used for reporting purposes, the agency will be made aware of reports of sexual abuse and harassment. The agency will pursue a coordinated response according and as necessary. Employees shall accept reports made verbally, in writing, anonymously and from third parties. Any report received shall be promptly documented”.</p> <p>Documentation Reviewed</p> <p>Client PREA Brochure Acknowledgement (English/Spanish)</p> <p>Website: https://ctrenaissance.org/about/licensing-accreditation/prea/</p> <p>Conclusion and/or Corrective Action:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. There is no further action needed.</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Reporting of Sexual Abuse & Harassment</p> <p>Website: https://ctrenaissance.org/about/licensing-accreditation/prea/</p> <p>Interviews:</p> <p>Random Sample of Staff (10)</p> <p>Medical and Mental Health Staff</p> <p>Director or Designee</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.261 (a). As reported in the PAQ, the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Policy: The Reporting of Sexual Abuse & Harassment states that "CT Renaissance requires 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. Residents / Clients shall be encouraged and provided a safe means of reporting such abuse. Anyone who reports an allegation of sexual abuse or harassment may do so without fear of reprisal" (p. 1).</p> <p>Interviews</p> <p>Random Sample of Staff – The interviewed staff reported that the agency requires all staff to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. The reporting procedure includes completing an incident report, notify the chain of command, notify the PREA Coordinator and immediately report; or no later than 24 hours.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.261 (b). As reported in the PAQ, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>Policy: The Reporting of Sexual Abuse & Harassment states that "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" (p. 1).</p> <p>Interviews</p> <p>Random Sample of Staff – The interviewed staff reported that the agency requires all staff to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. The reporting procedure includes completing an incident report, notify the chain of command, notify the PREA Coordinator and immediately report; or no later than 24 hours.</p>

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

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

Interviews

Medical and Mental Health Staff – The interviewed staff reported that during my initial sessions with new residents I discuss the importance of confidentiality between clinician and client but also make clear when that confidentiality does not apply, ie – court mandate, duty to report, etc. – any incident I become aware of would immediately be reported to my supervisor. I have been provided with the emails and phone numbers of a number of supervisors to ensure that I am always able to reach someone for assistance. The interviewed staff reported that they have never become aware of any such incident.

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

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

Interviews

Director or Designee – The interviewed staff reported that the program services clients 18 and older, all staff are trained in mandated reporting requirements. Any reports received are in turn reported to state authorities within required timeframes.

PREA Coordinator - The interviewed staff reported that while we do not house clients who are 18 or under, if an allegation was made by an individual 18 or under or by someone considered a vulnerable adult, the facility would report to the PREA Coordinator, and the agency would follow the state mandated reporting laws.

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

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

Documentation Reviewed

Sample of reports to investigators

Interviews

Director or Designee- The interviewed staff reported that all allegations of sexual abuse and sexual harassment are reported to the agency investigator.

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

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. There is no further action needed.

115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment</p> <p>Policy: Screening for Risk of Victimization & Abusiveness</p> <p>Interviews:</p> <p>Agency Head</p> <p>Director or Designee</p> <p>Random Sample of Staff (10)</p> <p>Findings (By Provision):</p> <p>115.262 (a). As reported in the PAQ, when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse: 0.</p> <p>If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action: N/A.</p> <p>The longest amount of time (in hours or days) elapsed before taking action--if not "immediate" (i.e., without unreasonable delay). If not immediate, please explain in the comments section. N/A.</p> <p>Policy: The Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment, states that "when the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, the agency shall take immediate action to protect the resident".</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that if they learn that a resident is subject to a substantial risk of imminent sexual abuse CT Renaissance will move a resident to another room to protect the victim. The program will provide additional monitoring and check-ins of this resident to ensure his safety. If the suspected abuser is a staff member, that employee is put on administrative leave while an investigation is conducted.</p> <p>Director or Designee – The interviewed staff reported that when they learn that a resident is subject to a substantial risk of imminent sexual abuse the protective measures taken include reviewing information does not determine best steps. For example, residents may be assigned to a single room, located with camera visibility to ensure that the client is monitored. Client may be referred to additional supportive services if needed. Routine follows ups with client and increased monitoring.</p> <p>Random Sample of Staff – The interviewed staff reported that if they learn that a resident is of imminent risk of sexual abuse, they will respond immediately. The various response methods include notifying the supervisor, changing rooms if needed, get the person out of the situation, closely monitor and separate from others.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Corrective Action and Conclusion:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. There is no further action needed.</p>

115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment</p> <p>Interviews:</p> <p>Agency head</p> <p>Director or designee</p> <p>Findings (By Provision):</p> <p>115.263 (a). As reported in the PAQ, the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0.</p> <p>Policy: The Reporting of Sexual Abuse and/or Harassment states that "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" (p. 3).</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.263 (b). As reported the PAQ, the Agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>Policy: The Reporting of Sexual Abuse and/or Harassment states that "such notification must be done so as soon as possible, but no later than 72 hours after receiving the allegation" (p. 3).</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.263 (c). As reported in the PAQ, the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p>Policy The Reporting of Sexual Abuse and/or Harassment states that "such notification must be done so as soon as possible, but no later than 72 hours after receiving the allegation. • The Program Director will apprise the CT Renaissance PREA Coordinator of such allegations and collaborate with the PREA Coordinator in terms of ensuring appropriate notifications. • The PREA Coordinator will maintain documentation of such reports and communication with other organizations" (p. 3).</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.263 (d). As reported in the PAQ, the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities:</p> <p>0.</p> <p>Policy The Reporting of Sexual Abuse and/or Harassment states that "If CT Renaissance receives a report from another organization of an allegation of sexual abuse that supposedly occurred at a CT Renaissance facility. CT Renaissance shall follow up and initiate a review of the report" (p. 3).</p> <p>Interviews</p> <p>Agency head – The interviewed agency head reported that if another agency or facility with another agency refers an</p>

allegation of sexual abuse or sexual harassment, the PREA Coordinator is the point person for CT Renaissance for such allegations. The PREA Coordinator would further investigate the allegation.

Director or designee – The interviewed staff reported that if the facility receives a report from another facility or agency that an incident of sexual abuse or sexual harassment occurred at the facility, a report is immediately sent to the PREA coordinator to initiate the investigation.

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

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. There is no further action needed.

115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment</p> <p>Policy: Prison Rape Elimination Act (PREA)</p> <p>Investigation Report (2)</p> <p>Interviews:</p> <p>Security Staff and Non-Security Staff First Responders (7)</p> <p>Findings (By Provision):</p> <p>115.264 (a). As reported in the PAQ, the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p>In the past 12 months, the number of allegations that a resident was sexually abused: 0</p> <p>Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0</p> <p>In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: N/A</p> <p>Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: N/A</p> <p>Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: N/A</p> <p>Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: N/A</p> <p>Policy: The Reviewing and Responding to Allegations of Sexual Abuse and/or Sexual Harassment states that:</p> <p>PROCEDURES – 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 •</p>

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 allegations (p. 1).

Interviews

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

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

115.264 (b). As reported in the PAQ, the agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.

Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 1

Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: N/A.

Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: N/A.

Documentation Reviewed

Investigation Report (2)

Interviews

Security Staff and Non-Security Staff First Responders/Random Sample of Staff – The interviewed staff reported that if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, their responsibility is to secure the area, take down basic information, take the victim to a safe location, maintain constant supervision of the clients, and complete an incident report. Such actions would be taken immediately. When asked who they would not share the information with the responses varied from other staff and clients.

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

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.265	Coordinated response
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 331 775 358">Supporting Documents, Interviews and Observations:</p> <p data-bbox="240 389 553 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 448 756 474">Sexual Abuse Incident Coordinated Response Plan</p> <p data-bbox="240 506 352 533">Interviews:</p> <p data-bbox="240 564 325 591">Director</p> <p data-bbox="240 622 483 649">Findings (By Provision):</p> <p data-bbox="240 680 1477 770">115.265 (a). As reported in the PAQ, the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="240 801 501 828">Documentation Reviewed</p> <p data-bbox="240 860 756 887">Sexual Abuse Incident Coordinated Response Plan</p> <p data-bbox="240 918 347 945">Interviews</p> <p data-bbox="240 976 1485 1200">Director or Designee – The interviewed staff reported that the facility maintains a written coordinated response plan which details actions to be taken in response to an alleged incident of sexual abuse, among which includes staff first responders, medical and mental health practitioners, investigators, and facility leadership. Staff are trained on managing and reporting all incidents to Supervisors as well as the PREA Coordinator. If a client is in crisis, medical services are contacted to ensure client’s safety. Efforts are made to preserve evidence, victim and alleged perpetrator are separated and a victim advocate may be contacted. One addressed, debriefing occurs with staff to ensure next steps needed and what additional clients were involved or effected.</p> <p data-bbox="240 1232 1477 1290">Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="240 1321 584 1348">Corrective Action and Conclusion:</p> <p data-bbox="240 1379 1469 1438">A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Interviews:</p> <p>Agency Head</p> <p>Findings (By Provision):</p> <p>115.266 (a). The agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that the agency has not entered into any collective bargaining agreements.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.266 (b). N/A- Auditor is not required to audit this provision.</p> <p>Corrective Action and Conclusion:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act (PREA) Policy</p> <p>Interviews:</p> <p>Agency Head</p> <p>Director or Designee</p> <p>Designated Staff Member Charged with Monitoring Retaliation (or Director if none available) -</p> <p>Findings (By Provision):</p> <p>115.267 (a). As reported in the PAQ, the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.</p> <p>Policy: The Prison Rape Elimination Act (PREA) Policy states that “Any employee, contractor, intern, volunteer, or individual in the custody of the Judicial Branch or Department of Correction who 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 Correction 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” (p. 7).</p> <p>Interviews</p> <p>Designated Staff Member Charged with Monitoring Retaliation (or Director if none available) - The interviewed staff reported that when monitoring for retaliation their responsibility is to review PREA screenings, conduct PREA incident reviews, separation of clients as needed including housing or room changes as appropriate, enhanced monitoring for 30 days, and make referrals for additional treatment services.</p> <p>Monitoring for retaliation would include having regular conversations regarding respect and boundaries throughout services. There are “Break the Silence” posters located throughout the facility. There are repeated screens done at 30 days following ability to establish rapport with clients. Creating a protective environment and enforcement of safety through sanctions allows for client and staff to trust in the process. We use various measures to protect residents and staff from retaliation including housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and additional treatment/emotional support services for residents or staff who fear retaliation for reporting sexual abuse or harassment or for cooperating with an investigation. Monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who are reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, monitor resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Periodic status checks of residents are conducted. Measures extended to any other individual who cooperates with an investigation expresses a fear of retaliation.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.267 (b). As reported in the PAQ, the agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>Documentation Reviewed</p> <p>Monitoring for Retaliation</p>

Interviews

Agency Head – The interviewed agency head reported that in order to protect residents and staff from retaliation the program staff will increase the monitoring of the resident claiming sexual abuse or harassment. This includes in-person and video surveillance monitoring. The resident may be moved to another room for further protection.

Director or Designee – The interviewed staff reported that Room assignments are discussed with the client and changed as appropriate to maintain client safety and comfort. Alleged abusers may be transferred to another program or room. Staff are subject to progressive discipline up to and including termination.

Designated Staff Member Charged with Monitoring Retaliation (or Director if none available) – The interviewed staff reported that when monitoring for retaliation their responsibility is to review PREA screenings, conduct PREA incident reviews, separation of clients as needed including housing or room changes as appropriate, enhanced monitoring for 30 days, and make referrals for additional treatment services.

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

115.267 (c). As reported in the PAQ, the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

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

Policy: The Prison Rape Elimination Act (PREA) Policy states that “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 Reviewed 12/29/21 DP Revised 5/31/19 DP against someone who reports an incident or cooperates in an investigation of an allegation of sexual harassment or sexual abuse. For at least 90 days following a report of sexual abuse, CT 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” (p. 8).

Interviews

Director or Designee – The interviewed staff reported that if retaliation is suspected the Client is monitored to ensure safety, whole team is made aware of concern in order to provide support to client as needed. Any concerns are immediately addressed and reported to referral source to make determination regarding appropriate sanctions are needed. Increased monitoring and check-ins.

Designated Staff Member Charged with Monitoring Retaliation (or Director if none available) – The interviewed staff reported that when looking for signs of retaliation, there are periodic “spot checks” regarding concerns as well as formalized action plans, whether for client or staff. Included in the checks are camera reviews, client and staff reports, resident disciplinary records, staff performance and disciplinary records and any unusual behaviors. Referral sources are made aware and included in any sanctions placed. Client and/or staff are monitored throughout client stay of 90 days. The program will monitor as long as there is any concern and 90 days at minimum (length of stay typically does not exceed 90 days).

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

115.267 (d). In the case of residents, such monitoring shall also include periodic status checks.

Interviews

Designated Staff Member Charged with Monitoring Retaliation (or Director if none available) - The interviewed staff reported that when looking for signs of retaliation, there are periodic “spot checks” regarding concerns as well as formalized action plans, whether for client or staff. Included in the checks are camera reviews, client and staff reports, resident disciplinary records, staff performance and disciplinary records and any unusual behaviors. Referral sources are made aware and included in any sanctions placed.

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

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

Interviews

Agency Head – The interviewed agency head stated that if an individual who cooperates with an allegation expresses a fear of retaliation the program staff will increase the monitoring of the resident claiming sexual abuse or harassment. This includes in-person and video surveillance monitoring. The resident may be moved to another room for further protection.

Director or Designee – The interviewed staff reported that Room assignments are discussed with the client and changed as appropriate to maintain client safety and comfort. Alleged abusers may be transferred to another program or room. Staff are subject to progressive discipline up to and including termination. If retaliation is suspected, the client is monitored to ensure safety, whole team is made aware of concern in order to provide support to client as needed. Any concerns are immediately addressed and reported to referral source to make determination regarding appropriate sanctions are needed. Increased monitoring and check-ins.

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

115.267 (f). N/A the auditor is not required to audit this provision.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act (PREA) Policy</p> <p>Investigation Report (2)</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Investigative Staff</p> <p>Director</p> <p>Findings (By Provision):</p> <p>115.271 (a). As reported in the PAQ, the agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>Policy: The Prison Rape Elimination Act (PREA) Policy states that:</p> <p>Criminal Investigations – Sexual Abuse Allegations</p> <ul style="list-style-type: none"> · The Connecticut State Police shall serve as the investigating authority for all allegations of sexual abuse that occur within a CT Renaissance facility. All allegations of sexual abuse that occur within a CT Renaissance facility and/or program must be reported as soon as practical to the Connecticut State Police, the agency’s PREA Coordinator and the Chief Executive Officer. If involving another employee, HR personnel would be involved as well. CT Renaissance will assist the CT State Police as needed. · The PREA Coordinator will work with CSSD and/or the Department of Correction and the CT State Police when an allegation of sexual abuse has been made. <p>Internal Administrative Investigations – Sexual Harassment Allegations Only</p> <ul style="list-style-type: none"> · All internal administrative investigations of allegations of sexual harassment will be conducted promptly, thoroughly and objectively. The PREA Coordinator shall initiate and coordinate the investigation process. The Human Resources Department shall serve as the reviewing authority for all allegations of, sexual harassment, or retaliation involving a CT Renaissance employee and an individual in the custody of the Judicial Branch or Department of Correction. · The internal administrative investigation will include whether the alleged incident of sexual harassment, or retaliation was the result of employee misconduct or negligence. · The investigation shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. · The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual harassment are substantiated. Reviewed 12/29/21 DP Revised 5/31/19 DP · The PREA Coordinator must compile a full review / incident report and submit to the affected program’s contracted funder. · The agency shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years (p. 6). <p>Documentation Reviewed</p> <p>Investigation Report (2)</p> <p>Interviews</p>

Investigative Staff – The interviewed staff stated that investigations are initiated immediately upon report of an allegation of sexual abuse or sexual harassment and are conducted promptly. All investigations are handled by the same standards. Anonymous or third-party reports follow the same protocols. Responses to all reports include keeping the victim safe from retaliation and reporting on the progress of the investigation.

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

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

Interviews

Investigative Staff – The interviewed staff stated that they have completed the NIC training. The National Institute of Corrections courses called PREA: Investigating Sexual Abuse in a Confinement Setting and PREA: Coordinators' Roles and Responsibilities.

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

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

Documentation Reviewed

Investigation Report (2)

Interviews

Investigative Staff – The interviewed staff stated that when an allegation is made, first responders utilize the Coordinated Response Plan to determine immediate actions including separation of the victim and suspect, immediate first aid and preservation of evidence. Criminal investigations are conducted by the State Police who would be contacted by first responders as part of the coordinated response. Administrative investigations begin when the PREA Coordinator is notified. Once confirming that the investigation is Administrative in nature, the context and details of the allegation are clarified via formal and informal interviews, review of any evidence, and review of records that may have a bearing on the case. The PREA Coordinator initiates and coordinates the investigation process, which takes into account physical, testimonial and documentary evidence gathered from interviews, records, electronic equipment and any relevant source. The internal administrative investigation will include whether the alleged incident of sexual harassment, or retaliation was the result of employee misconduct or negligence. The investigation is documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The Human Resources Department serves as the reviewing authority for all allegations of, sexual harassment, or retaliation involving a CT Renaissance employee, following the full HR investigative process.

It was further reported that As the PREA Coordinator, I am responsible for gathering testimonial and documentary evidence, which may include but isn't limited to formal and informal interviews, documentation of physical evidence, or electronic data and records that may be pertinent to the situation. Evidence collection in criminal investigations is handled by the State Police, while the agency's coordinated response includes preservation of evidence.

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

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

Documentation Reviewed

Investigation Report (2)

Interviews

Investigative Staff – The interviewed staff reported that CT Renaissance does not conduct criminal investigations. Upon report of any possible criminal conduct or prosecutable crime, State Police are immediately contacted. State Police would confer with prosecutors in the handling of allegations that appears to be criminal.

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

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

Documentation Reviewed

Investigation Report (2)

Interviews

Investigative Staff – The interviewed staff stated that Credibility will not be assessed based on an individual's status as a client or staff person. Reasoning behind credibility assessments is documented as part of the written investigative report. If a resident who alleges sexual abuse will never be required to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

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

115.271 (f). Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Policy: The Prison Rape Elimination Act (PREA) Policy states that "an administrative investigation shall be documented listing all findings including a determination whether staff actions or failures to act contributed to the incident".

Documentation Reviewed

Investigation Report (2)

Sample of administrative investigation reports. Sample of cases involving substantiated allegations to ensure that they were referred for prosecution

Interviews

Investigative Staff – The interviewed staff reported that internal administrative investigation always includes whether the alleged incident of sexual harassment, or retaliation was the result of employee misconduct or negligence. The determination is made based on the available evidence and is subject to a review process by which recommendations are made to prevent future instances of staff misconduct or negligence. The investigation shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

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

115.271 (g). Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. There were no reported criminal investigations.

Interviews

Investigative Staff – The interviewed staff reported that the State Police would maintain documentation of their criminal investigations. CT Renaissance would make every effort to remain in communication with the State Police and to obtain a copy of their final report.

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

115.271 (h). As reported in the PAQ, substantiated allegations of conduct that appear to be criminal are referred for prosecution. There were zero number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0.

As previously stated, The Prison Rape Elimination Act (PREA) Policy states that:

Criminal Investigations – Sexual Abuse Allegations

- The Connecticut State Police shall serve as the investigating authority for all allegations of sexual abuse that occur within a CT Renaissance facility. All allegations of sexual abuse that occur within a CT Renaissance facility and/or program must be reported as soon as practical to the Connecticut State Police, the agency's PREA Coordinator and the Chief Executive Officer. If involving another employee, HR personnel would be involved as well. CT Renaissance will assist the CT State Police as needed.
- The PREA Coordinator will work with CSSD and/or the Department of Correction and the CT State Police when an allegation of sexual abuse has been made.

Internal Administrative Investigations – Sexual Harassment Allegations Only

- All internal administrative investigations of allegations of sexual harassment will be conducted promptly, thoroughly and objectively. The PREA Coordinator shall initiate and coordinate the investigation process. The Human Resources Department shall serve as the reviewing authority for all allegations of, sexual harassment, or retaliation involving a CT Renaissance employee and an individual in the custody of the Judicial Branch or Department of Correction.
- The internal administrative investigation will include whether the alleged incident of sexual harassment, or retaliation was the result of employee misconduct or negligence.
- The investigation shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
- The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual harassment are substantiated. Reviewed 12/29/21 DP Revised 5/31/19 DP
- The PREA Coordinator must compile a full review / incident report and submit to the affected program's contracted funder.
- The agency shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years (p. 6).

There were no reported criminal investigations.

Interviews

Investigative Staff – The interviewed staff reported that the State Police handles referral of cases for prosecution if there is a substantiated allegation of conduct that appears criminal.

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

115.271 (i). As reported in the PAQ, the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Policy: Prison Rape Elimination Act (PREA) Policy states that "the agency shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years" (p. 7).

Documentation Reviewed

Investigation Report (2)

Interviews

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

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

Interviews

Investigative Staff – The interviewed staff reported that Investigations continue through final determination and review regardless of a staff member's employment status. The employment status has no bearing on the status of the investigation.

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

facility is in compliance with the provisions of this standard.

115.271 (k). Auditor is not required to audit this provision.

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

Interviews

Director or Designee – The interviewed staff reported that If any outside agency, such as the State Police is involved in an investigation, the Program Director proactively communicates with the investigating body and requests copies of all related documentation.

PREA Coordinator – The interviewed staff reported that the PREA Coordinator and Facility Director proactively communicate with any outside agency investigation into allegations of sexual abuse. Criminal investigations are handled by the State Police, with whom the agency remains in contact until receipt of a final report.

Investigative Staff – The interviewed staff reported that the Facility Director and PREA Coordinator make every effort to remain in communication with the outside agency to get information on the progress of the investigation.

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

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act (PREA) Policy</p> <p>Investigation Report/Findings (2)</p> <p>Interviews:</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.272 (a). As reported in the PAQ, the agency does not impose a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse of sexual harassment are substantiated.</p> <p>Policy: The Prison Rape Elimination Act (PREA) Policy states that “the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual harassment are substantiated” (p. 6).</p> <p>Documentation Reviewed</p> <p>Investigation Report/Findings (2)</p> <p>Interviews</p> <p>Investigative Staff – The interviewed staff reported that the agency will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual harassment are substantiated.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Corrective Action and Conclusion:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p>

115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Reviewing and Responding to a Sexual Abuse and/or Sexual Harassment</p> <p>Memo: PREA Standard 115.273c</p> <p>Sexual Harassment Investigation Report/Findings (2)</p> <p>Notification (2)</p> <p>Interviews:</p> <p>Director</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.273 (a). As reported in the PAQ, the agency has a policy requiring that any resident who alleges that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 2.</p> <p>Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: 2.</p> <p>Policy: The Reviewing and Responding to a Sexual Abuse and/or Sexual Harassment states that "Following a review into a client / resident's allegation of sexual abuse suffered while receiving services in a CT Renaissance facility, the PREA Coordinator shall inform the client / resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The client shall be informed (unless the alleged sexual abuse was determined to be unfounded) whenever:</p> <ul style="list-style-type: none"> · The staff member is no longer assigned within the resident's unit; o The staff member is no longer employed at the facility; · CT Renaissance learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or · The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility (p. 2). <p>While the sit did not have any allegations of sexual abuse, the auditor observed that the PREA Coordinator exceeded the requirements and provided findings of investigation on the allegations of sexual harassment.</p> <p>Documentation Reviewed</p> <p>Sexual Harassment Investigation Report/Findings (2)</p> <p>Interviews</p> <p>Director or Designee – The interviewed staff reported that the facility notifies a resident who makes an allegation of sexual abuse when the allegation has been determined substantiated, unsubstantiated, or unfounded following an investigation.</p> <p>Investigative Staff – The interviewed staff reported that following a review into a client / resident's allegation of sexual abuse in a CT Renaissance facility, the PREA Coordinator informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. This notification is to be documented.</p>

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

115.273 (b). As reported in the PAQ if an outside entity conducts the investigation, the agency will request the relevant information from the investigation entity in order to inform the resident of the outcome of the investigation.

The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0

Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: N/A no investigations by the outside agency.

Policy: The Prison Rape Elimination Act (PREA) Policystates that "any action taken against a staff member or any knowledge about convictions or criminal charges against a resident abuser shall be reported to the resident victim. All victim notifications will be documented in an incident report".

Documentation Reviewed

Sexual Harassment Investigation Report/Findings (2)

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

115.273 (c). As reported in the PAQ, following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless unfounded) whenever:

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

Policy: The Reviewing and Responding to a Sexual Abuse and/or Sexual Harassment states that "Following a review into a client / resident's allegation of sexual abuse suffered while receiving services in a CT Renaissance facility, the PREA Coordinator shall inform the client / resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The client shall be informed (unless the alleged sexual abuse was determined to be unfounded) whenever:

- The staff member is no longer assigned within the resident's unit; o The staff member is no longer employed at the facility;
- CT Renaissance learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility (p. 2).

The facility provided a memo indicating that "in the past 12 months, CT Renaissance's Residential facility has not had any allegations of sexual abuse or harassment committed by a staff member against a resident".

Documentation Reviewed

Memo: PREA Standard 115.273c

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

115.273 (d). As reported in the PAQ, the following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whomever the agency learns that the alleged abuser has been indicated on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Policy: The Reviewing and Responding to a Sexual Abuse and/or Sexual Harassment states that "following a clients allegation that he/she has been sexually abused by another resident, CT Renaissance shall subsequently inform the alleged victim whenever:

· CT Renaissance learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

· The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility (p. 2).

There were zero allegations of sexual abuse reported at the facility in the last 12 months.

Documentation Reviewed

Notification

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

115.273 (e). As reported in the PAQ, the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 2

Of those notifications made in the past 12 months, the number that were documented: 2

Policy: The Reviewing and Responding to a Sexual Abuse and/or Sexual Harassment states that "All notifications or attempted notification shall be documented and maintained in a file by the PREA Coordinator" (p. 2).

Documentation Reviewed

Notification (2)

Interviews

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

115.273 (f). The auditor is not required to audit this provision of the standard.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment</p> <p>Findings (By Provision):</p> <p>115.276 (a). As reported in the PAQ, staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Policy: The Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment states that:</p> <ul style="list-style-type: none"> · Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. · Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. · Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall 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. · All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies (p. 2). <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.76 (b). As reported in the PAQ, the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.</p> <p>Policy: The Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment states that:</p> <ul style="list-style-type: none"> · Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. · Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. · Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall 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. · All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies (p. 2). <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p>

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

In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 0

Policy: The Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment

states that:

- Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.
- Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.
- Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall 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.
- All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies (p. 2).

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

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.276 (d). As reported in the PAQ, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

Policy: The Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment

states that:

- Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.
- Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.
- Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall 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.
- All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies (p. 2).

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

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.



115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment</p> <p>Interviews:</p> <p>Director</p> <p>Findings (By Provision):</p> <p>115.277 (a). Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p>In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0.</p> <p>In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0.</p> <p>Policy: The Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment states that “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies (p. 3).</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.277 (b). As reported in the PAQ, the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Policy: The Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment states that “the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer” (p. 2)</p> <p>Interviews</p> <p>Director or Designee – The interviewed staff reported that West does not currently have any volunteers on site. For contractors, the agency would be contacted, internal investigation would be completed, and if substantiated a different worker requested.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Corrective Action and Conclusion:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p>

115.278	Disciplinary sanctions for residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 331 775 358">Supporting Documents, Interviews and Observations:</p> <p data-bbox="240 389 553 416">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="240 448 1101 474">Policy: Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment</p> <p data-bbox="240 506 861 533">Investigative reports and documentation of sanctions imposed</p> <p data-bbox="240 564 352 591">Interviews:</p> <p data-bbox="240 622 323 649">Director</p> <p data-bbox="240 680 564 707">Medical and Mental Health Staff</p> <p data-bbox="240 739 483 766">Findings (By Provision):</p> <p data-bbox="240 797 1485 918">115.278 (a). As reported in the PAQ, residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p data-bbox="240 949 1469 1008">In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 1.</p> <p data-bbox="240 1039 1485 1097">In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0.</p> <p data-bbox="240 1128 1477 1321">Policy: The Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment states that "Clients / Residents shall be subject to disciplinary sanctions pursuant to a formal Policy reviewed 1/2/2022 DP Policy revised 11/30/15 GG 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-onresident sexualabuse" (p. 2) CT 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.</p> <p data-bbox="240 1352 1477 1411">Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="240 1442 1453 1500">115.278 (b). Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.</p> <p data-bbox="240 1532 501 1559">Documentation Reviewed</p> <p data-bbox="240 1590 861 1617">Investigative reports and documentation of sanctions imposed</p> <p data-bbox="240 1648 347 1675">Interviews</p> <p data-bbox="240 1706 1493 1899">Director or Designee – The interviewed staff reported that West would report all criminal PREA complaints to the State Police for investigation and to the referral source. Administrative investigations are conducted internally. Clients who are found to have been engaged in resident on resident sexual abuse would be reported to probation or parole and a transfer or TIC would be requested. It was further reported that the santions would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories and that mental disability or mental illness is considered when determining sanctions.</p> <p data-bbox="240 1930 1477 1989">Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="240 2020 1461 2078">115.278 (c). The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="240 2110 501 2136">Documentation Reviewed</p>

Investigative reports and documentation of sanctions imposed

Interviews

Director or Designee – The interviewed staff reported that West would report all criminal PREA complaints to the State Police for investigation and to the referral source. Administrative investigations are conducted internally. Clients who are found to have been engaged in resident on resident sexual abuse would be reported to probation or parole and a transfer or TIC would be requested. It was further reported that the sanctions would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories and that mental disability or mental illness is considered when determining sanctions.

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

115.278 (d). The facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

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

115.278 (e). The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

Interviews

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

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

Policy: The Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment states that "for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if a review does not establish evidence sufficient to substantiate the allegation" (p. 3).

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

115.278 (g). The agency prohibits all sexual activity between residents and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Policy: The Reviewing and Responding to Allegations of Sexual Abuse and/or Harassment states that "CT Renaissance prohibits all sexual activity between residents and will follow up with disciplinary action for such activity. CT Renaissance will not deem such activity to constitute sexual abuse if it is determined that the activity is not coerced" (p. 3).

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

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Medical and Mental Health Care for Victims of Sexual Abuse</p> <p>Interviews:</p> <p>Medical and Mental Health Staff</p> <p>Security Staff and Non-Security Staff First Responders (10)</p> <p>Findings (By Provision):</p> <p>115.282 (a). As reported in the PAQ, resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The facility does not have onsite medical and mental healthcare.</p> <p>Policy: The Medical and Mental Health Care for Victims of Sexual Abuse Policy states that “Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment” (p. 1).</p> <p>Interviews</p> <p>Medical and Mental Health Staff-The interviewed medical and mental health staff reported that should an incident ever occur, the victim would immediately have access to emergency medical treatment and crisis intervention through the local ER. The medical staff had just started in her position during the onsite portion of the audit. The staff member further reported that they are unaware of how fast they should ensure the victim receives access to emergency services. It was further reported that the services needed would be determined on a case by case basis and would start with my professional judgment but I would also be in contact with my supervisor and together we would ensure that the victims needs are met.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.282 (b). If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners. Renaissance West employees one onsite mental health staff.</p> <p>Interviews</p> <p>Security Staff and Non-Security Staff First Responders – All of the direct care staff are first responders. The interviewed staff were responsible of the agencies first responder protocol, which included how to protect the evidence, separate the involved parties, and report to supervisor/ management for further action.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.282 (c). As reported in the PAQ, resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>Policy: The Medical and Mental Health Care for Victims of Sexual Abuse Policy states that “Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment” (p. 1).</p> <p>Documentation Reviewed</p> <p>Security Staff and Non-Security Staff First Responders – All of the direct care staff are first responders. The interviewed staff were responsible of the agencies first responder protocol, which included how to protect the evidence, separate the involved</p>

parties, and report to supervisor/ management for further action.

Medical and Mental Health Staff- The interviewed staff reported that the victim of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis as the emergency room.

Interviews

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

115.282 (d). As reported in the PAQ, treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Policy: The Medical and Mental Health Care for Victims of Sexual Abuse Policy states that "CT Renaissance shall offer all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If the area hospitals do not have available SAFE or SANEs then the examination can be performed by other qualified medical practitioners" (p. 1).

Interviews

Medical and Mental Health Staff- The interviewed staff reported that the victim of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis as the emergency room.

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

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Policy: The Medical and Mental Health Care for Victims of Sexual Abuse Policy</p> <p>Training with the Mental Health Staff</p> <p>Interviews:</p> <p>Medical and Mental Health Staff</p> <p>Findings (By Provision):</p> <p>115.283 (a). The facility does offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>Policy: The Medical and Mental Health Care for Victims of Sexual Abuse Policy states that “Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment” (p. 1). The policy further states that “upon receiving a report of alleged sexual abuse or sexual harassment, CT 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” (p. 1).</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.283 (b). The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p>Interviews</p> <p>Medical and Mental Health Staff – The interviewed medical and mental health staff reported being unaware of what the evaluation and treatment of residents who have been victims entails, since this has never happened since I have been at CTR. However, I expect that each case would be evaluated on an individual basis and each resident would be provided with an individualized plan that meets his needs. This could include follow-up services, additional treatment planning, referrals to outside services and referrals to continued care after completing the CTR West program.</p> <p>Corrective Action: Additionally training and support to the mental health staff regarding their duties and responsibilities around the provision. The facility director stated conducted one on one training with the mental health staff addressing the various roles and responsibilities for mental health staff and PREA.</p> <p>115.283 (c). The facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p>Interviews</p> <p>Medical and Mental Health Staff – The interviewed staff reported that as a residential facility CTR West’s services are at a higher level of care and more intensive than general community outpatient level of care.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.283 (d). NA-the facility only houses male residents.</p> <p>115.283 (e). NA-the facility only houses male residents</p> <p>115.283 (f). Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. The agency does not provide treatment services onsite all services will be referred for offsite medical</p>

care.

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

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

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

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

Corrective Action: The agency did not have policy language to address the provision. Policy language was added during the post onsite audit phase. No further action is needed.

Policy: The Medical and Mental Health Care for Victims of Sexual Abuse Policy states that “the agency does not provide specialized treatment services for victims or abusers of sexual assault, victims or abusers will be referred to outside source for medical and mental health services.

Interviews

Medical and Mental Health Staff – The interviewed medical and mental health staff reported that residents go through a number of different assessments and screenings prior to arriving at CTR West and within their first 48 – 72 hours of arrival. If a resident disclosed a history of victimization or of being an abuser, I would gather as much information as the client is comfortable giving during the assessment / screening. I would then present this information to my supervisor, and we would discuss next steps with this client to determine if specialized treatment is required for this client, if CTR West is the appropriate level of care of this client, if both the client and other residents will feel safe in the house with the admission of this client, if a referral to outside resources is needed, etc.

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

Corrective Action and Conclusion:

115.283 (h). The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The agency did not have policy language to address the provision. Policy language was added during the post onsite audit phase.

Corrective Action: Additionally training and support to the mental health staff regarding their duties and responsibilities around the provision. The facility director stated conducted one on one training with the mental health staff addressing the various roles and responsibilities for mental health staff and PREA. No further action is needed.

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

115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents</p> <p>PREA Sexual Abuse/Harassment Review (2)</p> <p>PREA Incident Report 2021 (2)</p> <p>Interviews:</p> <p>Director</p> <p>PREA Coordinator</p> <p>Incident Review Team (3)</p> <p>Findings (By Provision):</p> <p>115.286 (a). As reported in the PAQ, the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 2.</p> <p>Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents Policy states that “CT Renaissance shall conduct a sexual abuse incident review at the conclusion of every sexual abuse report and administrative investigation of sexual harassment allegations, including where the allegation has not been substantiated, unless the allegation has been unfounded” (p. 1)</p> <p>Documentation Reviewed</p> <p>PREA Sexual Abuse/Harassment Review (2)</p> <p>PREA Incident Report 2021 (2)</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.286 (b). As reported in the PAQ, the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 2.</p> <p>Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents Policy states that “the review shall occur within 30 days of the conclusion of the investigation” (p. 1).</p> <p>Documentation Reviewed</p> <p>PREA Sexual Abuse/Harassment Review (2)</p> <p>PREA Incident Report 2021 (2)</p> <p>Interviews</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.286 (c). The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p>

Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents Policy states “the review team shall include the Clinical Director, PREA Coordinator, Program Director, Direct Care staff and medical or mental health practitioners” (p. 1).

Documentation Reviewed

PREA Sexual Abuse/Harassment Review (2)

PREA Incident Report 2021 (2)

Interviews

Director or Designee – The interviewed staff reported that the incident review team consists of upper-level management.

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

115.286 (d). As reported in the PAQ, the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator..

Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents Policy states “the review team shall:

- Consider whether the allegation or administrative review indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;
- Prepare a report of its findings, including but not necessarily limited to determinations made by the review team along with any recommendations for improvement. The report shall be submitted to the Chief Executive Officer, Board of Directors and PREA Coordinator.
- CT Renaissance shall implement recommendations for improvement or document reasons for not doing so.

Documentation Reviewed

PREA Sexual Abuse/Harassment Review (2)

PREA Incident Report 2021 (2)

Interviews

Director or Designee – The interviewed staff reported that the team will use information from the sexual abuse incident review to determine if additional training is needed, there should be changes to the protocol, as well as requests for additional safety equipment (cameras, safety doors). Furthermore the team will 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; and/or other group dynamics at the facility (by “transgender,” I mean: people whose gender identity and/or gender expression does not match the sex and/or gender they were assigned at birth; by “intersex,” I mean: an individual born with external genitalia, internal reproductive organs, chromosome patterns, and/or endocrine systems that do not seem to fit typical definitions of male or female; by “gender non-conforming,” I mean: individuals who express their gender in a manner that breaks societal norms for one’s gender (e.g., someone who identifies as a girl/woman but wears clothing typically assigned to boys/men))
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.

- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

PREA Coordinator – The interviewed staff reported that Sexual abuse incident reviews are overseen by the PREA Coordinator in collaboration with the Facility Director and staff. The review process specifically considers any needed changes, including: if there is a need to modify policy or practice, whether the incident/allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; an assessment of the area in the facility where the incident allegedly occurred; adequacy of staffing levels in the area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. The review and recommendations are documented. Incidents are then summarized in an annual report.

If a facility conducts an incident review the report would be sent to me. The PREA Coordinator facilitated the review process of the two incidents that occurred at the residential facility and prepared the reports. No trends were noticed due to the low number of alleged incidents. The PREA Coordinator is involved both in the development of the report, and in ensuring that recommendations are implemented and followed, be it changes to facility, policy and procedure, education, or other areas. The agency's quality and safety processes also ensure that such changes are successfully implemented and maintained.

Incident Review Team - Incident Review Team – The interviewed staff reported that Incident Reviews are completed and documented 30 days following an incident or alleged incident. During each incident review, the team considers when the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. In completing an incident review, it is important to review all factors connected to protected status and ensure that any underlying factors are considered. This aids in understand the event itself as well as aiding clients to process the incident. This piece also allows for effective next steps that can address those issues.

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

115.286 (e). The facility implements the recommendations for improvement or documents its reasons for not doing so.

Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents Policy states “the CT Renaissance shall implement recommendations for improvement or document reasons for not doing so” (p. 1).

Documentation Reviewed

PREA Sexual Abuse/Harassment Review (2)

PREA Incident Report 2021 (2)

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents</p> <p>Annual Report (2021/2022)</p> <p>SSV Report</p> <p>Findings (By Provision):</p> <p>115.287 (a). As reported in the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents states that “CT Renaissance shall collect accurate, uniform data for every allegation of sexual abuse at facilities. A set of standards shall be established to track occurrences and their circumstances” (p. 1).</p> <p>Documentation Reviewed</p> <p>Annual Report (2021/2022)</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.287 (b). The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p>Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents states that “data will be aggregated quarterly and reviewed by the agency’s Safety Committee. Annually, the data will be submitted to the Board of Directors for review” (p. 2).</p> <p>Documentation Reviewed</p> <p>Annual Report (2021/2022)</p> <p>SSV Report (2021)</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.287 (C). As reported in the PAQ, the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p>Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents states that “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” (p. 2).</p> <p>Documentation Reviewed</p> <p>Annual Report (2021/2022)</p> <p>SSV Report (2021)</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.287 (d). The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents states that “CT Renaissance shall</p>

maintain, review and collect data as needed from all available incident-based documents including reports, investigation files sexual abuse incident reviews” (p. 2).

Documentation Reviewed

Annual Report (2021/2022)

SSV Report (2021)

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

115.287 (e). N/A the agency does not contract for the confinement of its residents.

115.287 (f). N/A the DOJ has not requested agency data.

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.288	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents</p> <p>Website: https://ctrenaissance.org/about/licensing-accreditation/prea/</p> <p>Annual Report (2021/2022)</p> <p>Interviews:</p> <p>Agency Head</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.288 (a). As reported in the PAQ, the agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</p> <p>Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents states that CT Renaissance shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training.</p> <p>Including;</p> <ul style="list-style-type: none"> · Identifying problem areas; · Taking corrective action on an ongoing basis; · Preparing an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. <p>Documentation Reviewed</p> <p>Annual Report (2021/2022)</p> <p>Interviews:</p> <p>Agency Head – The interviewed agency head reported that following the report of an allegation, an incident review is conducted to determine how the incident occurred and make steps to prevent the possibility of abuse or harassment happening again.</p> <p>PREA Coordinator – The interviewed staff reported that, the PREA Coordinator issues an annual report with aggregated data for the agency and each facility in order to assess and improve the effectiveness of its sexual abuse response. The report includes comparisons of data across years, identification of problem areas, evaluation of corrective actions, and the overall quality of the agency's sexual abuse response. Facility level data is included in the report. The report is reviewed by senior leadership. All critical data and documents are stored on a secure network server which is regularly backed up. CT Renaissance conducts internal quality reviews of incidents, data and corrective action to ensure follow through, the health and safety of our clients and to prevent further incidents of sexual abuse or harassment.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.288 (b). As reported in the PAQ, the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.</p>

Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents states that CT Renaissance shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training.

Including;

- Identifying problem areas;
- Taking corrective action on an ongoing basis;
- Preparing an annual report of its findings and corrective actions for each facility as well as the agency as a whole. 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.

Documentation Reviewed

Annual Report (2021/2022)

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

115.288 (c). As reported in the PAQ, the agency makes its annual report readily available to the public at least through its website.

Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents states that "data and associated annual reports shall be reviewed by CT Renaissance's Leadership and made available through the agency's website. CT 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" (p. 2).

Documentation Reviewed

Website: <https://ctrenaissance.org/about/licensing-accreditation/prea/>

Annual Report (2021/2022)

Interviews

Agency Head – The interviewed agency head reported that they approve the annual reports.

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

115.288. (d). As reported in the PAQ, when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents states that "data and associated annual reports shall be reviewed by CT Renaissance's Leadership and made available through the agency's website. CT 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" (p. 2).

Documentation Reviewed

Website: <https://ctrenaissance.org/about/licensing-accreditation/prea/>

Annual Report (2021/2022)

Interviews:

PREA Coordinator- The interviewed staff reported that prior to making the data available on the website, all personal identifiers are removed. CT 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.

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

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents</p> <p>Website: https://ctrenaissance.org/about/licensing-accreditation/prea/</p> <p>Annual Report (2021/2022)</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.289 (a). As reported in the PAQ, the agency ensures that incident-based and aggregate data are securely retained. The agency indicates the nature of material redacted.</p> <p>Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents states that “ data and associated reports on sexual abuse and sexual harassment shall be securely retained. CT Renaissance shall post annually all aggregated sexual abuse data from its programs readily available to the public through its website. Prior to making data available, all personal identifiers shall be removed. CT 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” (p. 2).</p> <p>Documentation Reviewed</p> <p>Website: https://ctrenaissance.org/about/licensing-accreditation/prea/</p> <p>Annual Report (2021/2022)</p> <p>Interviews</p> <p>PREA Coordinator – The interviewed staff reported that the PREA Coordinator issues an annual report with aggregated data for the agency and each facility in order to assess and improve the effectiveness of its sexual abuse response. The report includes comparisons of data across years, identification of problem areas, evaluation of corrective actions, and the overall quality of the agency’s sexual abuse response. Facility level data is included in the report. The report is reviewed by senior leadership. All critical data and documents are stored on a secure network server which is regularly backed up. CT Renaissance conducts internal quality reviews of incidents, data and corrective action to ensure follow through, the health and safety of our clients and to prevent further incidents of sexual abuse or harassment.</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.289 (b). As reported in the PAQ, the agency ensures that incident-based and aggregate data are securely retained.</p> <p>Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents states that “data and associated reports on sexual abuse and sexual harassment shall be securely retained. CT Renaissance shall post annually all aggregated sexual abuse data from its programs readily available to the public through its website. Prior to making data available, all personal identifiers shall be removed. CT 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” (p. 2).</p> <p>Documentation Reviewed</p> <p>Annual Report (2021/2022)</p> <p>Discussion: A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.289 (c). As reported in the PAQ, before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the</p>

date of initial collection, unless federal, state, or local law requires otherwise.

Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents states that “data and associated reports on sexual abuse and sexual harassment shall be securely retained. CT Renaissance shall post annually all aggregated sexual abuse data from its programs readily available to the public through its website. Prior to making data available, all personal identifiers shall be removed. CT 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” (p. 2).

Documentation Reviewed

Annual Report (2021/2022)

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

115.289 (d). As reported in the PAQ, the agency shall maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Policy: The Data Collection & Review of Sexual Abuse &/or Sexual Harassment Incidents states that “data and associated reports on sexual abuse and sexual harassment shall be securely retained. CT Renaissance shall post annually all aggregated sexual abuse data from its programs readily available to the public through its website. Prior to making data available, all personal identifiers shall be removed. CT 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” (p. 2).

Documentation Reviewed:

Historical data since August 20, 2012.

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

Corrective Action and Conclusion:

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.401	Frequency and scope of audits
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 987 300">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="240 331 357 358">Documents</p> <p data-bbox="240 389 405 416">CDOC Contract</p> <p data-bbox="240 448 483 474">Findings (By Provision):</p> <p data-bbox="240 506 1366 564">115.401 (a). The audited facility serves as a contracted site for the state Department of Corrections agency. As a requirement of their contract, the audited facility has met the obligations of being audited every three years.</p> <p data-bbox="240 595 1390 654">115.401 (b). As reported by the PREA coordinator, there are several community confinement sites operated by the governing agency.</p> <p data-bbox="240 685 1485 815">115.401 (h). During the inspection of the physical plant the auditor and was escorted throughout the facility by the director. The auditor was provided unfettered access throughout the institution. Specifically, the auditor was not barred or deterred entry to any areas. The auditor had the ability to freely observe, with entry provided to all areas without prohibition. Based on review of documentation the facility is compliant with the intent of the provision.</p> <p data-bbox="240 846 1461 936">115.401 (i). During the on-site visit, the auditor was provided access to any and all documents requested. All documents requested were received to include, but not limited to employee and resident files, sensitive documents, and supplemental reports. Based on review of documentation the facility is compliant with the intent of the provision.</p> <p data-bbox="240 967 1485 1128">115.401 (m). The auditor was provided a private room to conduct interviews. The staff staged the residents in a fashion that the auditor did not have to wait between interviews. The rooms provided for resident interviews were soundproof and somewhat visually confidential from other residents which was judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related content during interview. It should also be noted that additional precautionary measures were taken to ensure proper social distancing due to the COVID-19.</p> <p data-bbox="240 1160 1398 1218">A review of the appropriate documentation and interviews with staff indicate that the facility is in compliance with the provisions of this standard.</p> <p data-bbox="240 1249 1449 1308">115.401 (n). Residents were able to submit confidential information via written letters to the auditor PO Box or during the interviews with the auditor. The auditor did not receive any correspondence from the residents of the facility.</p> <p data-bbox="240 1339 584 1366">Corrective Action and Conclusion:</p> <p data-bbox="240 1397 1422 1456">Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>PREA CT Renaissance</p> <p>Findings (By Provision):</p> <p>115.403 (f). The audited facility serves as a contracted site for the state juvenile justice agency. As a requirement of their contract, the audited facility has met the obligations of being audited every three years.</p> <p>Corrective Action and Conclusion:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p>

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

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

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

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

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

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

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

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

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

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

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

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

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	na