

PREA Facility Audit Report: Final

Name of Facility: Hartford Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/03/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☐
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☐
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☐
Auditor Full Name as Signed: Elaine Bridschge	Date of Signature: 01/03/ 2024

AUDITOR INFORMATION	
Auditor name:	Bridschge, Elaine
Email:	risingsunauditing@gmail.com
Start Date of On-Site Audit:	11/08/2023
End Date of On-Site Audit:	11/09/2023

FACILITY INFORMATION	
Facility name:	Hartford Juvenile Detention Center
Facility physical address:	920 Broad Street, Hartford, Connecticut - 06106
Facility mailing address:	920 Broad Street, Hartford, - 06106

Primary Contact	
Name:	Judith D'Alessandro
Email Address:	judith.dalessandro@jud.ct.gov
Telephone Number:	18602447963

Superintendent/Director/Administrator	
Name:	Paul Gordon
Email Address:	Paul.Gordon@jud.ct.gov
Telephone Number:	8602447965

Facility PREA Compliance Manager	
Name:	Judith D'Alessandro
Email Address:	judith.dalessandro@jud.ct.gov
Telephone Number:	O: 860-244-7961

Facility Health Service Administrator On-Site	
Name:	Dr.Edward Kim
Email Address:	Edward.Kim@jud.ct.gov
Telephone Number:	860-244-7985 ext 355

Facility Characteristics	
Designed facility capacity:	88
Current population of facility:	33
Average daily population for the past 12 months:	32
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Both females and males
Age range of population:	12-17yrs
Facility security levels/resident custody levels:	High
Number of staff currently employed at the facility who may have contact with residents:	131
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	53
Number of volunteers who have contact with residents, currently authorized to enter the facility:	3

AGENCY INFORMATION	
Name of agency:	Connecticut Judicial Branch Court Support Services Division
Governing authority or parent agency (if applicable):	
Physical Address:	455 Winding Brook Dr, Glastonbury, Connecticut - 06033
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	Gary Roberge
Email Address:	gary.roberge@jud.ct.gov
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Jennifer Esposito	Email Address:	jennifer.esposito@jud.ct.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

2

- 115.317 - Hiring and promotion decisions
- 115.331 - Employee training

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:	2023-11-08
2. End date of the onsite portion of the audit:	2023-11-09

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?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	CT Alliance to End Sexual Violence

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	88
15. Average daily population for the past 12 months:	32
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ 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:	37
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:	7
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:	9
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	99
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:	23
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility provided detailed rosters to the auditor.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ 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:	6
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".	
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
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:	1

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The auditor determined there were no residents who meet this criterion based on observations, interviews and a review of detailed rosters.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The auditor determined there were no residents who meet this criterion based on observations, interviews and a review of detailed rosters.

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:	1
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The auditor determined there were no residents who meet this criterion based on observations, interviews and a review of detailed rosters.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	The auditor determined there were no residents who meet this criterion based on observations, interviews and a review of detailed rosters.
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:	1
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The auditor determined there were no residents who meet this criterion based on observations, interviews and a review of detailed rosters.

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	18

76. Were you able to interview the Agency Head?	☒ Yes ☐ No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
78. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
79. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☒ Mental health/counseling ☐ Religious ☐ Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☒ Education/programming ☒ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
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?	☒ Yes ☐ No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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	1	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	0	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

2

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ 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:	1
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ 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?	☒ Yes ☐ No ☐ 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?	☐ Yes ☐ No ☒ 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?	☐ Yes ☐ No ☒ 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:	1
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ 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?	☐ Yes ☐ No ☒ 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:

1

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

No text provided.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

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

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

☐ Other

Identify the name of the third-party auditing entity

PAOA

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.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies 607, 8.524 and 2.11 mandates zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The policy outlines how it will implement the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy also includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. Per policy 8.524, the agency employs or designates an upper-level, agency-wide PREA Coordinator. 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 facilities. The position is listed in the org structure as Program Manager, CSSD PREA Coordinator and is under the Deputy Director, as verified by the submitted org chart. This was confirmed during an interview with the PREA Coordinator.

	Per policy 8.524, the facility has designated a PREA Compliance Manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The position of the PREA Manager in the agency's organizational structure and reports directly to the Center Superintendent, as verified through review of the org chart and in an interview with the PREA Compliance Manager. The facility is in compliance with this standard.
--	---

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The agency has entered into or renewed a contract for the confinement of residents since the last PREA audit with three facilities. The Auditor reviewed the contracts and found that all of the contracts require contractors to adopt and comply with PREA standards. All of the above contracts require the agency to monitor the contractor's compliance with PREA standards. The Auditor was able to review compliance monitoring documentation. The agency has a full-time employee designated to monitor contract compliance. This was verified through an interview with the agency's contract administrator. The facility is in compliance with this standard.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Policies 8.309, 8.404 and 8.105 require the facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. The facility submitted a Staffing Plan for review. The staffing plan meets all eleven criteria specified in the standard. This was verified through interviews with the superintendent and PREA coordinator. During the Site Review, the auditor observed an appropriate number of staff, contractors and/or volunteers present (including security and non-security staff) and appropriate staffing patterns during every shift, including in the housing units; in the programming, work, education areas; and in areas where sexual abuse is known to be more likely to occur according to the staffing plan. The auditor observed

appropriate staffing ratios in the housing unit during waking hours and sleeping hours to ensure the sexual safety of juveniles during waking and non-waking hours of a minimum staffing ratio of 1:8 during waking hours and 1:16 during sleeping hours. The auditor observed staffing ratios outside of the housing unit(s) during waking hours and sleeping hours. Staffing ratios were maintained constantly and in every area of the facility, these were not aggregate or building-wide ratios. The auditor observed areas where persons confined in the facility are not allowed and determined movement in and out of that space is monitored to ensure that confined persons never enter those areas. In addition to observation of camera placement, the auditor inquired about and observed the monitoring room, including staffing rotation and found them to be satisfactory. The auditor observed indirect supervision practices, including camera placement and camera reviews. Cameras are monitored by control room staff. The auditor observed the staff's line of sight and assessed whether there are blind spots. Mirrors are utilized to supplement supervision in blind spot locations. The facility has made great strides to place cameras and/or mirrors in all areas of the facility, at times multiple cameras and/or mirrors in one area for better coverage and to eliminate any blind spots. Cameras and mirrors are also placed in areas where residents are restricted from entering.

As noted in the PAQ, the facility has not made any deviations to the staffing plan. The staffing plan includes mandatory staffing minimums. This was confirmed through an interview with the superintendent. During the Site Review, the auditor observed appropriate ratios were being met on all shifts.

Per policy 8.105, the facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The superintendent confirmed this during an interview. During the Site Review, the auditor observed appropriate ratios were being met on all shifts. Minimum staffing levels and duty rosters were submitted for review. The PAQ notes that there have not been any deviations in staffing ratios in the past 12 months.

Per policy 8.524, at least once every year the agency or facility, in collaboration with the agency's PREA coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. This was confirmed through an interview with the PREA coordinator and review of the documented staffing plan reviews.

Policy 8.309 requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds, referred to as Unit Tours, using a Logbook, which was reviewed by the auditor. This was confirmed by staff who conduct unannounced rounds. Per policy, over time, the unannounced rounds cover all shifts, and the facility prohibits staff from alerting other staff of the conduct of such rounds. Documentation of samples of rounds show that they take place on all shifts and in all housing units, and they are conducted at random times and

	unannounced. The auditor interviewed staff who conduct unannounced rounds, and they confirmed this practice. During the Site Review, the auditor observed unannounced rounds taking place and reviewed the logbooks for verification. The facility is in compliance with this standard.
--	---

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies 8.311 states that the facility does not conduct any cross-gender strip or cross-gender visual body cavity searches of residents. During Site Review, the auditor did not observe any cross-gender searches and informal conversations with staff and residents confirmed that cross-gender searches are prohibited. Logs of same gender identity strip searches were provided. Policy 8.311 states that the facility does not permit cross-gender pat down searches of residents, absent exigent circumstances. This was confirmed by random staff and residents during interviews. The PAQ and policy 8.311 indicates that the facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. This was confirmed during interviews with random staff and residents. Logs of same gender identity strip searches were provided. Policy 8.542 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). The policy requires staff of the opposite gender to announce their presence when entering a resident housing unit/area where residents are likely to be showering, performing bodily functions, or changing clothing. Within the housing areas, the auditor observed opposite-gender announcements when entering the housing units. The alert is loud enough for all the confined persons in the housing unit/area to hear. The time between the alert and the staff person's arrival provides enough time for confined persons to cover up before the staff enter the area. The alert is provided in such a manner that confined persons with disabilities (e.g., persons who are deaf or hard of hearing, blind or have low vision, or those who are cognitively or functionally disabled, including intellectual, psychiatric, or speech disabilities) are also properly alerted by staff of the opposite-gender in the housing unit. Random staff interviewed confirmed that staff announce their presence and that all residents can 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). This was confirmed by residents and by review

	of logbook entries. During the site review, the auditor also observed all areas where confined persons may be in a state of undress, such as showering, using the toilet, and/or changing their clothes. All areas were private and single use. The auditor observed electronic surveillance monitoring areas such as control rooms or other spaces where staff monitor live or recorded video feeds of confined persons and determined that video surveillance is not located in areas of undressing. Informal conversations with residents and staff confirm that cross-gender viewing is prohibited. The facility has discreet housing units. Policy 8.418 prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. This was confirmed during interviews with random staff. At time of audit, there were no residents that identify as transgender or intersex on the roster. The facility submitted a sample of a completed Transgender/Intersex Search and Clothing Preference form and a mental health note for review. The facility submitted Transgender and Intersex Juvenile Searches curriculum and training logs to validate that all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. Per PAQ, 95 security staff received this training. Random staff interviewed confirmed that training was received. The facility is in compliance with this standard.
--	---

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Policies 8.524 and 8.413 require the facility 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. The facility provided documentation of training on PREA-compliant practices for residents with disabilities. Services were verified through interviews with the Director of JRS. At time of audit, there were no residents identified as limited English proficiency. A review of the Detainee Request for Reasonable Accommodation form was reviewed. All residents have immediate access to interpretation services. During the Site Review, the auditor was able to test the facility's process for securing interpretation services via a language line. The language line worked properly. The residents do not have to use a pin or self-identify to use these services. Policies 8.524 and 8.413 contain 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 and sexual harassment. The facility provides residents with written materials used for effective communication about PREA with residents with Limited English Proficiency. The auditor reviewed and tested interpreter services to ensure effective communication with residents with Limited English Proficiency, utilizing the Language Access Plan. The agency has two vendors for interpretation services: Linguistica International and the CTS Language Link. The facility provided documentation that these services were utilized six times for the period October 1, 2020, through July 1, 2022. Staff were provided with an LEP refresher training in 2023, certificates were provided. Policy 8.524 prohibits use of 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 §115.364, or the investigation of the resident's allegations. The agency does not use resident interpreters. This was confirmed through interviews with random staff. This was confirmed through interviews by residents with an identified disability. The facility is in compliance with this standard.
--	--

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion Policy 204 prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity. This was confirmed through file reviews of staff hired or promoted in the past 12 months; a review of the Reference/Criminal Record Check Authorization and Release of Information containing Candidate PREA Disclosure; and through a review of the Authorization for DCF CPS Background Check forms. Policies 204 and 607 require 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. This was confirmed by an interview with the HR staff. Policy 204, DCF Background Check form and the Criminal Record PREA form requires that before it hires any new employees who may have contact with residents, it (a)

conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) 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. This was confirmed by an interview with the HR staff and a review of staff files.

Connecticut General Statutes 10-221d and policies 1.3 and 204 require that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents. This was confirmed by an interview with the HR staff, a review of the Criminal Record PREA form and the DCF Background Check form, and through contractor file reviews.

Policy 204 and a memo submitted indicate that criminal background records checks be conducted every year for current employees and contractors who may have contact with residents. Per memo submitted, the Judicial Branch has developed a system to annually capture new criminal record information on current employees who may have contact with individuals in the custody of the Judicial Branch. Reports are run annually that will cross-reference the names of all employees against those arrested for sex-based crimes. The report is ran on or about January 1st of each year and sent to the Chief Court Administrator and the Judicial Branch PREA Coordinators. The last reports were run on January 6, 2022, and January 5, 2023.

The file reviews indicate that the agency conducts background checks on all staff and contractors annually, exceeding the standard. This was confirmed by an interview with the HR staff.

During an interview with the HR staff, the agency asks all applicants and employees who may have contact with residents directly about previous misconduct in written application for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency also imposes upon employees a continuing affirmative duty to disclose any such misconduct. This was verified through a review of staff files and a review of the Criminal Record PREA form and the DCF Background Check form.

The Reference/Criminal Record Check Authorization and Release of Information requires that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

The HR staff stated that the agency will 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.

The facility exceeds compliance with this standard as the agency conducts background checks every year, instead of five years, on all staff and contractors.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Per the PAQ, the agency has not made a substantial expansion or modification to the existing facility since the last PREA audit. This was confirmed by the Director of JRS and the superintendent during interviews. The facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. This was confirmed by the Director of JRS and the superintendent during interviews and through supporting documentation of emails, diagrams, photos, logbook entries and other supporting documentation submitted by the facility. The facility is in compliance with this standard.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy 8.524 requires that the agency is responsible for conducting all administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The PAQ, A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents handbook and the State of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual Assault handbook confirm that the State Police are responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). When conducting a sexual abuse investigation, investigators follow a uniform evidence protocol as outlined in the policy. This was verified by interviews with random staff. The State of Connecticut Technical Guidelines and the Connecticut General Statutes 19a-112a state that the protocol is developmentally appropriate for youth and that the protocol was adapted from or otherwise based on the most recent edition of the DOJ'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. A review of the uniform evidence protocol confirmed that it is developmentally appropriate for youth, where applicable, and, as appropriate adapted from or otherwise based on the DOJ's publication. Per the PAQ and policies 8.501 and 8.524, the facility offers all residents who experience sexual abuse access to forensic medical examinations. These exams are

	conducted off-site at the Hartford Hospital and Saint Francis Hospital. The PAQ states that there have not been any exams performed by SANE's/SAFE's during the past 12 months. The Auditor tested the protocol by dialing the SANE number provided and verified that the answering agency will direct the resident to be taken to the hospital. This service is available 24/7 in the emergency department. A listing of SAFE/SANE examiners through CONNSACS is provided to the facility. The agency utilizes CONNSACS to provide victim advocate services to victims of sexual abuse and documented in a written MOA. This was verified through an interview with the PREA compliance manager. At time of audit, there were no residents that reported sexual abuse. Posters and resource pamphlets are made available containing resource information. Policy 8.524 states that, if requested by the victim, a victim advocate accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. The PREA compliance manager confirmed that a victim advocate would be provided upon request. The supporting protocol outlines that an immediate referral to a licensed mental health professional, and/or any outside support services to access for crisis intervention, potential for suicide, the presence of stress or anxiety disorders, and long term follow up will be made. The "Guidelines to investigate sexual assaults that have been reported by inmates of Connecticut confinement facilities" contains the requirements that the outside investigating agency will follow. The facility is in compliance with this standard.
--	--

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Policy 607 ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. There were three allegations of sexual abuse and sexual harassment received in the past 12 months, that resulted in three administrative investigations, and zero were referred for criminal investigation. This was confirmed by the Director of JRS during the interview and review of investigation reports. Documentation of reports of sexual abuse and harassment and documentation of investigations, including full investigative report with findings were reviewed. Judicial Branch Policy Addressing the Prison Rape Elimination Act requires 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 policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website, and the auditor verified this through a review of the agency's website and during interview with the investigator. The Judicial Branch Policy Addressing the Prison Rape Elimination Act describes the responsibilities of both the agency and the investigating agency. The policy that describes investigative responsibilities is published on the agency website, and the auditor verified this through a review of the agency's website. The facility is in compliance with this standard.
--	--

115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion Policies 8.524 and 2.11, the Judicial Branch Policy Addressing the Prison Rape Elimination Act, the PREA training curriculum and the PREA sign in logs verify that the agency trained all employees who may have contact with residents on (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment; (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and, (11) Relevant laws regarding the applicable age of consent. This was verified through a review of the facility's training objectives, review of training records and interviews with random staff. Policy 8.524 and the training curriculum verifies that the training is tailored to the unique needs and attributes and gender of the residents at the facility and employees who are reassigned from facilities housing the opposite gender are given additional training and was verified through staff training records and email correspondence. This was confirmed through a review of staff training records. Policy 8.524 states that annual PREA training about current policies regarding sexual abuse and harassment is provided to staff as part of preservice and annual in-service, which exceeds this standard. In between annual training courses, staff are

	provided with regular updates and reviews, as reported by random staff. The training agenda, staff training records and sign-in logs were reviewed. Policy 8.524 requires that the agency documents that employees who may have contact with residents understand the training they have received through employee signature. This was verified through a review of staff training records and sign-in logs. The facility exceeds compliance with this standard as PREA training is provided annually to employees with regular reviews throughout the year.
--	---

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The Judicial Branch Policy Addressing the Prison Rape Elimination Act requires that all volunteers and contractors who have contact with residents are trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Training was verified through interviews with volunteers and/or contractors and review of training records, PREA Pamphlet, Volunteer and Intern Conduct Guidelines, signed acknowledgement forms, certificates of completion and training curriculum. The PAQ notated 56 volunteers and contractors, who have contact with residents, have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The Judicial Branch Policy Addressing the Prison Rape Elimination Act requires that the level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. This was verified during interviews with volunteers and contractors and a review of training records and curriculum. The agency maintains documentation confirming that the volunteers and contractors understand the training they have received, as verified by review of training records and signed acknowledgement forms. The facility is in compliance with this standard.

115.333	Resident education
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies 8.524 and 8.400 state that residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The information is provided in an age-appropriate fashion. This was confirmed during interviews with the intake staff and residents, and a review of resident files. During the site review observation, for demonstration purposes, staff walked the auditor through the intake process of residents and how sexual safety information is provided at the point of intake. Informal conversations with staff and residents were initiated regarding initial PREA education provided during intake. Residents understood the information provided and had access to additional support to understand information provided, if necessary. Zero tolerance posters in multiple languages, CONNSACS posters, Juvenile Handbook, and the Sexual Assault Information pamphlet were reviewed by the Auditor and determined that they contain information on the agency's zero tolerance policy. Signed acknowledgement forms were provided to verify the training received. Zero tolerance posters were displayed throughout the facility as well.

Notated in the PAQ, 364 residents admitted in the past 12 months received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 10 days of intake. This was confirmed through interviews with intake staff and random residents, and review of training records, Policies 8.524 and 8.412, PREA Rights pamphlet, PREA video in English and Spanish, signed acknowledgement forms and attendance sheets. During the site review, the auditor observed a demonstration of the comprehensive education process.

Per the PAQ, all residents have received PREA education within 10 days of arrival, as confirmed by the intake staff and review of resident training records. Residents are given a PREA Handbook, and they watch a PREA video. Policy 8.524 requires that residents who are transferred from one facility to another be educated regarding 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 to the extent that the policies and procedures of the new facility differ from those of the previous facility. This was confirmed through interviews with the intake staff and through a review of resident training information.

Policy 8.524 states that resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, and who are deaf, visually impaired, disabled, and who have limited reading skills. This was confirmed through a review of resident educational materials, written and video. During the site review, the Auditor observed posters and flyers in English and Spanish available in all housing units to promote continued resident PREA Education.

The agency maintains documentation of resident participation in PREA education sessions. The Auditor verified this through review of resident training records and

	PREA Group Attendance Sheets and acknowledgement forms. Policy 8.412 requires that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, brochures, or other written formats. The auditor reviewed PREA posters in English, Spanish and other languages spoken in the facility, Juvenile Handbooks, and other relevant posters and pamphlets in English and Spanish. During the site review, the auditor observed posted and printed signage throughout the facility (e.g., posters, pamphlets, brochures). Signage included audit notices, how to report sexual abuse and sexual harassment, and access to outside victim emotional support services. The Auditor reviewed the information provided on signage and determined it is readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc. The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage. The auditor observed the placement of other PREA signage posted in areas where staff and persons confined in the facility can read and retain the information being provided. Informal conversations with staff and residents were initiated regarding signage throughout the facility and all interviewed confirmed that the information is readable, able to understand, accessible, and accurate. The facility is in compliance with this standard.
--	---

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Per the PAQ, facility staff are trained in investigations but once it is identified as sexual abuse, CT State Police, DCF and Judicial Human Resources would conduct further investigation. The Auditor reviewed training curriculum and training certificates received by investigators. Investigators interviewed confirmed that they attended investigator training. Specialized training included techniques for interviewing juvenile 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. Training records of investigative staff were reviewed. Investigators interviewed confirmed that they attended investigator training. The agency maintains documentation showing that investigators have completed the required training. The Auditor verified this documentation. The agency employs 10 investigators who have received appropriate training.

	The facility is in compliance with this standard.
--	---

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy 8.524 relates to the training of medical and mental health practitioners who work regularly in its facilities. The PAQ states that 29 (100%) of medical and mental health care practitioners who work regularly at the facility received the training required by agency policy. The training received was confirmed during interviews with the medical and mental health staff and by reviewing a sample of training documentation and curriculum. Forensic medical examinations are conducted by a SANE/SAFE entity offsite, as confirmed during interviews with the medical and mental health staff. All residents are taken to Hartford Hospital. The agency provided documentation showing that medical and mental health practitioners have completed the required training, and the documentation was reviewed by the Auditor. Medical and mental health care practitioners also received the training mandated for contractors and volunteers. This was verified through a review of training records. The facility is in compliance with this standard.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies 8.532 and 8.106 require screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The Policy requires that the resident's risk level be reassessed periodically throughout their confinement. Residents are reassessed at least every 90 days. This was confirmed during interviews with the staff responsible for risk screening and random residents. During the Site Review, risk screening staff demonstrated to the auditor the process taken by the facility to complete the risk screening. The screening process occurs in a setting that ensures as much privacy

as possible given the potentially sensitive information that could be discussed. Screening staff ask screening questions in a manner that fosters comfort and elicits responses. Screening staff use an instrument to collect information during the risk screening process. Screening staff affirmatively ask persons confined in the facility about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI (in addition to making a subjective determination about perceived status). The auditor reviewed files of residents admitted to the facility within the past 12 months and found evidence of appropriate screening within 72 hours and reassessments every 90 days. Residents confirmed that they all received a risk screening upon admission to the facility. As noted in the PAQ, all housing assignments are reviewed formally weekly during the MDT meeting and monthly through interview with the CPO.

The auditor reviewed the PREA Classification Screening, samples of completed PREA Screenings and determined it to be an objective screening instrument. Policy 8.106 states that the PREA Screening must be an objective screening instrument.

Screening staff use additional sources of information to complete the initial risk screening assessment. The objective screening instruments attempts to ascertain information about (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. This was confirmed during an interview with staff responsible for completing the risk screening and observed during the Site Review.

This information is ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. This was confirmed during interviews with staff responsible for completing the risk screening and during the Site Review observation.

During interviews with the PREA coordinator, PREA compliance manager and staff responsible for risk screening, the agency implements 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. During the Site Review, the auditor observed that risk assessments were kept secured with restricted staff access.

The facility is in compliance with this standard.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard Auditor Discussion Policy 8.106 requires that the agency uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. This was confirmed during interviews with staff responsible for risk screening and the PREA compliance manager, and through review of documentation of risk-based housing decisions. Policies 8.106 states that at no time will any juvenile be isolated or segregated from others. During the Site Review, the auditor did not observe residents at risk of sexual victimization held in isolation. This was verified through interviews with the superintendent and medical and mental health staff. Policy 8.418 prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status and prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. The PREA coordinator, PREA compliance manager, and gay/ bisexual residents interviewed confirmed this provision. Intake notes and Precaution Logs were reviewed. Policy 8.418 and interviews with the PREA compliance manager confirm that in deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency considers on a case-by-case basis whether a placement would ensure the resident's health and safety. In making housing and programming assignments, the facility considers on a case-by-case basis whether a placement of a transgender or intersex resident would present management or security problems. Mental Health Intake notes, Special Needs notes and Work Study Program notes were reviewed to support this provision. At time of audit, the facility did not have any residents who identified as transgender or intersex. The PREA compliance manager and staff responsible for completing the risk screening stated that placement and programming assignments for each transgender or intersex resident are reassessed every 30 days to review any threats to safety experienced by the resident, exceeding this standard. This was verified through a review of case files. Staff responsible for completing the risk screening and the PREA compliance manager stated that a transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex residents are given the opportunity to shower separately from other residents. This was confirmed during interviews with staff responsible for completing the risk screening and the PREA compliance manager. The facility did not have any current or previous case files to review of residents at

	risk of sexual victimization who were held in isolation in the past 12 months. Per the PAQ and policy 8.106, no residents are held in isolation. Policy 8.106 states the facility does not utilize isolation or segregation. During the Site Review, the auditor did not observe residents held in isolation. The facility is in compliance with this standard.
--	--

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies 8.501 and 8.403 describe procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. Random staff and residents were able to describe multiple ways to report about sexual abuse and sexual harassment. During the Site Review, the auditor observed posters, handbooks, and other signage throughout the facility. The auditor also observed the Notice of Audit posted. Signage language is clear, easy to understand, and at an appropriate reading level for the persons confined in the facility. Signage is specific to services, such as emotional support services and external reporting, and includes language that clearly details what services are available and for what purposes, and it is provided at an age-appropriate reading level. Signage is provided in English and Spanish and can be translated for the other languages spoken in the facility. The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc. The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage. The information on the signage is accurate and consistent throughout the facility and is accessible to staff and those confined in the facility and other people who may need the information or services provided. The auditor observed the placement of the how to report sexual abuse and/or sexual harassment posters (external and internal reporting methods). This poster was posted in any areas frequented by persons confined in the facility, including housing/living units, programming areas, education areas, etc. The auditor was able to test reporting processes within the facility. The auditor also observed that all confidential files were kept secured with restricted access. This was confirmed by residents and random staff during interviews. Policy 8.501 and 8.400 states that the agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. This is documented on the Juvenile Rights Form. The facility does not detain solely for immigration purposes. The PREA compliance manager and

	residents confirmed that the agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The auditor observed posters within the facility and was able to test the reporting line for accessibility and ease of use. Policies 8.524, 8.102, 8.403 and 5.10 mandates 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. The auditor reviewed and tested the anonymous reporting procedure located on the agency's website. Random staff and residents interviewed confirmed that the facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The auditor observed reporting forms that can be used to report sexual abuse or sexual harassment for staff use. Policies 8.403 and 8.524, and the Juvenile Rights Form provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. This was confirmed through the Site Review, and interviews with the PREA coordinator. At time of audit, there were no residents that had reported sexual abuse to interview. The auditor was able to test the grievance process. Policy 607, 8.524 and 5.10 contains procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these procedures during PREA training. Random staff confirmed they can privately report sexual abuse and sexual harassment of residents. The auditor was able to test the online anonymous reporting system procedures. The facility is in compliance with this standard.
--	--

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy 8.403 contains administrative procedures for dealing with resident grievances regarding sexual abuse. Policy 8.403 allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff an alleged incident of sexual abuse. A memo regarding a PREA-related grievance was submitted as

	documentation. Policy 8.403 allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint and requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. The facility provides a Juvenile Grievance Ombudsman box that is checked regularly. Policy 8.403 requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. Per the PAQ, in the past 12 months, no grievances have been filed that alleged sexual abuse. The auditor was able to test the grievance protocol. Policy 8.403 permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. The policy requires that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. The policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf. Per the PAQ, there were no grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline. During the Site Review, the auditor observed third party postings throughout the facility in public locations accessible to family members, advocates, and attorneys. The auditor was able to test the third-party reporting process and was able to verify that the facility has a process for receiving third-party reports. Policy 8.403 contains procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The policy for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Per the PAQ, no emergency grievances have been submitted in the past twelve (12) months alleging sexual abuse. The policy requires that a final agency decision be issued within 5 days. Policy 8.403 limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. The PAQ states that in the past 12 months, the facility has not received any resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith. The facility is in compliance with this standard.
--	---

115.353	Resident access to outside confidential support services and legal representation
----------------	--

	Auditor Overall Determination: Meets Standard Auditor Discussion Policy 8.524 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 (by providing, posting, or otherwise making accessible) 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 does not detain solely for civil immigration purposes. 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. The facility provided PREA Brochures in English and Spanish, Rape and Sexual Assault Information and Resources, Reporting Booklet in English, and Spanish (Policy 8.524 Attachment C), Sexual Assault Information (Policy 8.524 Attachment B), MOA with CONNSACS, MOA with The Connecticut Alliance to End Sexual Violence, MOA with Connecticut Sexual Assault Crisis Services, zero tolerance posters, victim support services information, as supporting documentation of compliance. This was confirmed by random residents during interviews. During the Site Review, the auditor observed posted or printed signage throughout the facility (e.g., posters, pamphlets, brochures). Signage includes audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. The auditor reviewed the information provided on signage and determined it is readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. The auditor tested access to outside emotional support services telephonically. The auditor was able to speak privately with the service. The phones are in working order, the phone number listed on the signage connects with the organization providing outside emotional support services, the phone number is local/toll-free, and the phone was answered by a service provider. The service provider was prepared to offer services to callers from the facility. Residents are given regular access to phones to contact the outside emotional support service provider(s), including for persons confined in restricted housing, and have reasonable accommodations, where necessary (i.e., for confined persons who are deaf or hard-of-hearing, blind or have low vision, cognitively or functionally disabled, limited English proficient, non-English speaking, and/or have limited reading skills). The auditor observed daily mail collection processes and delivery. Policies 8.524, 8.505, and the DCF Child Abuse Public Policy of the State of Connecticut, MOA with CONNSACS, PREA Brochure in English and Spanish, Sexual Assault Information and other postings inform residents, prior to giving them access to outside support services, 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. This was confirmed during interviews with a random residents. The agency maintains and MOA with CONNSACS, a community service provider, which provides residents with emotional support services related to sexual abuse. Policies 8.401, 8.410 and 8.407 provide residents with reasonable and confidential access to their attorneys or other legal representation and provides residents with reasonable access to parents or legal guardians. Client contact notes and logbook entries were provided as verification of compliance. This was confirmed through interviews with the superintendent, PREA compliance manager and random residents. The facility is in compliance with this standard.
--	--

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Policy 8.524, Judicial Branch Policy Addressing the Prison Rape Elimination Act, Ombudsman reporting boxes, the agency’s website, PREA pamphlets in English and Spanish and zero-tolerance posters with free contact information all provide methods to receive third-party reports of resident sexual abuse or sexual harassment. The agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. The auditor verified this on the agency’s website. During the Site Review, the auditor observed third-party reporting information posted in public areas of the facility that can be accessed by family members, friends, advocates, and attorneys (e.g., family visitation areas, attorney visiting areas) as well as any areas frequented by persons confined in the facility. The auditor was able to test the third-party reporting process. The facility is in compliance with this standard.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Policy 8.524 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 policy requires all staff to report immediately and according

	to agency policy any retaliation against residents or staff who reported such an incident. The policy also 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. Interviews with random staff confirmed that they understand their responsibilities as a mandatory reporter. Policies 5.10 and 8.524, and Summary of Legal Requirements Concerning Child Abuse/Neglect require all staff to comply with any applicable mandatory child abuse reporting laws and was confirmed during interviews with random staff. Per memo submitted, there was one DCF 136 Form filed for sexual abuse/sexual harassment. Policy 8.524 states that, apart from reporting to the designated supervisors or officials and designated State or local service 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 and this was verified through interviews with random staff. Medical and mental health staff stated during interviews that they are required to report sexual abuse to designated supervisors, as well as to the designated State or local services agency where required by mandatory reporting laws and they are required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. The superintendent and the PREA compliance manager stated that upon receiving any allegation of sexual abuse, the facility head or designee promptly reports the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified; if the alleged victim is under the guardianship of the child welfare system, the report will be made to the alleged victim's caseworker instead of the parents or legal guardians; and, if a juvenile court retains jurisdiction over the alleged victim, the superintendent or designee will also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation. The superintendent stated that the facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The auditor reviewed investigation reports. The facility is in compliance with this standard.
--	---

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Policies 8.106 and 8.524 state that when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. Interviews with the Director of JRS, superintendent and random staff confirm that there have been eleven residents that were subject to a substantial risk of imminent sexual abuse. Precaution Logs and Incident reports were reviewed by the auditor. Per the PAQ, decisions are made within 72 hours. The facility is in compliance with this standard.
--	---

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy 8.524 requires 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. The auditor reviewed a memo submitted stating that in the past 12 months, there have not been any reported allegations received that a juvenile was sexually abused while confined at another facility. The policy also requires that the head of the facility notify the appropriate investigative agency. Policy 8.524 requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. An incident note was submitted for verification of notification. Policy 8.524 states that the facility will document that it has provided such notification within 72 hours of receiving the allegation. A memo submitted states that in the past 12 months, there have not been any reported allegations received that a juvenile was sexually abused while confined at another facility. Policy 8.524 requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. In the past 12 months, the facility has not received any allegations of sexual abuse from other facilities. This was confirmed during interviews with the Director of JRS and the superintendent. The facility is in compliance with this standard.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Policy 8.524, PREA Incident Response Plan, and the PREA Incident Notification Tree describe the first responder duties 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 separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; requests that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and, ensures 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. Per the PAQ and a memo submitted, in the past 12 months, the facility has not received any allegations of sexual abuse where staff was notified within the time period that still allowed for the collection of physical evidence. This was confirmed in an interview with security staff first responders. At time of audit, there were no residents who reported sexual abuse to interview. The auditor reviewed two investigation reports and determined appropriate responses were made to the allegation. Policy 8.524, PREA Incident Response Plan and PREA Incident Notification Tree require 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. The policy also requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. As noted in the PAQ, there were no times a non-security staff member was the first responder. Security staff and non-security staff interviewed, as well as random staff confirmed their responsibilities as a first responder. PREA training curriculum and staff training completion reports were reviewed to verify that staff have been trained in first responder duties. The facility is in compliance with this standard.
--	--

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 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. The auditor reviewed the PREA Incident Response Plan and the PREA Incident Notification Tree. This was confirmed during an interview with the superintendent. The facility is in compliance with this standard.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency or facility has entered into any collective bargaining agreement or other agreement since the last PREA audit. The auditor reviewed the Collective Bargaining Agreement. The Agreement does not limit the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. This was verified by an interview with the Director of JRS. The facility is in compliance with this standard.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy 8.524 requires the agency 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 has designated the PREA manager and Classification and Program Officers to monitor possible retaliation among staff and residents. According to the interviews with the Director of JRS, superintendent and the designated staff members charged with monitoring retaliation, the agency will employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The auditor reviewed investigation files to identify any protective measures taken. At time of audit, there were no residents detained who were being held in isolation. Policy 8.524 states that the 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 facility acts promptly to remedy any such retaliation. The facility will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PAQ states that there have been zero incidents of retaliation in the past 12 months. This was confirmed by interviewing the superintendent and the designated staff member charged with monitoring retaliation. The auditor reviewed discipline logs, mental health SOAP notes and

	mental health clinician intake notes. In the case of residents, such monitoring shall also include periodic status checks. This was confirmed by the designated staff member charged with monitoring retaliation. The auditor reviewed discipline logs, mental health SOAP notes and mental health clinician intake notes. The Director of JRS and the superintendent stated that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency will take appropriate measures to protect that individual against retaliation. The facility is in compliance with this standard.
--	---

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Policies 8.524 and 8.106 state that single occupancy rooms will be available and assigned when indicated and at no time will any juvenile be isolated or segregated from others. Juveniles placed on single room only status will not be segregated from the population for any programming activity. There have been no sexual assault incident reports in the last 12 months. The superintendent and medical and mental health staff stated that isolation is not utilized for residents who have suffered sexual abuse. During the Site Review, the auditor did not observe any residents being held in isolation. Incident reports and Court Reports were reviewed. The facility is in compliance with this standard.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Policy 8.524 addresses all investigations. This was confirmed during an interview with investigative staff. The auditor reviewed investigative reports for allegations of sexual abuse or sexual harassment, to include review of PREA Incident Logs, PREA Incident Reports and Investigation Summary Reports. Investigators confirm that where sexual abuse is alleged, the agency uses investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334. Interviews with investigators confirmed that the investigators 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 review prior complaints and reports of sexual abuse involving the suspected perpetrator. The Auditor reviewed investigation reports for evidence preservation.

Per Policy 8.524, the agency does not terminate an investigation solely because the source of the allegation recants the allegation, and this was confirmed through interview with investigative staff.

Investigators state that State Police conduct all criminal investigations and are responsible for when the quality of evidence appears to support criminal prosecution, they will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The auditor reviewed samples of investigation reports.

Investigators stated during interviews, that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. The agency will not 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. At time of audit, there were no residents who reported sexual abuse.

Investigative staff stated that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse; and 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 auditor reviewed investigative files and determined that they comply with this provision. During the Site Review, the auditor observed that the physical storage of investigative files is secure with restricted access. Informal conversations with staff verified that access to secure information is restricted.

Investigators stated that criminal investigations will be documented by the State Police in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The auditor reviewed samples of investigation reports. During the Site Review, the auditor observed that the physical storage of investigative files is secure with restricted access. Informal conversations with staff verified that access to secure information is restricted.

Investigators stated that substantiated allegations of conduct that appeared to be criminal are referred for prosecution by State Police. The Judicial Branch Policy Addressing the Prison Rape Elimination Act and the State Police PREA Guidelines reflect this procedure. Per the PAQ, there were no substantiated allegations of conduct that appeared to be criminal that were referred for prosecution.

Policy 8.524 and the Office of the Chief Court Administrator Records Retention Schedule confirm that the agency retains all written reports pertaining to the

	administrative or criminal investigations of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. During the Site Review, the auditor observed that the physical storage of investigative files is secure with restricted access. Informal conversations with staff verified that access to secure information is restricted. Samples of investigative reports, including older reports, were reviewed. Investigators confirmed that the departure of the alleged abuser or victim from employment or control of the facility or agency will not provide a basis for terminating an investigation. The superintendent, PREA coordinator, PREA compliance manager and investigative staff stated that the facility cooperates with outside investigators and attempts to remain informed about the progress of the investigation through regular communication with the investigators. The facility is in compliance with this standard.
--	--

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Memo submitted states the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The auditor reviewed investigation files for proper standard of proof. This was confirmed by the investigator during the interview. The facility is in compliance with this standard.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Policy 8.524 requires that any resident who alleges sexual abuse in the facility is informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. There were two criminal and/or administrative investigations of alleged resident sexual abuse that was completed by the agency/facility in the past 12 months, requiring a resident to be notified, verbally or in writing, of the results of the investigation. Per the PAQ, one resident was released prior to the conclusion of the investigation, the

	other resident was notified verbally. This was confirmed during an interview with the superintendent and the investigator. Completed investigation reports were reviewed by the auditor, as well as Data Reports. Policy 8.524 requires the agency to request the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. Per the PAQ, there has been one allegation of alleged resident sexual abuse in the facility that had a completed investigation in the past 12 months, with one resident was released prior to the conclusion of the investigation. The State Police conduct all criminal investigations and utilize the State Police PREA Guidelines as mentioned in 115.371. Data Reports were reviewed for accuracy of reporting. Policy 8.524 states that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been 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. There have not been any substantiated or unsubstantiated complaints (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the past 12 months, as reported on the PAQ. This was verified through a review of investigation reports. Policy 8.524 states that, 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 whenever the agency 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. Investigation files were reviewed by the auditor. Policy 8.524 requires that all notifications to residents described under this standard are documented. The auditor reviewed completed investigation files and verified that notifications were made appropriately. The facility is in compliance with this standard.
--	---

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Judicial Branch Policy Addressing the Prison Rape Elimination Act requires that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

	In the past 12 months, according to the PAQ, no staff member has violated agency sexual abuse or sexual harassment policies. In the past 12 months, no staff member from the facility has been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. The Judicial Branch Policy Addressing the Prison Rape Elimination Act, Judicial Branch Supervisor's Guide to Corrective Discipline, and policy 612 contain 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. Per the PAQ, in the past 12 months, there has not been any staff member from the facility disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse). According to the Judicial Branch Policy Addressing the Prison Rape Elimination Act and policy 8.524, 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. The PAQ states that in the past 12 months, no staff from the facility 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 and the auditor reviewed data reports to verify this. The facility is in compliance with this standard.
--	---

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The Judicial Branch Policy Addressing the Prison Rape Elimination Act and policy 8.524 require 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. The policies require that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. Per the PAQ, in the past 12 months, one contractor or volunteer was reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. This case was deemed unsubstantiated and not criminal. Investigation report was reviewed. Policy 8.524 requires the facility to take appropriate remedial measures and consider whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or

	volunteer. This was confirmed by the superintendent during an interview. The facility is in compliance with this standard.
--	--

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion According to policies 8.524 and 8.313, residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the 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. The PAQ states that in the past 12 months, there has not been any administrative findings of resident-on-resident sexual abuse that occurred within the facility. The PAQ also states that in the past 12 months, no criminal findings of guilt for resident-on-resident sexual abuse have occurred at the facility. This was verified through review of the facility's data report. Policies 8.106 and 8.313, the PAQ, and an interview with the superintendent state that the facility does not isolate juveniles. During the Site Review, the auditor did not observe any residents isolated or segregated. The superintendent stated that the disciplinary process will 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. Policies 8.314, 8.543, 8.600, 8.417 and 8.313 require that the facility offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and the facility does not consider whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions. This was confirmed by medical and mental health staff during interviews. A memo submitted states that all juveniles have access to mental health clinician services, as well as the behavioral motivation program. Policy 8.524 states that the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. A data report was reviewed. Policy 403 prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

	Policies 8.524 and 8.313, and the Judicial Branch Policy Addressing the Prison Rape Elimination Act prohibit all sexual activity between residents and that the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. The facility is in compliance with this standard.
--	---

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Policies 8.505 and 8.526 confirm that all residents at this facility who have disclosed any prior sexual victimization during a screening are offered a follow-up meeting within 14 days of intake with a medical or mental health practitioner. The PAQ states that in the past 12 months 35 residents who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Medical and mental health staff maintain secondary materials documenting compliance with the above required services, which the auditor reviewed. The auditor interviewed a resident who disclosed sexual victimization at risk screening and staff responsible for risk screening, all of which confirmed that follow-up meetings were offered. Policy 8.505 states that all residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Medical and mental health staff maintain secondary materials documenting compliance with the above required services, which the Auditor reviewed. Per the PAQ, in the past 12 months, 100 percent of residents who previously perpetuated sexual abuse, as indicated during screening, were offered a follow up meeting with a mental health practitioner. This was verified through interviews with staff responsible for risk screening. Policies 8.524 and 8.563 state that the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. During the Site Review, the auditor observed that information related to sexual victimization or abusiveness that occurred in an institutional setting is secured with restricted access. Per policies 8.524 and 8.540, medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting. This was confirmed during an interview with medical and mental health staff. Per the PAQ, all staff are mandated reporters. Youth are informed of this at intake, so they are aware any abuse disclosed is reportable. The facility is in compliance with this standard.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies 8.524 and 8.555, and interviews with medical and mental health staff, confirm that 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. Medical and mental health staff maintain secondary materials (provided for review) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Security staff and non-security staff first responders stated that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders will take preliminary steps to protect the victim pursuant and will immediately notify the appropriate medical and mental health practitioners. Investigation Summary Reports were reviewed. Interviews with medical and mental health staff confirm that resident victims of sexual abuse while incarcerated are offered off-site 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. This is documented in policies 8.559 and 8.522. The facility submitted a memo stating that in the past year, there have been no reported sexual assaults requiring evidence collection at this facility. According to policy 8.501 and the Connecticut General Statutes 19a-112a, 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. The facility is in compliance with this standard.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy 8.524, the PREA Incident Response Plan, the MOA with CONNSACS and the

	PREA pamphlet requires that the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse. Medical and mental health staff stated that 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. At time of audit, there were no residents to interview who reported sexual abuse. According to medical and mental health staff, the facility will provide such victims with medical and mental health services consistent with the community level of care. Policies 8.545 and 8.527 state that female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. At time of audit, the facility did not have any residents detained that reported sexual abuse that required this treatment. A memo was submitted indicating this. Policy 8.522 and medical staff interviewed state that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Policy 8.559 states that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. At time of audit, the facility did not have any residents detained that reported sexual abuse that required this treatment. Policy 8.501, Connecticut General Statutes 19a-112a and the Connecticut State Police PREA Guidelines to investigated sexual assaults that have been reported by inmates of Connecticut confinement facilities state that treatment services are 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. Per policy 8.505 and the PREA Incident Response Plan, the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners through referrals and assessments. This was corroborated by medical and mental health staff during the interviews. Mental Health case notes were provided. The facility is in compliance with this standard.
--	--

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard

	Auditor Discussion Policy 8.524 requires that the facility conduct 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. The facility submitted a PREA incident review for verification. In the past 12 months, the facility had one criminal and/or administrative investigation of alleged sexual abuse, excluding unfounded incidents. Policy 8.524 requires that the facility ordinarily conduct a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The Auditor reviewed a sample of an incident review and determined that the review occurred within 30 days of the case being closed. In the past 12 months, the facility had one 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. According to the superintendent and policy 8.524, 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. The Auditor reviewed documentation of the sexual abuse sexual review and confirmed this provision. The superintendent, PREA compliance manager and members of the incident review team stated that the review team (1) Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepares a report of its findings and any recommendations for improvement and submit such report to the facility head and PREA coordinator. The Auditor reviewed a sample of an incident review and verified that it met all areas listed as (1) through (6). Policy 8.524 requires the facility to implement recommendations for improvement or document its reasons for not doing so. The Auditor verified this by reviewing the incident reviews. The facility is in compliance with this standard.
--	--

115.387	Data collection
----------------	------------------------

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy 8.524 states that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Policy 8.524 requires that the agency aggregates incident-based sexual abuse data at least annually. A sample of aggregated data contained in Annual PREA Reports were reviewed. Policy 8.524 states that a 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. The Auditor reviewed data collection reports for verification. Policy 8.524 requires that the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. Policy 8.524 requires that the agency obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. Contracts and monitoring reports were provided. Policy 8.524 requires the agency to provide DOJ with data from the previous calendar year, upon request. A memo submitted states that the agency has not received such requests from DOJ regarding sexual abuse data. The facility is in compliance with this standard.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy 8.524 requires the agency to review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions. This was confirmed by the review of the 2021 and 2022 PREA Annual Reports and verified by interviews with the Director of JRS, PREA compliance manager and PREA coordinator. Corrective action plans were reviewed. The PREA Annual Reports include a comparison of the current year's data and corrective actions with those from prior years and the annual report provides an

	assessment of the agency's progress in addressing sexual abuse. The agency makes its annual report readily available to the public at least annually through its website. The Auditor confirmed the previous year's annual reports on the agency's website. This was verified during an interview with the Director of JRS. The Director of JRS also confirmed that annual reports are approved by the Director of JRS. The PREA coordinator stated that 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 and that the agency indicates the nature of material redacted. The auditor reviewed previous annual reports and found them to meet this provision. The facility is in compliance with this standard.
--	---

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	In review of policy 1008 and through an interview with the PREA coordinator, it was determined that the agency ensures that incident-based and aggregate data are securely retained. During the Site Review, the auditor observed the physical storage area was secured with restricted access. Policy 607 requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website. This was confirmed through a review of the agency's website. Policies 607 and 1008 state that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The auditor reviewed a sample of publicly available sexual abuse data located on the agency's website and confirmed that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Policies 607, 1008, and 8.409, and the Office of the Chief Court Administrator Records Retention Schedule require the agency to maintain sexual abuse data collected for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. The auditor reviewed the agency's website and determined that historical annual reports are published. The facility is in compliance with this standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency has ensured that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once during each three-year period. The facility is in year one of cycle four. This was confirmed through a review of Audit Reports located on the agency's website. The agency met this provision during the prior three-year audit cycle. The agency has ensured that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. This was confirmed through a review of Audit Reports located on the agency's website. The agency met this provision during the prior three-year audit cycle. The auditor was given full access to, and was allowed to observe, all areas of the facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor was permitted to conduct interviews with residents in a private setting. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor did not receive any correspondence. During the Site Review, the auditor observed Notice of Audit flyers posted in all housing units and other locations throughout the facility. The posters were in English and in Spanish. The auditor received time stamped emails with photos of flyer locations as verification that the Notice of Audit was posted at least six weeks prior to the onsite audit. The auditor ensured that the information is accurate on the Notice of Audit. The agency provided residents with a method of sending confidential information or correspondence to the auditor. Such a method provided the same level of confidentiality as if the residents were communicating with legal counsel. The facility is in compliance with this standard.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency has published on their website all final reports for the facilities it operates. The auditor verified that all PREA Final Reports are located on the agency's website as evidence that these reports have been provided publicly. The

	review period is for prior audits completed during the past three years preceding this audit.
--	--

	The facility is in compliance with this standard.
--	--

Appendix: Provision Findings		
115.311 (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
115.311 (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 facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (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.)	yes
115.312 (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 OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, 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? (N/A for facilities with discrete housing units)	na
115.315 (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 a resident's genital status is unknown, does the facility	yes

	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?	
115.315 (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
115.316 (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:	yes

	Residents who have speech disabilities?	
	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
115.316 (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
115.316 (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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (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 bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	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: Consult any child abuse registry maintained by the State or locality in which the employee would work?	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
115.317 (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
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (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
115.317 (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	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (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
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	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
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (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
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A 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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	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
115.321 (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
115.321 (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
115.321 (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 entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (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

115.322 (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
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (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 juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	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 and how to distinguish between consensual sexual contact and sexual abuse between residents?	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	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
115.331 (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

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (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
115.332 (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
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (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
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	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
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	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
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(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 administrative or criminal sexual abuse investigations. See 115.321(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 administrative or criminal sexual abuse investigations. See 115.321(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 administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (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 administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (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 juvenile 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
115.335 (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 medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (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

115.335 (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 §115.331? (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
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	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
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (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: 2. 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
115.351 (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	yes

	entity or office that is not part of the agency?	
	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
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (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
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (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
115.352 (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 an 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
115.352 (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
115.352 (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 of time to respond is 70 days per 115.352(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
115.352 (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, other than a parent or legal guardian, 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
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (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
115.352 (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
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible 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 provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	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
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (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
115.361 (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 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?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive 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	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited 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
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	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
115.362 (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
115.363 (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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (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
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (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
115.364 (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
115.365 (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
115.366 (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
115.367 (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
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, 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?	yes
115.367 (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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such 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: 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: 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: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (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
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (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 involving juvenile victims as required by 115.334?	yes
115.371 (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
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	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
115.371	Criminal and administrative agency investigations	

(f)		
	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
115.371 (g)	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
115.371 (h)	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
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	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	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	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 administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (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
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (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
115.373 (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	yes

	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?	
	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
115.373 (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
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (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

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (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
115.376 (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
115.377 (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
115.377 (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

115.378 (a)	Interventions and 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, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary 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
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and 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
115.378 (d)	Interventions and 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 offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and 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
115.378 (f)	Interventions and 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
115.378 (g)	Interventions and 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
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (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
115.382 (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 staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (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
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (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
115.383 (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
115.383 (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
115.383 (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.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (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
115.383 (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	yes

	cooperates with any investigation arising out of the incident?	
115.383 (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
115.386 (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
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (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
115.386 (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 §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (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
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (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
115.387 (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
115.387 (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	yes

	the confinement of its residents.)	
115.387 (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
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 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 § 115.387 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 § 115.387 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
115.388 (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
115.388 (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
115.388 (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	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (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
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 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.)	na
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 inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes