

# PREA Facility Audit Report: Final

**Name of Facility:** Lucy Baney Family Reunification Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 08/18/2023

| Auditor Certification                                                                                                                                                                                                                           |                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| The contents of this report are accurate to the best of my knowledge.                                                                                                                                                                           | <input type="checkbox"/>                    |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.                                                                                                                                       | <input type="checkbox"/>                    |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/>                    |
| <b>Auditor Full Name as Signed:</b> Latera M. Davis                                                                                                                                                                                             | <b>Date of Signature:</b><br>08/18/<br>2023 |

| AUDITOR INFORMATION                 |                   |
|-------------------------------------|-------------------|
| <b>Auditor name:</b>                | Davis, Latera     |
| <b>Email:</b>                       | laterad@yahoo.com |
| <b>Start Date of On-Site Audit:</b> | 07/11/2023        |
| <b>End Date of On-Site Audit:</b>   | 07/12/2023        |

| FACILITY INFORMATION              |                                                     |
|-----------------------------------|-----------------------------------------------------|
| <b>Facility name:</b>             | Lucy Baney Family Reunification Center              |
| <b>Facility physical address:</b> | 1037 Sylvan Avenue, Bridgeport, Connecticut - 06606 |
| <b>Facility mailing address:</b>  | 1037 Sylvan Ave, Bridgeport, Connecticut - 06516    |

| Primary Contact          |                            |
|--------------------------|----------------------------|
| <b>Name:</b>             | Kim Harris                 |
| <b>Email Address:</b>    | harris@careerresources.org |
| <b>Telephone Number:</b> | 4133308841                 |

| Facility Director        |                            |
|--------------------------|----------------------------|
| <b>Name:</b>             | Daniele Turner             |
| <b>Email Address:</b>    | Turner@careerresources.org |
| <b>Telephone Number:</b> | 2036839568                 |

| Facility PREA Compliance Manager |  |
|----------------------------------|--|
| <b>Name:</b>                     |  |
| <b>Email Address:</b>            |  |
| <b>Telephone Number:</b>         |  |

| Facility Characteristics                                                       |             |
|--------------------------------------------------------------------------------|-------------|
| <b>Designed facility capacity:</b>                                             | 5           |
| <b>Current population of facility:</b>                                         | 5           |
| <b>Average daily population for the past 12 months:</b>                        | 5           |
| <b>Has the facility been over capacity at any point in the past 12 months?</b> | No          |
| <b>Which population(s) does the facility hold?</b>                             | Females     |
| <b>Age range of population:</b>                                                | 18 and over |
| <b>Facility security levels/resident custody levels:</b>                       | minimal     |
| <b>Number of staff currently employed at the</b>                               | 4           |

|                                                                                                                      |   |
|----------------------------------------------------------------------------------------------------------------------|---|
| <b>facility who may have contact with residents:</b>                                                                 |   |
| <b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b> | 1 |
| <b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>             | 0 |

| AGENCY INFORMATION                                           |                                                           |
|--------------------------------------------------------------|-----------------------------------------------------------|
| <b>Name of agency:</b>                                       | Career Resources, Inc.                                    |
| <b>Governing authority or parent agency (if applicable):</b> |                                                           |
| <b>Physical Address:</b>                                     | 1000 Lafayette Boulevard, Bridgeport, Connecticut - 06604 |
| <b>Mailing Address:</b>                                      |                                                           |
| <b>Telephone number:</b>                                     |                                                           |

| Agency Chief Executive Officer Information: |  |
|---------------------------------------------|--|
| <b>Name:</b>                                |  |
| <b>Email Address:</b>                       |  |
| <b>Telephone Number:</b>                    |  |

| Agency-Wide PREA Coordinator Information |            |                       |                            |
|------------------------------------------|------------|-----------------------|----------------------------|
| <b>Name:</b>                             | Kim Harris | <b>Email Address:</b> | harris@careerresources.org |

| Facility AUDIT FINDINGS                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Summary of Audit Findings</b>                                                                                                                      |
| The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met. |

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

**Number of standards exceeded:**

0

**Number of standards met:**

41

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

|                                                   |            |
|---------------------------------------------------|------------|
| 1. Start date of the onsite portion of the audit: | 2023-07-11 |
| 2. End date of the onsite portion of the audit:   | 2023-07-12 |

#### Outreach

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

### AUDITED FACILITY INFORMATION

|                                                                                  |                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 14. Designated facility capacity:                                                | 5                                                                                                                                                                                                  |
| 15. Average daily population for the past 12 months:                             | 5                                                                                                                                                                                                  |
| 16. Number of inmate/resident/detainee housing units:                            | 1                                                                                                                                                                                                  |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

|                                                                                                                                                                                                                                                                      |   |
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| <b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>                                                                                                                                 | 5 |
| <b>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:</b>                                                                                                  | 0 |
| <b>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:</b> | 0 |
| <b>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:</b>                                                                        | 0 |
| <b>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:</b>                                                                                             | 0 |
| <b>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:</b>                                                                                    | 0 |
| <b>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:</b>                                                                                   | 0 |

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| <b>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:</b>                                                                                   | 0                                                  |
| <b>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:</b>                                                                                                 | 0                                                  |
| <b>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:</b>                                                            | 0                                                  |
| <b>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:</b>                                     | 0                                                  |
| <b>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):</b> | The above information as reported by the facility. |
| <b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>                                                                                                                                                 |                                                    |
| <b>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:</b>                                                                                             | 15                                                 |
| <b>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:</b>                                                                                 | 1                                                  |

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| 51. Enter the total number of <b>CONTRACTORS</b> assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:                 | 0                                                                                                                                                                                                                                                                                                                                                                                              |
| 52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | The above information also includes staff that work at a conjoining site.                                                                                                                                                                                                                                                                                                                      |
| <b>INTERVIEWS</b>                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Inmate/Resident/Detainee Interviews</b>                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Random Inmate/Resident/Detainee Interviews</b>                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                |
| 53. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed:                                                                                                       | 5                                                                                                                                                                                                                                                                                                                                                                                              |
| 54. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees: (select all that apply)                                                      | <input checked="" type="checkbox"/> Age<br><input checked="" type="checkbox"/> Race<br><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)<br><input checked="" type="checkbox"/> Length of time in the facility<br><input type="checkbox"/> Housing assignment<br><input type="checkbox"/> Gender<br><input type="checkbox"/> Other<br><input type="checkbox"/> None |
| 55. How did you ensure your sample of <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees was geographically diverse?                                                                               | All of the residents at the facility were interviewed.                                                                                                                                                                                                                                                                                                                                         |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?                                                                                                      | <input type="radio"/> Yes<br><input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                               |



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| <b>a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | The program only has five residents.                                                                                                                                                                                                                                                                                                |
| <b>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):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | There were no barriers to conducting the resident interviews.                                                                                                                                                                                                                                                                       |
| <b>Targeted Inmate/Resident/Detainee Interviews</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                     |
| <b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                                                                                                                                                                                                                                                                                                                                   |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> |                                                                                                                                                                                                                                                                                                                                     |
| <b>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:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                                                                                                                                                                                                                                                                                                                   |
| <b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="checked" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. |

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| <b>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).</b>                          | <p>The facility reported that there were no targeted residents and there were no targeted residents identified through file review.</p>                                                                                                                                                                                             |
| <b>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:</b> | <p>0</p>                                                                                                                                                                                                                                                                                                                            |
| <b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>                                                                                                                                               | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <b>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).</b>                          | <p>The facility reported that there were no targeted residents and there were no targeted residents identified through file review.</p>                                                                                                                                                                                             |
| <b>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:</b>                                                                  | <p>0</p>                                                                                                                                                                                                                                                                                                                            |

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| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>                                                                                                                      | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>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).</b></p> | <p>The facility reported that there were no targeted residents and there were no targeted residents identified through file review.</p>                                                                                                                                                                                             |
| <p><b>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:</b></p>                                                                    | <p>0</p>                                                                                                                                                                                                                                                                                                                            |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>                                                                                                                      | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>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).</b></p> | <p>The facility reported that there were no targeted residents and there were no targeted residents identified through file review.</p>                                                                                                                                                                                             |
| <p><b>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:</b></p>                                                           | <p>0</p>                                                                                                                                                                                                                                                                                                                            |

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| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>                                                                                                                      | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>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).</b></p> | <p>The facility reported that there were no targeted residents and there were no targeted residents identified through file review.</p>                                                                                                                                                                                             |
| <p><b>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:</b></p>                                     | <p>0</p>                                                                                                                                                                                                                                                                                                                            |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>                                                                                                                      | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>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).</b></p> | <p>The facility reported that there were no targeted residents and there were no targeted residents identified through file review.</p>                                                                                                                                                                                             |
| <p><b>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:</b></p>                                       | <p>0</p>                                                                                                                                                                                                                                                                                                                            |

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| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>                                                                                                                      | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>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).</b></p> | <p>The facility reported that there were no targeted residents and there were no targeted residents identified through file review.</p>                                                                                                                                                                                             |
| <p><b>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:</b></p>                                                                     | <p>0</p>                                                                                                                                                                                                                                                                                                                            |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>                                                                                                                      | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>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).</b></p> | <p>The facility reported that there were no targeted residents and there were no targeted residents identified through file review.</p>                                                                                                                                                                                             |
| <p><b>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:</b></p>                    | <p>0</p>                                                                                                                                                                                                                                                                                                                            |

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| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>                                                                                                                                                                                 | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>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).</b></p>                                                            | <p>The facility reported that there were no targeted residents and there were no targeted residents identified through file review.</p>                                                                                                                                                                                             |
| <p><b>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:</b></p> | <p>0</p>                                                                                                                                                                                                                                                                                                                            |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>                                                                                                                                                                                 | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>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).</b></p>                                                            | <p>The facility reported that there were no targeted residents and there were no targeted residents identified through file review.</p>                                                                                                                                                                                             |

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| <b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b> | The facility reported that there were no targeted residents and there were no targeted residents identified through file review.                                                                                                                                                                                                                                                                    |
| <b>Staff, Volunteer, and Contractor Interviews</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Random Staff Interviews</b>                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>71. Enter the total number of RANDOM STAFF who were interviewed:</b>                                                                                                                         | 6                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>                                                                     | <div> <input checked="" type="checkbox"/> Length of tenure in the facility<br/> <input checked="" type="checkbox"/> Shift assignment<br/> <input checked="" type="checkbox"/> Work assignment<br/> <input checked="" type="checkbox"/> Rank (or equivalent)<br/> <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)<br/> <input type="checkbox"/> None         </div> |
| <b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>                                                                                                              | <div> <input type="radio"/> Yes<br/> <input checked="" type="radio"/> No         </div>                                                                                                                                                                                                                                                                                                             |

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| <p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>                                                                                                                                                  | <p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p> |
| <p><b>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):</b></p>                                                                          | <p>All of the staff who were assigned to work on the days of the audit were interviewed.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>                                                                                                                                                   | <p>14</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>76. Were you able to interview the Agency Head?</b></p>                                                                                                                                                                                                                                | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>                                                                                                                                                                                  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |



|                                                                    |                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>78. Were you able to interview the PREA Coordinator?</b>        | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No                                                                                                                                                                 |
| <b>79. Were you able to interview the PREA Compliance Manager?</b> | <input type="radio"/> Yes<br><br><input type="radio"/> No<br><br><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

**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

|                                                                                                                                          |                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                          | <input type="checkbox"/> Other                                                                                                                                                                                                    |
| <b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>                          | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                                                  |
| <b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>                                                                     | 1                                                                                                                                                                                                                                 |
| <b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b> | <input type="checkbox"/> Education/programming<br><input type="checkbox"/> Medical/dental<br><input type="checkbox"/> Mental health/counseling<br><input type="checkbox"/> Religious<br><input checked="" type="checkbox"/> Other |
| <b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>                         | <input type="radio"/> Yes<br><input checked="" type="radio"/> No                                                                                                                                                                  |
| <b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>                                        | There was no contracted staff at the site during the audit process.                                                                                                                                                               |

## 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.

|                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>84. Did you have access to all areas of the facility?</b>                                                                                                                                                                                                                                                                                                              | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No                                                                                                                                                                                                                          |
| <b>Was the site review an active, inquiring process that included the following:</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                               |
| <b>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)?</b>                                                                                                                                                                         | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No                                                                                                                                                                                                                          |
| <b>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)?</b>                                                                                                                                    | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No                                                                                                                                                                                                                          |
| <b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>                                                                                                                                                                                                                                                     | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No                                                                                                                                                                                                                          |
| <b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>                                                                                                                                                                                                                                                                           | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No                                                                                                                                                                                                                          |
| <b>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).</b>                                                                                                                                                                                       | <p>The auditor had all access to the facility. Informal and formal interviews were conducted along with site inspection. The auditor was able to observe how staff monitor the cameras along with the various postings throughout the site related to sexual abuse and sexual harassment.</p> |
| <b>Documentation Sampling</b>                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                               |
| <p>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.</p> |                                                                                                                                                                                                                                                                                               |

|                                                                                                                                                                                          |                                                                                                     |
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| <b>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?</b>            | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No                                |
| <b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b> | The auditor selected to review files of all residents housed at the facility in the last 12 months. |

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

|                                           | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|-------------------------------------------|------------------------------------|------------------------------|------------------------------------|---------------------------------------------------------------------------|
| <b>Inmate-on-inmate sexual harassment</b> | 0                                  | 0                            | 0                                  | 0                                                                         |
| <b>Staff-on-inmate sexual harassment</b>  | 0                                  | 0                            | 0                                  | 0                                                                         |
| <b>Total</b>                              | 0                                  | 0                            | 0                                  | 0                                                                         |

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

|                                      | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual abuse</b> | 0       | 0         | 0               | 0             |
| <b>Staff-on-inmate sexual abuse</b>  | 0       | 0         | 0               | 0             |
| <b>Total</b>                         | 0       | 0         | 0               | 0             |

**Sexual Harassment Investigation Outcomes**

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

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

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

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

|                                           | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|-------------------------------------------|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual harassment</b> | 0       | 0         | 0               | 0             |
| <b>Staff-on-inmate sexual harassment</b>  | 0       | 0         | 0               | 0             |
| <b>Total</b>                              | 0       | 0         | 0               | 0             |

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

0

**a. Explain why you were unable to review any sexual abuse investigation files:**

There were no reported allegations of sexual abuse or sexual harassment.



|                                                                                                                                                                  |                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b> | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)                  |
| <b>Inmate-on-inmate sexual abuse investigation files</b>                                                                                                         |                                                                                                                                                                                      |
| <b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>                                                        | 0                                                                                                                                                                                    |
| <b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>                                                | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| <b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>                                          | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| <b>Staff-on-inmate sexual abuse investigation files</b>                                                                                                          |                                                                                                                                                                                      |
| <b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>                                                         | 0                                                                                                                                                                                    |
| <b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>                                                 | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)  |

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

|                                                                                                                                       |                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>          | <input type="radio"/> Yes<br><br><input type="radio"/> No<br><br><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| <b>Staff-on-inmate sexual harassment investigation files</b>                                                                          |                                                                                                                                                                                                   |
| <b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>                         | 0                                                                                                                                                                                                 |
| <b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>                 | <input type="radio"/> Yes<br><br><input type="radio"/> No<br><br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)  |
| <b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>           | <input type="radio"/> Yes<br><br><input type="radio"/> No<br><br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)  |
| <b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b> | There were no reported allegations of sexual abuse or sexual harassment.                                                                                                                          |

## 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**

Diversified Correctional Services

| Standards                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Auditor Overall Determination Definitions                                                                                                                                                                                                                                                                                                                                                                                                                |
| <ul style="list-style-type: none"> <li>Exceeds Standard<br/>(Substantially exceeds requirement of standard)</li> <li>Meets Standard<br/>(substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard<br/>(requires corrective actions)</li> </ul>                                                                                                                               |
| Auditor Discussion Instructions                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p>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.</p> |

| 115.211 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|         | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|         | <p>The Lucy Baney Family Reunification Center, named after CRI's own Lucy Baney, houses both our Stars Program and Women and Children's Program. It is one of its kind in the state, housing 20 women returning to the community, with 5 of them accompanied by their children all under one roof. Many services such as childcare from Alliance will be offered. Through a contract with the Connecticut Department of Corrections, the center will serve 20 women, five along with their children together under one roof. CRI won this contract based on the successful operation of four reentry halfway houses in Bridgeport.</p> <p>Women at the Center will also have direct access to all of the services of CRI, including the American Job Centers and the STRIVE Program, thanks to new support from Bank of America.</p> <p>The center is named after Lucy Baney, a resident of New Canaan and a member of the Board of Trustees for CRI, who has been advocating for the issue of the lack of affordable housing for justice-involved women in the state of Connecticut, and</p> |

specifically in Fairfield County.

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

Organizational Chart

Interviews:

PREA Coordinator

Findings (By Provision):

115.211(a). The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "Career Resources, Inc. shall maintain a Zero Tolerance towards all forms of sexual abuse and sexual harassment. Any person who becomes aware of or suspects sexual abuse, or sexual harassment must report it immediately to the Vice President of Re-Entry and Residential Services, Program Director, Assistant Director or Director of Human Resources. All residents and staff have the right to work in an environment free of sexual harassment and sexual abuse" (p. 1).

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

115.211(b). The agency employs or designates an upper-level, agency-wide PREA Coordinator. It was further reported that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities.

Policy: Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that the PREA coordinator's responsibilities include:

- Ensure compliance with the Prison Rape Elimination Act policies and standards
- Develop and implement a PREA training plan.
- Monitor intake screening procedures.
- Ensure all incidents of sexual abuse are referred to the appropriate law enforcement authorities.

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <ul style="list-style-type: none"> <li>· Ensure reports and investigations are conducted on all incidents of sexual abuse or sexual harassment.</li> <li>· f) Maintain data collection of incidents and coordinate reporting of such to DOC (p. 1).</li> </ul> <p>g) Review all incidents and take appropriate actions to prevent any future occurrences</p> <p>Interviews</p> <p>PREA Coordinator – The interviewed PREA Coordinator reported that she has enough time to manage all of the PREA related responsibilities. The agency coordinates efforts to comply with PREA standards by ensuring all new hires are trained on PREA and trained with seasoned staff. PREA is also addressed in staff meetings. Signage is placed around the facility and case managers will periodically discuss with one-on-one sessions. If an issue with compliance is identified, we will immediately take action. As a team we will meet to develop a plan and address any actions that need to be taken.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| 115.212 | Contracting with other entities for the confinement of residents                                                                                                                                                                                                                                                                                                                                                                        |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                             |
|         | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                        |
|         | <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Findings (By Provision):</p> <p>115.212 (a): The agency has not entered into or renewed a contract for the confinement of residents on or after August 20, 2012.</p> <p>115.212 (b): The agency has not entered into or renewed a contract for the</p> |

|  |                                                                                                                                                                                                                                                                                                                                                                                          |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>confinement of residents on or after August 20, 2012.</p> <p>115.212 (c). The agency has not entered into or renewed a contract for the confinement of residents on or after August 20, 2012.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p> |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| <b>115.213</b> | <b>Supervision and monitoring</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                | <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Annual Staffing Plan (2023-2024)</p> <p>Interviews:</p> <p>Director or Designee</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.213(a). For each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse.</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "Career Resource's Inc. shall develop a staffing plan to provide adequate staffing levels and where applicable, video monitoring to ensure staff and resident safety and to protect residents against sexual abuse. When developing the staffing plan, the facility shall take into account the layout, composition of the resident population, and any other relevant factors" (p. 2).</p> <p>Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents: 5.</p> <p>Since August 20, 2012, or last PREA audit, whichever is later, the average daily</p> |



number of residents on which the staffing plan was predicated: 5.

#### Documents Reviewed

#### Annual Staffing Plan (2023-2024)

#### Interviews

Director/PREA Coordinator- The interviewed PREA Coordinator reported that when assessing adequate staffing levels and the need for video monitoring, the facility staffing plan will include:

- a. The physical layout of each facility.
- b. The composition of the resident population.
- c. The prevalence of substantiated and unsubstantiated incidents of sexual abuse.
- d. Any other relevant factors.

The review team consider all of the above when taking in account the safety of our clients. Our staffing plans are not deviated from. When there is a staff shortage, management will step in to cover the shifts. Placement of camera's are strongly taken under consideration to address any blind spots to ensure the safety of both staff and clients.

PREA Audit Site Review: During the site review, the auditor observed that there was only female staff. There were adequate staff managing the cameras and direct care staff. Staff officers were locked and secured, and cameras were appropriately placed throughout the center.

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

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

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "anytime there are deviations in the staffing plan, the Program Director or designee shall document the deviation and justify the reason" (p. 2).

#### Interviews

Director or Designee - The interviewed Director reported that anytime the staffing plan is changed, the director shall document the reasons for the change and justify the reasons why the changes were made.

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

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|  | <p>standard.</p> <p>115.213(c). At least once every year the facility, reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “whenever necessary, but at least once a year, the Vice President of Re-Entry and Residential Services (PREA Coordinator) shall, in conjunction with the Program Director, Assistant Program Director and funding source shall assess, determine and document whether adjustments are needed to the staffing plan, video and other monitoring technology, and the resources the facility has available to adhere to the staffing plan” (p. 2).</p> <p>Documents Reviewed</p> <p>Annual Staffing Plan (2023-2024)</p> <p>Interviews</p> <p>PREA Coordinator – The interviewed PREA Coordinator reported that the staffing plan is reviewed at least annually.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> |
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| 115.215 | Limits to cross-gender viewing and searches                                                                                                                                                                                                                                                                    |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                    |
|         | <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> |

Cross Gender and Transgender Search Training (15)

Interviews:

Resident Interview Questionnaire (5)

Random Sample of Staff (6)

Findings (By Provision):

115.215 (a). The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "cross gender strip searches and body cavity searches are prohibited. If exigent circumstances arise and a strip search or a cross gender strip search must be conducted for safety or security reasons, the incident shall be immediately reported to the PREA Coordinator and documented via incident report" (p. 2).

Documents Reviewed

Cross Gender Searches Training (15)

PREA Audit Site Review: The auditor observed that there were only female staff hired and working in the program.

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

115.215 (b). The facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "cross gender strip searches and body cavity searches are prohibited. If exigent circumstances arise and a strip search or a cross gender strip search must be conducted for safety or security reasons, the incident shall be immediately reported to the PREA Coordinator and documented via incident report" (p. 2).

The number of pat-down searches of female residents that were conducted by male staff: 0.

The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance(s): 0.

Interviews:

Random of Sample of Staff: There are no male staff that work at the facility. All residents shower alone.

Resident Interview Questionnaire: The interviewed residents reported that there are no male staff at the facility. It was further reported that no staff see them naked and in full view.

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

115.215 (c). The facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances.

115.215 (d). The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all residents shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. Staff of the opposite gender are required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing” (p. 2).

#### Interviews

Resident Interview Questionnaire – The interviewed residents reported that there are no opposite gender staff that work at the facility.

Random Sample of Staff -- The interviewed residents reported that there are no opposite gender staff that work at the facility.

PREA Audit Site Review: During the onsite inspection, the auditor noticed that there were no male staff at the facility. In addition, during the walk through the residents further reported that there were no male staff.

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

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

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “sstaff shall not search or physically examine a transgender or intersex

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|  | <p>resident for the sole purpose of determining genital status” (p. 2).</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.215 (f). The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.</p> <p>The percent of all security staff who 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: 12.</p> <p>Documentation Reviewed</p> <p>Cross Gender and Transgender Search Training (15)</p> <p>Interviews</p> <p>Random Sample of Staff - All of the interviewed staff reported that they received cross gender searches and searches of transgender residents training. The staff who received the training reported that they will never do cross gender searches, however they did receive the training via video.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is compliance with the provisions of this standard.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p> |
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| 115.216 | Residents with disabilities and residents who are limited English proficient                                                                                                                                                                                       |
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|         | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                               |
|         | <b>Auditor Discussion</b>                                                                                                                                                                                                                                          |
|         | <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and</p> |

Procedures

Interpreter Information Card

Resident Handbook

Updated Resident Handbook

PREA Posters

Memo (Intake, Orientation and Disabled Residents (Dated 7/27/2022))

Interviews:

Agency Head

Random Sample of Staff (6)

Findings (By Provision):

115.216 (a). The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "All residents will have every opportunity to participate in all aspects of sexual abuse and sexual harassment prevention, detection and response. The program shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities or limited English proficient" (p. 3).

The agency/facility does not have a contract for interpretation services however utilizes the services provided to the court. The agency/facility has Interpretation information cards at all sites. The cards explain how to access the interpreter services along with accessing an interpreter and in need of accommodations because of a disability. A quick link to those services is [www.jud.ct.gov/ADA/default.htm](http://www.jud.ct.gov/ADA/default.htm).

In addition, a memo was provided by the agency indicating that Career Resources has the following programs to assist with cognitive delays.

- English as a Second Language (ESL) classes
- GED Classes
- Community Resource Center

Documentation Reviewed

Interpreter Contract Information Card

Resident Handbook

## Posters

Memo (Intake, Orientation and Disabled Residents (Dated 7/27/2022))

## Interviews

Agency Head – The interviewed agency head reported that the agency has established procedures to provide residents with disabilities and residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, or respond to sexual abuse or sexual harassment. Career Resources has provided PREA materials to all residents at the time of intake as well posting them throughout our facilities. Career Resources will offer translator services to any residential that cannot understand in either Spanish or English. Career Resources operates a disability resource center in our American Job Center that can provide disability services. Career Resources also partners with the Connecticut Institute of Refugees and Immigrants (CIRI) in the American Job Center. CIRI has a wide variety of translator services that can be relied on for assistance. Career Resources Inc. strives to employ a staff that represents the populations that we serve and as result have multiple bi-lingual staff on hand at any given time.

PREA Audit Site Review: During the onsite inspection the auditor observed written material available for residents in Spanish and English; along with information for interpreter services.

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

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

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all residents will have every opportunity to participate in all aspects of sexual abuse and sexual harassment prevention, detection and response. The program shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities or limited English proficient” (p. 3).

## Documentation Reviewed

Interpreter Contract Information Card

Resident Handbook

## Posters

A review of the appropriate documentation, interviews with staff, and review of

relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.216 (c). Agency policy 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 §115.264, or the investigation of the resident's allegations. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "interpretation services will be provided as needed. Resident interpreters will not be utilized for any investigation aspects of reported sexual abuse or harassment except where an extended delay in obtaining an effective interpreter could compromise resident's safety or performance of first responders or investigation of resident's allegation. Any use of resident interpreters must be documented" (p. 3).

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

Documentation Reviewed

Interpreter Contract Information Card

Resident Handbook

Posters

Interviews

Random Sample of Staff – The interviewed staff report that the agency does not allow the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. When probed the staff reported that they have bilingual staff and/or they would get an interpreter. The staff reported that they were not aware of instances where resident interpreters were used.

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

Final Analysis:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.



| 115.217 | Hiring and promotion decisions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|         | <p data-bbox="279 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="279 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="279 342 1342 376">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="279 409 1034 443">Supporting Documents, Interviews and Observations:</p> <p data-bbox="279 488 703 521">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="279 555 1362 633">Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p data-bbox="279 667 427 701">Personnel:</p> <ul data-bbox="279 745 842 925" style="list-style-type: none"> <li>· Completed Background Checks (3)</li> <li>· Pre-Employment Questionnaire (3)</li> <li>· 5-year background check (2)</li> </ul> <p data-bbox="279 958 437 992">Interviews:</p> <p data-bbox="279 1025 847 1059">Administrative (Human Resources) Staff</p> <p data-bbox="279 1093 608 1126">Findings (By Provision):</p> <p data-bbox="279 1171 1465 1541">115.217 (a). Agency policy 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: (1) 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); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p data-bbox="279 1574 1477 1989">Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all employees shall have a criminal background check completed at the time of employment, prior to any promotion, and at least once every five years thereafter. All new employees will be appropriately screened by human resources staff before starting employment and are required to disclose any previous misconduct of a sexual nature, whether engaging in, or having attempted to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion; or if the employee has been civilly or administratively adjudicated to have engaged in any of this activity. Material omissions regarding misconduct or providing false information shall be grounds for termination”.</p> <p data-bbox="279 2022 644 2056">Documentation Reviewed</p> |

Background Checks (3)

Reference Check (3)

Interviews

Administrative (Human Resources): The interviewed HR staff reported that facility uses a system to conduct criminal record background checks of current employees and contractors who may have contact with residents.

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

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

The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all employees shall have a criminal background check completed at the time of employment, prior to any promotion, and at least once every five years thereafter. All new employees will be appropriately screened by human resources staff before starting employment and are required to disclose any previous misconduct of a sexual nature, whether engaging in, or having attempted to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion; or if the employee has been civilly or administratively adjudicated to have engaged in any of this activity. Material omissions regarding misconduct or providing false information shall be grounds for termination”.

Interviews

Administrative (Human Resources): The interviewed HR staff reported that the facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact residents.

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

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

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks: 5.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all employees shall have a criminal background check completed at the time of employment, prior to any promotion, and at least once every five years thereafter. All new employees will be appropriately screened by human resources staff before starting employment and are required to disclose any previous misconduct of a sexual nature, whether engaging in, or having attempted to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion; or if the employee has been civilly or administratively adjudicated to have engaged in any of this activity. Material omissions regarding misconduct or providing false information shall be grounds for termination”.

Documentation Reviewed

Background Checks (3)

Interviews

Administrative (Human Resources): The interviewed staff responsible for HR reported that the facility performs criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are being considered for promotions.

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

115.217 (d). Agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all volunteers and contractors shall have a criminal background check completed prior to having contact with any resident. Any volunteer or contractor involved in sexual misconduct 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 shall not be enlisted to provide services to any residents”.

In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 1.

Documentation Reviewed:

Contracted Staff Background Check

Interviews

Administrative (Human Resources): The interviewed staff responsible for HR reported that the facility performs criminal record background checks or consider

pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are being considered for promotions.

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

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all employees of Career Resources Inc residential programs shall have a criminal background check completed at the time of employment, prior to any promotion, and at least once every five years thereafter”.

Documentation Reviewed:

5-year background check (2)

Interviews

Administrative (Human Resources): The interviewed HR staff reported that facility uses a system to conduct criminal record background checks of current employees and contractors who may have contact with residents.

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

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

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all staff must continue to disclose any sexual misconduct 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”.

Interviews:

Administrative (Human Resources): The interviewed HR staff reported that the facility asks all applicants and employees who may have contact with residents about previous misconduct described in section.

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

115.217 (g). Agency policy states that material omissions regarding such

misconduct, or the provision of materially false information, shall be grounds for termination.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “material omissions regarding misconduct or providing false information shall be grounds for termination”.

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

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

#### Interviews

Administrative (Human Resources): The interviewed HR staff reported that when a former employee applies for work at another institution, upon request from that institution, does the facility provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law.

#### Additional Policy 115.217

Isaiah/STARS/Women and Children's policy requires that before hiring new employees who may have contact with residents, the facility will perform a criminal background check; and consistent with Federal, State and local law guidelines.

As of January 1, 2017, the State of Connecticut joined the Ban the Box movement. We can no longer inquire of anyone's criminal history on the application process (see attached). Our Director of HR conducts criminal background checks on all employees to confirm there is no evidence of sexual abuse or sexual harassment or any criminal activity that would hinder the hiring process prior onboarding staff.

Isaiah/STARS/Women and Children's Program will inform applicant of our PREA Policy during the interview.

Isaiah/STARS/Women and Children's Programs make every effort to contact all prior employers for information on substantiated allegations of residents or detainee sexual abuse or harassment or any resignation pending an investigation of such allegations.

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

#### Final Analysis:

A review of the appropriate documentation, interviews with staff, and review of

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|  | relevant policies indicate that the facility is in compliance with the standard. |
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|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>115.218</b> | <b>Upgrades to facilities and technology</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                | <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Data Tel: Upgraded video monitoring system</p> <p>Insight Quote</p> <p>Interviews:</p> <p>Agency Head</p> <p>Director</p> <p>Findings (By Provision):</p> <p>115.218 (a). The agency/facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “Career Resources, Inc will ensure any substantial modification of existing facility will consider the effect of the design or modification in protecting residents from sexual abuse. Any video equipment upgrade will also consider the Program’s ability to protect residents from sexual abuse”. It should also be noted that the agency took over operations of the community corrections site in the last four years.</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that the Career Resources is very aware that safety and securing of our residents and staff is of utmost importance. Career Resources has been thoughtful and strategic with regards to the selection of our security/surveillance system and have position our cameras in such a way that staff can monitor activities within the facility. Signs are hung or rehung after work or alterations giving residents and staff information on what to do</p> |

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|  | <p>if a PREA incident is experience or seen.</p> <p>Director or Designee – The interviewed director reported that there have been not changes to the facility building layout since the last PREA audit, which impacts the program’s ability to protect residents from sexual abuse.</p> <p>PREA Audit Site Review: The site was acquired by the current agency approximately four years ago.</p> <p>115.218 (b). The agency/facility has 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.</p> <p>Documentation Reviewed</p> <p>Data Tel: Upgraded video monitoring system</p> <p>Insight Quote</p> <p>Interviews:</p> <p>Agency Head – The interviewed agency head reported that Career Resources has deployed a Watchdog security system in our newest facility and is working toward enhancing our other facilities in the coming year. Cameras are positioned throughout the facilities in order eliminate “blind spots” so that resident and staff activity can be monitored 24 hours/day.</p> <p>Director or Designee – The interviewed director reported that there have been no changes to our building's video monitoring system since the last PREA audit. However, if changes are made to these systems in the future, program supervisors will assess changes that could be made to enhance resident's safety and protection from sexual abuse.</p> <p>PREA Audit Site Review: Checked video monitoring system, electronic surveillance system, or other monitoring technology installed or updated since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> |
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| <b>115.221</b> | <b>Evidence protocol and forensic medical examinations</b> |
|                | <b>Auditor Overall Determination:</b> Meets Standard       |

**Auditor Discussion**

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

MOU: The Center for Family Justice (current and prior)

Interviews:

Random Sample of Staff (6)

Findings (By Provision):

115.221 (a). The agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

The Bridgeport Police Department or Connecticut State Police will conduct criminal investigations.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon notification of any incident of sexual abuse or sexual assault, staff shall secure the scene of the incident, and at a minimum does not allow the alleged victim or alleged abuser to shower, toilet, eat, drink, or change clothes”.

Interviews

Random Sample of Staff – The interviewed random sample of staff were interviewed. The staff reported that the agency’s protocol for obtaining usable physical evidence includes securing the area, separate parties, no shower or bathroom, and secure the evidence until the police arrive. The interviewed staff’s response to who conducted the interviews varied from police, or The PREA Coordinator.

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

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

115.221 (c). The facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without



financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon notification, the PREA Coordinator or designee will contact the appropriate law enforcement agency who will conduct and coordinate the investigation. The PREA Coordinator or designee shall, in conjunction with law enforcement staff make transportation arrangements for the alleged victim to receive appropriate medical care at a local hospital where SAFE/ SANE staff are available (Bridgeport Hospital and St. Vincent’s Hospital)”.

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

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

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

Documentation Reviewed

MOU: The Center for Family Justice

It should also be noted that the facility partnership includes a community-based organization who comes onsite to provide education and awareness on sexual victimization to the residents of the program.

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

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

The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “community-based victim services will be made available to victims in addition to Department of Correction Medical and Mental Health Services as needed”.

Documentation Reviewed

MOU: The Center for Family Justice

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that the facility has an MOU with a community-based victim advocacy center, the Center for Family Justice. In addition, the facility assures that is a qualified CONNSACS provider via

agreement between the facility MOU.

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

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

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “community based victim services will be made available to victims in addition to Department of Correction Medical and Mental Health Services as needed”.

Documentation Reviewed

MOU: The Center for Family Justice

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that the facility will make available a victim advocate. If one is not available, the facility will provide a qualified staff member from a community-based organization or a qualified staff member from the facility.

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

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

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon notification, the PREA Coordinator or designee will contact the appropriate law enforcement agency who will conduct and coordinate the investigation”.

Documentation Reviewed

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

Final Analysis:

A review of the appropriate documentation, interviews with staff, and review of

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|  | relevant policies indicate that the facility is in compliance with the standard. |
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| <b>115.222</b> | <b>Policies to ensure referrals of allegations for investigations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                | <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Interviews:</p> <p>Agency Head</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.222 (a). The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all incidents of sexual abuse or sexual harassment will be investigated. Any incident involving potential criminal behavior will be immediately reported to local law enforcement for criminal investigation. The PREA Coordinator shall ensure any report of sexual abuse or sexual harassment determined to be non-criminal matter by law enforcement will be investigated at the facility level”.</p> <p>In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0</p> <p>In the past 12 months, the number of allegations resulting in an administrative investigation: 0</p> <p>In the past 12 months, the number of allegations referred for criminal investigation: 0</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that if anyone reports an</p> |

instance of sexual abuse or harassment or any PREA type incident and full investigation is launched along with notification to The Connecticut Department of Correction. The admin staff interview all parties and alert the department of corrections of the incident. In the event that a complaining party wishes to file a criminal complaint at the time of the report, CRI staff will notify the State Police at Troop G in Bridgeport.

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

115.222 (b). The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states "the PREA coordinator will also ensure the CT Department of Correction (Parole) is notified of any incidents of sexual abuse or sexual harassment. This information shall be made available on the CT DOC website".

#### Interviews

Investigative Staff – The administrative investigator reported that the agency policy requires that allegations of sexual abuse and sexual harassment are referred for investigation. The outside law enforcement would conduct a criminal investigation.

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

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

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states "the PREA coordinator will also ensure the CT Department of Correction (Parole) is notified of any incidents of sexual abuse or sexual harassment. This information shall be made available on the CT DOC website".

Currently the information is posted on the CT DOC website.

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

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|  | <p>115.222 (d). N/A</p> <p>115.222 (e). N/A</p> <p>Final Analysis:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> |
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| <b>115.231</b> | <b>Employee training</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                | <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Employee PREA Training Acknowledgement (13)</p> <p>PREA Refresher (10)</p> <p>PREA Training PPT</p> <p>Interviews:</p> <p>Random Sample of Staff (6)</p> <p>Findings (By Provision):</p> <p>115.231 (a). The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in confinement.</p> <p>The agency trains all employees who may have contact with residents on the common reactions of sexual abuse and sexual harassment victims. The agency</p> |

trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents. The agency trains all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents. The agency trains all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that:

1) During employee orientation and annually, staff shall receive the following PREA training:

- a. The facility's zero tolerance for all forms of sexual abuse and sexual harassment.
- b. How to fulfill their responsibilities in regard to prevention, detection, reporting, and response.
- c. The resident's right to be free from of sexual abuse and sexual harassment.
- d. The resident's and staff member's right to be free from retaliation for reporting sexual abuse and sexual harassment
- e. The dynamics of sexual abuse and sexual harassment in residential settings, including determining which residents are most vulnerable.
- f. The common reactions of sexual assault or sexual abuse victims
- g. How to avoid inappropriate relationships with residents
- h. How to communicate effectively and professionally with all residents and
- i. How to comply with relevant laws related to the mandatory reporting of sexual abuse to authorities.

During the onsite phase the auditor reviewed the PREA Training Curriculum, and it was determined that the curriculum covers all of the required elements of staff PREA training. The auditor reviewed a sample of 6 training records (PREA Acknowledgement Statements). The training records reviewed included initial and refresher training covering a time span of 2022-2019.

Documentation Reviewed

Employee PREA Training Acknowledgment (10)

PREA Training Curriculum (PPT)

Interviews

Random Sample of Staff – All of the interviewed random sample of staff reported

that they have been trained on the agencies zero tolerance policy for sexual abuse or sexual harassment. The staff reported that the training included the below elements:

2) During employee orientation and annually, staff shall receive the following PREA training:

- j. The facility's zero tolerance for all forms of sexual abuse and sexual harassment.
- k. How to fulfill their responsibilities in regard to prevention, detection, reporting, and response.
- l. The resident's right to be free from of sexual abuse and sexual harassment.
- m. The resident's and staff member's right to be free from retaliation for reporting sexual abuse and sexual harassment
- n. The dynamics of sexual abuse and sexual harassment in residential settings, including determining which residents are most vulnerable.
- o. The common reactions of sexual assault or sexual abuse victims
- p. How to avoid inappropriate relationships with residents
- q. How to communicate effectively and professionally with all residents and
- r. How to comply with relevant laws related to the mandatory reporting of sexual abuse to authorities.

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

115.231 (b). Training is tailored to the gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "PREA training addresses factors pertaining to both males and females".

Documentation Reviewed

Employee PREA Training Acknowledgment (10)

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

115.231 (c). Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have

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|  | <p>contact with residents receive refresher training on PREA requirements is annually.</p> <p>Documentation Reviewed</p> <p>Employee PREA Training Acknowledgment (10)</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.231 (d). The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “staff shall sign a training document acknowledging that they understand the training”.</p> <p>Documentation Reviewed</p> <p>Employee PREA Training Acknowledgment (10)</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p> |
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| 115.232 | Volunteer and contractor training                                                                                                                                                                                                                                                                                                                                                                                             |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                   |
|         | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                              |
|         | <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Career Resources Inc. Isaiah/Lucy Baney House Volunteer, Intern, and Professionals Partners</p> <p>Career Resources PREA Policy Brochure</p> |



Volunteer, Intern, and Professional Partners Acknowledgement of PREA Training (1)

Interview

Volunteer

Findings (By Provision):

115.232 (a). All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that:

1) All volunteers or contractors who will be working unaccompanied by staff with residents will receive the same training as noted above for employees.

2) All volunteers and contractors who will be working unaccompanied by staff shall sign an acknowledgment that they have received PREA training and that they understand the PREA policy.

The number of volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 1

Documentation Reviewed:

Volunteer, Intern, and Professional Partners Acknowledgement of PREA Training (1)

Volunteer Training Material

Interviews:

Volunteer(s) or Contractor(s) who may have Contact with Residents – The interviewed volunteer reported that they have been trained in their responsibility regarding sexual abuse and sexual harassment prevention, detection, response, per agency policy and procedures. The training was conducted view a training video and handouts. It was further reported that they were notified of the agency's zero tolerance policy on sexual abuse and sexual harassment and how to report an incident.

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

115.232 (b). The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

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|  | <p>Documentation Reviewed</p> <p>Volunteer, Intern, and Professional Partners Acknowledgement of PREA Training (1)</p> <p>Interviews</p> <p>Volunteer(s) or Contractor(s) who may have Contact with Residents – The interviewed volunteer reported that they have been trained in their responsibility regarding sexual abuse and sexual harassment prevention, detection, response, per agency policy and procedures. The training was conducted view a training video and handouts. It was further reported that they were notified of the agency’s zero tolerance policy on sexual abuse and sexual harassment and how to report an incident.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.232 (c).</p> <p>The agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.</p> <p>Documentation Reviewed:</p> <p>Volunteer(s) or Contractor(s) who may have Contact with Residents – The interviewed volunteer reported that they have been trained in their responsibility regarding sexual abuse and sexual harassment prevention, detection, response, per agency policy and procedures. The training was conducted view a training video and handouts. It was further reported that they were notified of the agency’s zero tolerance policy on sexual abuse and sexual harassment and how to report an incident.</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with this standard.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> |
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| <b>115.233</b> | <b>Resident education</b>                            |
|                | <b>Auditor Overall Determination:</b> Meets Standard |
|                | <b>Auditor Discussion</b>                            |

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

Career Resources, Inc volunteer, intern, and professional partners PREA Training

Career Resources PREA Compliance Policy Brochure

Isaiah House/Mary Magdelene a Program of Career Resources Inc. Resident Handbook

Resident PREA Acknowledgement (10)

Interviews

Intake Staff

Residents (5)

Findings (By Provision):

115.233 (a). Residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The number of residents admitted during past 12 months who were given this information at intake: 5.

Documentation Reviewed:

Intake Records/Resident Education (28)

Resident Handbook

Interviews:

Intake Staff – The interviewed intake staff reported that during the intake process, the client is given all PREA information regarding the program being zero-tolerance for any incidents of sexual harassment and sexual abuse. I provided the resident with a pamphlet and then followed up to ask them do they understood the information provided. I provided them with various examples of what could be considered sexual abuse and sexual harassment. The residents will sign an acknowledgement form.

Resident Interview Questionnaire – All of the interviewed residents reported

receiving information about the facilities rules against sexual abuse and sexual harassment when they first arrived at the facility. When asked, they stated that the information included their right to not be sexually abused or sexually harassed, how to make a report, their right to not be punished for reporting sexual abuse or sexual harassment. When asked how long after arrival did, they receive the information it ranged from the same day to within a few days.

PREA Onsite Review: During the onsite audit there were no new intakes; therefore, the auditor did not observe any new intakes.

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

115.233 (b). The facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “during intake orientation, all residents will receive a resident handbook, and facility handout containing information about PREA. All residents shall sign an acknowledgment that they have received the handbook and the PREA handout which contain the following information:

- a. The facility’s zero tolerance policy regarding sexual abuse and sexual harassment; how to report incidents or suspicions of sexual abuse, sexual harassment; their rights to be free from sexual abuse and sexual harassment; their rights to be free from retaliation for reporting such incidents.
- b. The resident handbook, PREA handout, and all related material will be made available various formats to ensure those residents with limited English proficiencies, deaf, visually impaired, or otherwise disabled residents will be able to participate in all aspects of PREA.

The number of residents transferred from a different community confinement facility during the past 12 months: 0

The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information: 0

Documentation Reviewed

Resident Handbook

PREA Brochure

PREA Poster

Career Resources PREA Policy brochure (Spanish and English)

Intake Records/Resident Education (10)

## Interviews

Intake Staff - The interviewed intake staff reported that the agency ensures that clients are aware that they have the right to be always free from sexual abuse and sexual harassment. Case managers explain this policy in detail upon intake. Upon intake, residents are made aware of their rights withing 72 hours of entering the program.

Resident Interview Questionnaire - The interviewed residents reported that they first arrived at the facility in the last 12 months. All of the residents reported that they transferred from another facility.

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

115.233 (c). Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient. Resident PREA education is available in formats accessible to all residents, including those who are deaf. Resident PREA education is available in formats accessible to all residents, including those who are visually impaired. Resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled.

Resident PREA education is available in formats accessible to all residents, including those who are limited in their reading skills.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “the resident handbook, PREA handout, and all related material will be made available various formats to ensure those residents with limited English proficiencies, deaf, visually impaired, or otherwise disabled residents will be able to participate in all aspects of PREA”.

## Documentation Reviewed

### Resident Handbook

Career Resources PREA Policy brochure (Spanish and English)

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

115.233 (d). The agency maintains documentation of resident participation in PREA education sessions.

## Documentation Reviewed

### Intake Records/Resident Education (10)

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

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|  | <p>115.233 (e). The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.</p> <p>Documentation Reviewed</p> <p>Education and informational materials (posters, resident handbook, etc.) in compliance with the standard.</p> <p>Resident Handbook</p> <p>Career Resources PREA Policy brochure (Spanish and English)</p> <p>PREA Audit Site Review: During the onsite inspection the auditor observed PREA posters, resident handbooks, PREA brochures and information regarding the advocacy services throughout the common areas of all sites.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p> |
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| 115.234 | Specialized training: Investigations                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|         | <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting) (1)</p> <p>PREA Training Records (1)</p> <p>Interviews:</p> <p>Investigative Staff</p> |

Findings (By Provision):

115.234 (a). N/A the agency does not conduct administrative or criminal sexual abuse investigations. Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "it is the policy of Career Resources Inc residential programs that any criminal act is referred and reported to local law enforcement and the CT DOC (Parole)".

Documentation Reviewed

Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting) (1)

Training records/logs of investigative staff (1)

Interviews

Investigative Staff – The interviewed administrative investigator reported that they have received training specific to conducting sexual abuse investigations. The training is online through the PREA Resource Center "Your Role in Responding to Sexual Abuse" and "Investigating Sexual Abuse in a Confinement Setting". The training topics included:

- Techniques for interviewing sexual abuse victims
- Proper use of Miranda and Garrity warnings
- Sexual abuse evidence collection in confinement settings
- The criteria and evidence required to substantiate a case for administrative or prosecution referral

Corrective Action: The specialized training was completed during the audit phase.

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

115.234 (b). N/A the agency does not conduct administrative or criminal sexual abuse investigations. However, upon further review it has been determined that onsite there should be a trained administrative investigator.

Documentation Reviewed

Training Certificate of Completion (PREA: Investigating Sexual Abuse in a Confinement Setting) (1)

Training records/logs of investigative staff (1)

Interviews:

Investigative Staff – The interviewed investigator reported that they have received

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|  | <p>training specific to conducting sexual abuse investigations. The training is online through the PREA Resource Center "Your Role in Responding to Sexual Abuse" and "Investigating Sexual Abuse in a Confinement Setting". The training topics included:</p> <ul style="list-style-type: none"> <li>· Techniques for interviewing sexual abuse victims</li> <li>· Proper use of Miranda and Garrity warnings</li> <li>· Sexual abuse evidence collection in confinement settings</li> <li>· The criteria and evidence required to substantiate a case for administrative or prosecution referral</li> </ul> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this provision.</p> <p>115.234 (c). N/A the agency does not conduct administrative or criminal sexual abuse investigations. However, upon further review it was determined that there should be a trained agency administrative investigator.</p> <p>The number of investigators currently employed who have completed the required training: 0.</p> <p>Corrective Action: During the audit phase a site administrator completed the required investigator training to conduct the administrative investigations.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.234 (d). The auditor is not required to audit this provision.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p> |
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| <b>115.235</b> | <b>Specialized training: Medical and mental health care</b>             |
|----------------|-------------------------------------------------------------------------|
|                | <b>Auditor Overall Determination:</b> Meets Standard                    |
|                | <b>Auditor Discussion</b>                                               |
|                | The following evidence was analyzed in making compliance determination: |



Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

Findings (By Provision):

115.235 (a). NA- the agency does not have onsite medical and mental health services. The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "Career Resources Inc residential programs does not employ medical staff. All medical and mental health services are referred to the local hospital, appropriate community service organization".

The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 0.

The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 0

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

115.235 (b). NA- the agency does not have onsite medical and mental health services.

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

115.235 (c). As reported in the PAQ, the agency does not have onsite medical and mental health services. Upon further review it has been determined that the site has one onsite mental health staff.

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

115.235 (d). As reported in the PAQ, the agency does not have onsite medical and mental health services.

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

Final Analysis:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.

| 115.241 | Screening for risk of victimization and abusiveness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Screening Tool Blank</p> <p>PREA Screening (10)</p> <p>Rescreening (7)</p> <p>Interviews:</p> <p>Staff Responsible for Risk Screening</p> <p>Resident Interview Questions (5)</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.241 (a). The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all residents shall be assessed upon intake to a Career Resources Inc residential program. Intake screening shall be conducted immediately upon arrival but no later than 72 hours after arrival”.</p> <p>1) Resident screening shall be completed utilizing the Career Resources Inc residential programs screening form(s) and shall at the minimum consider:</p> <p>a) The resident’s age, physical build.</p> <p>b) Any physical, mental, or development disabilities.</p> <p>c) If the resident has been previously incarcerated, or whether the resident has previously experienced sexual victimization.</p> <p>d) The residents own perception of vulnerability.</p> <p>e) If the resident is perceived as gay, lesbian, bisexual, transgender, intersex, or</p> |

gender nonconforming.

f) Any prior convictions for sex offenses against an adult or child.

#### Interviews

Staff Responsible for Risk Screening – The interviewed staff responsible for risk screening reported that upon admission to the facility residents are screened for risk of sexual abuse victimization or sexual abuse abusiveness.

Resident Interview Questionnaire – Two of the five interviewed residents reported that they were asked the following questions upon arrival at the facility: whether they had been in jail or prison before; whether they have been sexually abused, whether they identify as being gay, lesbian, or bisexual, and whether they may feel in danger of sexual abuse at the site. Two residents reported that they could not recall.

PREA Audit Site Review: During the onsite audit phase there were no new intakes; therefore, the intake process was not observed. However, through formal and informal discussion staff and residents were able to describe the intake process.

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

115.241 (b). 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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all residents shall be assessed upon intake to a Career Resources Inc residential program. Intake screening shall be conducted immediately upon arrival but no later than 72 hours after arrival”.

The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 5.

#### Documentation Reviewed

PREA Screening Checklist (10)

#### Interviews

Staff Responsible for Risk Screening – The interviewed staff responsible for risk screening reported that the intake process which includes PREA (victimization or risk of abusing others) must be done within 72 hours. The screening is done within 72 hours but typically within 24 hours.

Resident Interview Questionnaire – Two of the five interviewed residents reported

that they were asked the following questions upon arrival at the facility: whether they had been in jail or prison before; whether they have been sexually abused, whether they identify as being gay, lesbian, or bisexual, and whether they may feel in danger of sexual abuse at the site. Two residents reported that they could not recall.

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

115.241 (c). Risk assessment is conducted using an objective screening instrument. During the pre-audit phase it was determined that the facility had a PREA screening tool but there was no measurement established for objectivity. The agency/facility updated its screening tool to have an objective process.

Documentation Reviewed

PREA Screening Checklist (10)

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

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

Documentation Reviewed

PREA Screening Checklist (10)

Interviews

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening stated that the initial screening considers the history of sexual abuse, threaten by peers, prior incarceration and whether or not you have been a prior victim or predator. The staff will go over the assessment with the residents and ask them if they have any questions.

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

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

Documentation Reviewed

PREA Screening Checklist (10)

Interviews

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening stated that the initial screening considers the history of sexual abuse, threaten by peers, prior incarceration and whether or not you have been a prior victim or predator. The staff will go over the assessment with the residents and ask them if they have any questions.

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

115.241 (f). Within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "the resident shall be reassessed no later than 30 days from arrival at the facility. Reassessment shall be noted in the Progress Notes of the resident's file. Residents shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness".

The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 38.

Documentation Reviewed

PREA Screening (10)

Rescreening (30 Day Follow Up Review) (7)

Interviews

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that no more than 30 days after a resident's arrival an initial screening is conducted.

Resident Interview Questionnaire – Three of the interviewed residents could recall if they had been asked the same types of questions again since being at the facility.

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

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

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “the resident shall be reassessed no later than 30 days from arrival at the facility. Reassessment shall be noted in the Progress Notes of the resident’s file. Residents shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness”.

Documentation Reviewed

Rescreening (30 Day Follow Up Review)-7

Interviews

Staff Responsible for Risk Screening – The interviewed staff responsible for risk screening reported that no more than 30 days after a resident does the initial PREA screening, the rescreening will occur.

Resident Interview Questionnaire – Three of the interviewed residents could recall if they had been asked the same types of questions again since being at the facility.

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

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

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “residents will not be disciplined for refusing to answer or discuss information requested by the intake form”.

Interviews

Staff Responsible for Risk Screening – The interviewed staff responsible for risk

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|  | <p>screening reported that clients are never disciplined for refusing to participate in the PREA verbally.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.241 (i). The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.</p> <p>Interviews</p> <p>PREA Coordinator - The interviewed PREA Coordinator reported that the agency has outlined who can have access to a resident risk assessment with the facility. The Case Manager and any supervisory staff have access to the risk assessment assessments. If needed, client will sign a release of information for therapist or outside counselors to view these assessments.</p> <p>Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that the agency has strict policy regarding confidentiality of all client documents including the risk assessment. Only case management staff have access to a locked area which contains all client's information.</p> <p>PREA Audit Site Review: While onsite the auditor observed the filing system that is used to maintain the client records. The filing cabinet was locked and secured in a locked office.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> |
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| <b>115.242</b> | <b>Use of screening information</b>                                                                                                                                           |
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|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                          |
|                | <b>Auditor Discussion</b>                                                                                                                                                     |
|                | <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> |

Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

PREA Screening Checklist (10)

Interviews:

PREA Coordinator

Staff Responsible for Risk Screening

Transgender/Intersex Residents

Findings (By Provision):

115.242 (a). The agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “the facility shall make individual determinations on a case-by-case basis about how to ensure the safety of all residents and shall utilize the screening information to determine housing, work, education, and programming assignments”.

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that the agency uses information from the risk screening during intake to keep residents from being sexual victimized or being sexually abusive. The information is used to determine what specialized programs or counseling are needed for the client. In addition, the client’s placement in the facility is taken under consideration as well. We in no way want the client to be placed or feel unsafe in our facility.

Staff Responsible for Risk Screening – The interviewed staff responsible for risk screening reported that the risk screening is used to assess client needs for further care and services based on their need to explore possible previous sexual assault and personal sexual identity. To ensure resident safety, clients are given their own personal living space, staff have been trained to be aware of client’s behaviors that are problematic regarding the PREA.

Updated Policy: The updated policy states that “Isaiah/STARS/Women and Children’s Program uses the information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk for being sexually victimized from those at high risk of being sexually abusive. Individualized determinations about how to ensure the safety of each resident”.

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



standard.

115.242 (b). The agency/facility makes individualized determinations about how to ensure the safety of each resident.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “the facility shall make individual determinations on a case-by-case basis about how to ensure the safety of all residents and shall utilize the screening information to determine housing, work, education, and programming assignments”.

#### Interviews

Staff Responsible for Risk Screening - Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that the risk screening is used to assess client needs for further care and services based on their need to explore possible previous sexual assault and personal sexual identity. To ensure resident safety, clients are given their own personal living space, staff have been trained to be aware of client’s behaviors that are problematic regarding the PREA.

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

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

The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “transgender and intersex residents’ own views with respect to his or her safety shall be given serious consideration in housing assignments. Transgender and intersex residents shall be given the opportunity to shower separately from other residents and shall not be placed in a dedicated unit solely based on their identification status”.

Updated Policy: The updated policy states that “Isaiah/STARS/Women and Children’s Program uses the information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk for being sexually victimized from those at high risk of being sexually abusive. Individualized determinations about how to ensure the safety of each resident”.

#### Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that the agency will determine housing and programming for transgender or intersex residents on a case-by-case basis. It is not our intent to discriminate in any way. All clients are made to feel comfortable upon placement. If a client feels uncomfortable with their rooming placement, they will be reassigned to another room. A victim will never be placed with a predator. Health and safety will always be considered. The residents’ health and safety are always a priority. It was further reported that the agency

would have a discussion with Parole in the past when we felt placements would be unsafe in the facility. If we feel that any client would pose a threat, we will closely monitor the client as needed to assure the safety of other clients and staff.

Transgender/Intersex Residents – There were no transgender or intersex residents onsite identified to interview.

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

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

#### Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that transgender and intersex residents' views would be respected, and all clients are treated with the upmost resident and confidentiality when being placed.

Staff Responsible for Risk Screening – The interviewed staff responsible for risk screening reported that residents' views of themselves are given serious consideration for placement and programming assignments.

Transgender/Intersex Residents – There were no transgender or intersex residents onsite identified to interview.

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

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

#### Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that transgender and intersex residents are given the opportunity to shower separately from others. If the client feels unsafe in any way, they will be provided the opportunity to shower at separate times.

Staff Responsible for Risk Screening - The interviewed staff responsible for risk screening reported that all residents shower privately.

Transgender/Intersex Residents – There were no transgender or intersex residents onsite identified to interview.

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

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|  | <p>115.242 (f). The agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.</p> <p>Interviews</p> <p>PREA Coordinator – The interviewed PREA Coordinator reported that the agency is not subject to a consent decree, legal settlement or legal judgement. The facility will house clients in general population unless requested by the resident for special housing for safety concerns.</p> <p>Transgender/Intersex Residents – There were no transgender or intersex residents onsite identified to interview.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> |
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| 115.251 | Resident reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                              |
|         | <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Resident Handbook</p> <p>Interviews:</p> <p>Random Sample of Staff (6)</p> <p>Resident Interview Questionnaire (5)</p> <p>Findings (By Provision):</p> |

115.251 (a). The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “at intake all residents will be advised of all reporting options available to report sexual abuse, sexual harassment, retaliation, staff neglect, or other violations that may have contributed to an incident through the Resident Handbook issued upon arrival”.

The resident handbook provides multiple internal and external reporting methods. As provided in the handbook “to report any incident of sexual abuse or sexual harassment you, or a third party may:

- Make a verbal, written or anonymous complaint to any staff member
- Director of Residential Service 203-675-9569
- Contact Career Resources Inc. Administrative office at 203-953-3232
- Contact the Bridgeport Police Department at 203-581-5100
- Contact the Department of Corrections PREA Hotline at 770-743-7783

If you or someone you know has been the victim of sexual abuse and would like counselling, support or other assistance you may contact The Center for Family Justice at 203-333-2233.

Documentation Reviewed

Resident Handbook

Interviews

Random Sample of Staff - The interviewed staff reported various ways in which they could privately report sexual abuse or sexual harassment of residents. Such methods include calling the PREA Director, hotline number, supervisor, or grievance box.

Resident Interview Questionnaire - The interviewed residents reported various methods to report sexual abuse or sexual harassment that happened to them or someone else by notify staff, call the hotline, notify the PREA officer, or call the police.

PREA Audit Site Review: During the onsite inspection the auditor observed signage throughout the facility informing residents on how to make a report of sexual abuse or sexual harassment. It should also be noted that residents have their own cell phone. Additionally, there was a locked and secured grievance box.

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

115.251 (b). The agency shall also inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Staff are required to document verbal reports.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “residents shall also receive information on how to privately report any such information to public or private agencies while remaining anonymous. At the time of intake and orientation, the resident shall be provided with numbers and addresses for victim advocate services along with toll free rape crisis hot line numbers. Also, the information is posted throughout the program facilities. The resident handbook provides multiple internal and external reporting methods”. As provided in the handbook “to report any incident of sexual abuse or sexual harassment you, or a third party may:

- Make a verbal, written or anonymous complaint to any staff member
- Director of Residential Service 203-675-9569
- Contact Career Resources Inc. Administrative office at 203-953-3232
- Contact the Bridgeport Police Department at 203-581-5100
- Contact the Department of Corrections PREA Hotline at 770-743-7783

If you or someone you know has been the victim of sexual abuse and would like counselling, support or other assistance you may contact The Center for Family Justice at 203-333-2233.

Documentation Reviewed

Resident Handbook

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that residents are provided at least one way to report to an outside entity by calling law enforcement directly. This procedure enables receive and immediate transmission of resident reports of sexual abuse and sexual harassment to agency officials that allow the resident to remain anonymous upon request. Confidentiality is of the upmost. Clients should always feel safe when reporting an incident of sexual abuse or harassment. All documentation will be provided to the appropriate agency with the client’s permission.

Resident Interview Questionnaire – The interviewed residents reported various methods to report sexual abuse or sexual harassment that happened to them or

someone else by notify staff, call the hotline, notify the PREA officer, or call the police. When asked if they believe they could make a report without giving their name, two residents reported that they are not sure if that's possible.

PREA Audit Site Review: During the onsite inspection the auditor observed signage throughout the facility informing residents on how to make a report of sexual abuse or sexual harassment.

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

115.251 (c). The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "Residents shall also be notified that any staff member must accept and promptly document any report made verbally, in writing, anonymously, or from a third party".

Documentation Reviewed

Random Sample of Staff - The interviewed staff report that when a resident alleges sexual abuse, they can do so verbally, in writing, anonymously and from third parties. They further reported that such allegations would be documented immediately.

Resident Interview Questionnaire - The interviewed residents reported that they can make a report of sexual abuse or sexual harassment either in person or in writing by notifying family or friends.

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

115.251 (d). The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "staff members shall be provided a method to privately report sexual abuse or sexual harassment of residents. Methods of reporting shall include in-person, phone, mail, email, fax or any means by which the staff person feels comfortably in reporting to supervisory level staff, the PREA Coordinator. Staff are expected to report any knowledge or suspicion of abuse. The methods of reporting are expected to vary based on the situation and the individual involved. Should there be any question as to the most appropriate method, the PREA Coordinator or Supervisor should be contacted".

Documentation Reviewed

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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|  | <p>Interviews</p> <p>Random Sample of Staff – The interviewed staff report that they have multiple ways to privately report sexual abuse and sexual harassment of residents. Such methods included notifying the PREA Coordinator, Director, law enforcement or place in the grievance box.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> |
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| 115.252 | Exhaustion of administrative remedies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|         | <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>PREA compliance manager</p> <p>Findings (By Provision):</p> <p>115.252 (a). The agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. Agency policy or procedure 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. Agency policy requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p>Documentation Reviewed</p> <p>Resident handbook</p> |

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

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

115.252 (b). Agency policy or procedure 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. If "No", please provide time limit for a resident to submit a grievance regarding an allegation of sexual abuse in the comments.

Agency policy requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Documentation Reviewed

Resident handbook

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

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

115.252 (c). The agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. The agency's policy and procedure require that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Documentation Reviewed

Resident handbook

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

115.252 (d). The agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse.

In the past 12 months, the number of grievances filed that alleged sexual abuse:  
Did not answer

In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed:

In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days:



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

115.252 (e). Agency policy and procedure 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. Agency policy and procedure requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "any third-party reports of sexual abuse may be made via telephone, fax, email, or in person. The facility email address, telephone and facsimile numbers are available publicly on Career Resources website".

The number of 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: Did not answer.

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

115.252 (f). The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that:

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

The number of those grievances in 115.252 (e)-3 that had an initial response within 48 hours: 0

The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0

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

115.252 (g). The agency has a written policy that 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.

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|  | <p>In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith:0</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p> |
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| <b>115.253</b> | <b>Resident access to outside confidential support services</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                | <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>MOA: Center for Family Justice</p> <p>Resident Handbook</p> <p>Break the Silence Poster</p> <p>Career Resources PREA Compliance Policy (Brochures)</p> <p>Interviews:</p> <p>Resident Interview Questionnaire (5)</p> <p>Findings (By Provision):</p> <p>115.253 (a). The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.</p> |

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “residents are provided contact information to outside victim advocates and support services when requested. Career Resources, Inc has access to CONNSACS (Connecticut Sexual Assault Crisis Services) through an MOU with Child and Family Guidance Center in Bridgeport. Any resident may call the toll-free CONNSACS number at any time”.

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

Documentation Reviewed

Resident Handbook

Break the Silence Poster

Career Resources PREA Compliance Policy Brochure

Interviews

Resident Interview Questionnaire – Four of the interviewed residents reported that they are aware of services that deal with sexual abuse outside of the facility. When asked about the services, their responses varied from a local counseling organization, a domestic violence shelter, and an outside service that comes to the facility to provide information. The residents were asked whether or not the facility provided them with mailing addresses and telephone numbers, the residents reported seeing posted and/or in the handbook. When asked if the telephone numbers were toll free all of the residents reported “yes”. The residents further reported that if they needed to contact the services, they could from their cell phones.

PREA Audit Site Review: During the onsite inspection, the auditor observed information for the outside support and emotional services throughout the facility and in resident common areas.

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

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

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|  | <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “resident phone calls are not monitored or recorded. All calls are confidential”.</p> <p>Documentation Reviewed</p> <p>Resident Handbook</p> <p>Interviews</p> <p>Resident Interview Questionnaire – The interviewed residents reported that they could contact outside supportive services at any time by using their cellphones, and the call would be private.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.253 (c). The agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.</p> <p>The facility has an MOA with The Center for Family Justice. Upon review of the MOA with the Center for Family Justice, it is found that the facility has a written agreement that the Center for Family Justice can provide free, confidential and empowerment based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training.</p> <p>Documentation Reviewed</p> <p>MOU-Center for Family Justice</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> |
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| 115.254 | Third party reporting                                                   |
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|         | <b>Auditor Overall Determination:</b> Meets Standard                    |
|         | <b>Auditor Discussion</b>                                               |
|         | The following evidence was analyzed in making compliance determination: |

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

MOA: Center for Family Justice

Resident Handbook

Break the Silence Poster

Career Resources PREA Compliance Policy (Brochures)

Interviews:

Resident Interview Questionnaire (5)

Findings (By Provision):

115.253 (a). The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “residents are provided contact information to outside victim advocates and support services when requested. Career Resources, Inc has access to CONNSACS (Connecticut Sexual Assault Crisis Services) through an MOU with Child and Family Guidance Center in Bridgeport. Any resident may call the toll-free CONNSACS number at any time”.

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

Documentation Reviewed

Resident Handbook

Break the Silence Poster

Career Resources PREA Compliance Policy Brochure

Interviews

Resident Interview Questionnaire – Four of the interviewed residents reported that they are aware of services that deal with sexual abuse outside of the facility. When asked about the services, their responses varied from a local counseling organization, a domestic violence shelter, and an outside service that comes to the facility to provide information. The residents were asked whether or not the facility provided them with mailing addresses and telephone numbers, the residents reported seeing posted and/or in the handbook. When asked if the telephone numbers were toll free all of the residents reported “yes”. The residents further reported that if they needed to contact the services, they could from their cell phones.

PREA Audit Site Review: During the onsite inspection, the auditor observed information for the outside support and emotional services throughout the facility and in resident common areas.

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

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

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “resident phone calls are not monitored or recorded. All calls are confidential”.

Documentation Reviewed

Resident Handbook

Interviews

Resident Interview Questionnaire – The interviewed residents reported that they could contact outside supportive services at anytime by using their cellphones, and the call would be private.

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

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

The facility has an MOA with The Center for Family Justice. Upon review of the MOA

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|  | <p>with the Center for Family Justice, it is found that the facility has a written agreement that the Center for Family Justice can provide free, confidential and empowerment based sexual assault crisis and advocacy services including a 24-hour hotline, individual counseling, medical and legal accompaniment and support, and community education and training.</p> <p>Documentation Reviewed</p> <p>MOU-Center for Family Justice</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> |
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| 115.261 | Staff and agency reporting duties                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|         | <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Website</p> <p>Interviews:</p> <p>Random Sample of Staff (6)</p> <p>Director or Designee</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.261 (a). The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and</p> |

according to agency policy retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “all staff are required to report any instance of alleged or actual sexual abuse or sexual harassment, retaliation, or staff neglect to their Program Director, next level supervisor or the PREA Coordinator immediately. Staff members shall not reveal any information related to the report to anyone other than the extent necessary.

Documentation Reviewed

Interviews

Random Sample of Staff - The interviewed staff report that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that have contributed to an incident or retaliation. It was further reported that such information would be reported to the Director, Supervisor, or PREA Coordinator. Reports are made immediately.

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

115.261 (b). Apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “staff members shall not reveal any information related to the report to anyone other than the extent necessary”.

Interviews

Random Sample of Staff - The interviewed staff report that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that have contributed to an incident or retaliation. It was further reported that such information would be reported to the Director, Supervisor, or PREA Coordinator. Reports are made immediately.

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



standard.

115.261 (c). Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

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

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

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "the PREA coordinator or designee will ensure appropriate law enforcement is contacted on all criminal matters for investigation. The CTDOC will also be notified of any incidents or allegations of sexual abuse or sexual harassment".

#### Interviews

Director or Designee - The interviewed director reported that the program has no residents under the age of 18 years old, however if a person under 18 makes an allegation of sexual abuse or harassment local police would immediately be contacted and the allegation documented by the agency's PREA Coordinator.

PREA Coordinator - The interviewed PREA Coordinator reported that all allegations of sexual assault or sexual harassments will be investigated.

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

The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "the PREA coordinator or designee will ensure appropriate law enforcement is contacted on all criminal matters for investigation. The CTDOC will also be notified of any incidents or allegations of sexual abuse or sexual harassment."

#### Interviews

Director or Designee - The interviewed director reported that all staff are required to report any instance of alleged or actual sexual abuse or sexual harassment, retaliation, or staff neglect to the Program Director or on-call supervisor immediately.

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

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|  | <p>standard.</p> <p>Final Analysis:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> |
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| <b>115.262</b> | <b>Agency protection duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                | <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Interviews:</p> <p>Agency Head</p> <p>Director or Designee</p> <p>Random Sample of Staff (6)</p> <p>Findings (By Provision):</p> <p>115.262 (a). When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon receiving any information that a resident is subject to or at risk of sexual abuse the Vice President of Re-Entry and Residential Services (PREA Coordinator), Program Director, and the Assistant Director will be notified, and appropriate action will be taken to protect the resident”.</p> <p>In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse: 0</p> <p>If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action: 0</p> <p>The longest amount of time (in hours or days) elapsed before taking action--if not</p> |

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|  | <p>"immediate" (i.e., without unreasonable delay). If not immediate, please explain in the comments section. 0</p> <p>Interviews</p> <p>Agency Head - The interviewed agency head reported that when learning that a resident is subject to a substantial risk of imminent sexual abuse, the resident will immediately move to safe space that can address the issue in the moment. DOC Parole and Community Services will then be contacted and notified so that CRI and DOC can collectively develop a reasonable plan of action that may include moving the at-risk resident or the threat to another facility. CRI will never leave a known vulnerable resident in jeopardy of harm.</p> <p>Director or Designee - The interviewed director reported that upon receiving such information program supervisors will determine how to ensure the safety of the resident in question - and will take all necessary actions to protect that resident in the facility, or relocate this resident to a new, safer location.</p> <p>Random Sample of Staff - The interviewed staff reported that if they learn that a resident is at risk of imminent sexual abuse, the actions taken to protect the residents include separate if roommates, keep them apart, make sure they are safe, and immediately make a report and notify the director.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p> |
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| 115.263 | Reporting to other confinement facilities                                                                                                                                                                                                                                                                                         |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                       |
|         | <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Interviews:</p> |

Agency head

Director or designee

Findings (By Provision):

115.263 (a). The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon receiving information or allegation that a resident was sexually abused while confined at another facility, the VP of Residential and Re-Entry Services(PREA Coordinator), Program Director shall notify the CTDOC Parole, and the facility head of the facility from which the inmate arrived and, if a Community Confinement facility, the head of that facility will be notified immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting such notification”.

During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0.

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

115.263 (b). Agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon receiving information or allegation that a resident was sexually abused while confined at another facility, the Program Director shall notify the CTDOC (Parole) and the facility head of the facility from which the inmate arrived and, if a Community Confinement facility, the head of that facility will be notified immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting notification”.

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

115.263 (c). The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon receiving information or allegation that a resident was sexually abused while confined at another facility, the Program Director shall notify the CTDOC (Parole) and the facility head of the facility from which the inmate arrived and, if a Community Confinement facility, the head of that facility will be notified

immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting notification”.

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

115.263 (d). The agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon receiving information or allegation that a resident was sexually abused while confined at another facility, the Program Director shall notify the CTDOC (Parole) and the facility head of the facility from which the inmate arrived and, if a Community Confinement facility, the head of that facility will be notified immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting notification”.

In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0

#### Interviews

Agency head – The interviewed agency head reported that if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of your facilities, there is a designated point of contact. Any complaints from an outside agency would first be reported to Vice President of Reentry and Residential Services, Kim L. Harris. Whomever receives the complete brings it directly to the Vice President of Residential Services (VPRRS) who subsequently notifies SR. Vice President. All parties are interviewed, if possible, by VPRRS including the alleged victim who is given the opportunity to contact law enforcement and make a formal criminal complaint. DOC is also notified of allegations and a final report is filed with the agency and DOC. Should a staff member be found responsible for the allegation they are terminated. Any criminal proceedings are left to law enforcement in the event that the victim makes a criminal complaint. Victim will ultimately before offered counseling services to address any trauma resulting from the alleged incident. Victim will be monitored for up to 90 days to insure for safety unless such time as the allegation becomes unfounded.

Director or designee – The interviewed director reported that when staff receive information about such an allegation of abuse from another facility, will immediately inform our agency's PREA Coordinator, and they will notify local police Dept. to assist in an investigation. It was further reported that no such allegations have been made where a resident reported sexual abuse allegations that occurred at another facility.

A review of the appropriate documentation, interviews with staff, and review of

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|  | <p>relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> |
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| <b>115.264</b> | <b>Staff first responder duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                | <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>PREA Incident Check Sheet Sample</p> <p>Interviews:</p> <p>Random Sample of Staff (6)</p> <p>Findings (By Provision):</p> <p>115.264 (a). The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure</p> |

that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “upon learning of an allegation that a resident was sexually abused, the first responding staff member shall separate the alleged victim and abuser ensuring that neither shower, bathes, eats, drinks, uses the toilet, or changes clothes if the abuse occurred within a time period that still allows for the collection of physical evidence”. In addition, the policy states that “the staff member will also secure the crime scene to preserve any physical evidence available and make appropriate notifications”.

Upon learning of an allegation that a resident was sexually abused, the first responding staff member shall separate the alleged victim and abuser ensuring that neither shower, bathes, eats, drinks, uses the toilet, or changes clothes if the abuse occurred within a time period that still allows for the collection of physical evidence.

The staff member will also secure the crime scene to preserve any physical evidence available and make appropriate notifications.

In the past 12 months, the number of allegations that a resident was sexually abused: 0

Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0

A review of the appropriate documentation, interviews with staff, and review of

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|  | <p>relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.264 (b). Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.</p> <p>Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0</p> <p>Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0</p> <p>Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0</p> <p>Interviews</p> <p>Random Sample of Staff/ Security Staff and Non-Security Staff First Responders – The interviewed random staff reported that if they are first person to be alerted that a resident has allegedly been the victim of sexual abuse, their responsibilities include: secure area, separate involved parties, not allow them to shower or use the bathrooms, notify police and the supervisor. When probed most staff reported that they would not share with the other residents. It should also be noted that all staff are considered first responders.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> |
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| <b>115.265</b> | <b>Coordinated response</b>                                                                                                                                                   |
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|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                          |
|                | <b>Auditor Discussion</b>                                                                                                                                                     |
|                | <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> |



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|  | <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Interviews</p> <p>Director</p> <p>Findings (By Provision):</p> <p>115.265 (a). The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “Coordinated response plans are available for each Career Resources Inc. Residential Program”.</p> <p>Interviews</p> <p>Director or Designee – The interviewed director reported that all staff must immediately report to the Program Manager, Executive Director, or any supervisor or manager any knowledge they have re: suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the program. These supervisors, along with the PREA Coordinator, are designated to coordinate the agency response.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> |
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| <b>115.266</b> | <b>Preservation of ability to protect residents from contact with abusers</b>                                                                                                 |
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|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                          |
|                | <b>Auditor Discussion</b>                                                                                                                                                     |
|                | <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> |

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|  | <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Interviews:</p> <p>Agency Head</p> <p>Findings (By Provision):</p> <p>115.266 (a). The agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "career Resources, Inc shall not enter or renew any collective bargaining agreement or other agreement that limits the facility'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".</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that Career Resources is not involved in any collective bargaining agreements.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.266 (b). N/A-The provision is not required to be audited.</p> <p>Final Analysis:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> |
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| <b>115.267</b> | <b>Agency protection against retaliation</b>                                                                                                                                  |
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|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                          |
|                | <b>Auditor Discussion</b>                                                                                                                                                     |
|                | <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> |

Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

Monitoring for Retaliation -example (1)

Interviews:

Agency Head

Director or Designee

Designated Staff Member Charged with Monitoring Retaliation (or Director if not available)

Findings (By Provision):

115.267 (a). The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "it is Career Resources, Inc. policy that all residents or staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation will be protected from retaliation by other residents or staff".

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

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

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "the PREA Coordinator shall monitor the conduct and treatment of any resident or staff member who reported the abuse to see if there are changes that may suggest possible retaliation. Monitoring shall be conducted for at least 90 days but shall be extended beyond 90 days if there is a continuing need".

Documentation Reviewed

Monitoring for Retaliation Example (1)

Interviews

Agency Head - The interviewed agency head reported that there are several

measures taken to protect residents and staff from retaliation for sexual abuse or sexual harassment allegations. Career Resources Inc in its operation's manual provides for whistleblower protections. Retaliation for any allegations is strictly forbidden and will result in disciplinary action with the potential for termination.

Director or Designee - The interviewed director reported that it is agency policy that all residents or staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation will be protected from retaliation by other residents or staff. The PREA Coordinator shall monitor the conduct and treatment of any resident or staff member who reported the abuse to see if there are changes that may suggest possible retaliation.

Designated Staff Member Charged with Monitoring Retaliation (or Director if nonavailable) - The interviewed staff reported that is the agency policy that both the client and staff will be protected from any form of retaliation. The PREA Coordinator will conduct status with staff/clients to ensure their safety. The different measures taken to protect residents include increasing staffing, changing work locations for staff, periodic staff check ins, reassigning to new housing locations, and follow up with clients. Contact is initiated with residents on a weekly basis depending on the needs of the clients.

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

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

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "monitoring shall be conducted for at least 90 days but shall be extended beyond 90 days if there is a continuing need".

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

Documentation Reviewed

Monitoring for Retaliation Example (1)

Interviews

Director or Designee - The interviewed director reported that the PREA Coordinator must investigate any allegation of retaliation and separate and protect individuals as needed. Monitoring shall be conducted for at least 90 days but shall be extended throughout the resident's stay if there is a continuing need. The PREA Coordinator shall conduct periodic status checks and take any necessary protective measures to ensure resident and staff safety.

Designated Staff Member Charged with Monitoring Retaliation (or Director if nonavailable) – The interviewed staff reported that when looking to detect retaliation, we usually look for behavior changes with clients and performance changes of staff. In the event of housing assignments or work location changes were changed, and we would monitor both staff/clients are in their designated areas. Monitoring will occur for 90 days. If determined we can monitor beyond 90 day-period, monitoring will be provided.

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

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

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “the PREA Coordinator shall conduct periodic status checks and take necessary protective measures to ensure resident and staff safety”.

Documentation Reviewed

Monitoring for Retaliation Example (1)

Interviews

Designated Staff Member Charged with Monitoring Retaliation (or Director if nonavailable) – The interviewed staff reported that when looking to detect retaliation, we usually look for behavior changes with clients and performance changes of staff. In the event of housing assignments or work location changes were changed, and we would monitor both staff/clients are in their designated areas.

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

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

Documentation Reviewed

Monitoring for Retaliation Example (1)

Interviews

Agency Head – The interviewed agency head reported that if an individual who cooperates with an investigation expresses fears of retaliation, Career Resources Inc. management will counsel the client or staff member and inform them of whistleblower protections. If the staff or resident wishes to be moved from their room, facility, or station CRI will do whatever is possible to accommodate the request. CRI will also fully investigate any allegations of retaliation on anyone’s part

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|  | <p>whether it be a staff member or a resident of our programs.</p> <p>Director or Designee – The interviewed director reported that it is agency policy that all residents or staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation will be protected from retaliation by other residents or staff. The PREA Coordinator shall monitor the conduct and treatment of any resident or staff member who reported the abuse to see if there are changes that may suggest possible retaliation. The PREA Coordinator must investigate any allegation of retaliation and separate and protect individuals as needed. Monitoring shall be conducted for at least 90 days but shall be extended throughout the resident's stay if there is a continuing need. The PREA Coordinator shall conduct periodic status checks and take any necessary protective measures to ensure resident and staff safety.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.267 (f). N/A the auditor is not required to audit this provision.</p> <p>Final Analysis:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> |
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| <b>115.271</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                                                                                                                                                                          |
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|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                       |
|                | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                | <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Specialized Training for Investigating Allegations of Sexual Abuse (1)</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Investigative Staff</p> <p>Director</p> |

Findings (By Provision):

115.271 (a). The agency/facility has a policy related to criminal and administrative agency investigations.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “the PREA Coordinator or designee shall investigate promptly, thoroughly, and objectively all allegations of sexual abuse or sexual harassment including those from a third party”. The policy further states that “any allegation determined to be criminal in nature shall be immediately reported to law enforcement for investigation. If law enforcement determines there is no criminal activity, the facility will conduct its own administrative investigation into the incident”; and an administrative investigation shall be documented listing all findings including a determination whether staff actions or failures to act contributed to the incident”.

Interviews

Investigative Staff – The interviewed investigator reported that an investigation is initiated immediately after an allegation is made. Anonymous or third-party investigations are handled in the same manner.

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

115.271 (b). Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234.

Documentation Reviewed

Specialized Training Certification for Investigating Sexual Abuse Allegations (1)

Interviews

Investigative Staff – The interviewed investigator reported that they have received training specific to conducting sexual abuse investigations. The training is online through the PREA Resource Center “Your Role in Responding to Sexual Abuse” and “Investigating Sexual Abuse in a Confinement Setting”.

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

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

Interviews

Investigative Staff - The interviewed investigator reported that when initiating an investigation, they would promptly gather and preserve all evidence, interview the alleged victim, suspected perpetrator and witnesses. Depending on the level of cooperation of all involved would determine how long the investigation would take place. The administrative investigation would include the above steps. The gathered information would be turned over to local law enforcement.

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

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

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “a criminal investigation shall be conducted by law enforcement officials. Facility staff shall cooperate with and assist with any request made by law enforcement. The PREA Coordinator shall endeavor to remain informed about the progress of the investigation.

#### Interviews

Investigative Staff - The interviewed investigator reported that the information would be turned over to local law enforcement to determine if the case is criminal in nature.

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

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

#### Interviews

Investigative Staff - The interviewed investigator reported that credibility is based on the evidence received along with the interviews. The agency does not conduct polygraph exams.

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

115.271 (f). Administrative investigations: (1) Shall include an effort to determine



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

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

#### Interviews

Investigative Staff – The interviewed staff reported that the following efforts are made during the administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse: interviews, review prior allegations. Administrative investigations are documented along with evidence and fact findings.

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

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

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “a criminal investigation shall be conducted by law enforcement officials. Facility staff shall cooperate with and assist with any request made by law enforcement. The PREA Coordinator shall endeavor to remain informed about the progress of the investigation”.

#### Interviews

Investigative Staff – The interviewed investigator reported that criminal investigations are documented and turned over to local law enforcement.

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

115.271 (h). Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0

#### Interviews

Investigative Staff - The interviewed investigator reported that referrals for

prosecution are made by outside law enforcement.

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

115.271 (i). As reported in the PAQ, the agency does not retain all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

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

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

#### Interviews

Investigative Staff - The interviewed investigator reported that such investigation is conducted by outside law enforcement.

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

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

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

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "criminal investigation shall be conducted by law enforcement officials. Facility staff shall cooperate with and assist with any request made by law enforcement. The PREA Coordinator shall endeavor to remain informed about the progress of the investigation".

#### Interviews

Director or Designee - The interviewed director reported that the PREA Coordinator must report all allegations of sexual abuse being investigated by third parties and anonymous reports, to the local authorities for further investigation, requesting regular updates on the progress of such an investigation.

PREA Coordinator - The interviewed PREA Coordinator reported that when an outside agency investigates allegations of sexual abuse, the PREA Coordinator and the appropriate law enforcement agency will coordinate the investigation.

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|  | <p>Investigative Staff - The interviewed investigator reported that allegations would be referred to outside to local law enforcement and the agency would cooperate with the investigation.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> |
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| 115.272 | Evidentiary standard for administrative investigations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|         | <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Specialized Training Certification for Investigating Sexual Abuse Allegations (1)</p> <p>Interviews:</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.272 (a). As reported in the PAQ, the agency does not impose a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse of sexual harassment are substantiated.</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual assault are substantiated”.</p> <p>Interviews</p> <p>Investigative Staff – The interviewed investigator reported that they only conduct administrative investigations. They would like physical evidence, credibility, fact</p> |

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|  | <p>finding and reporting.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> |
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| <b>115.273</b> | <b>Reporting to residents</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                | <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Notification-example</p> <p>Interviews:</p> <p>Director</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.273 (a). The agency has a policy requiring that any resident who alleges that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>As reported in the PAQ, the number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 0</p> <p>Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> |

states that “it is the policy of Career Resources Inc. residential programs that residents shall be informed of the outcome of an investigation whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. Furthermore, any action taken against a staff member or any knowledge about convictions or criminal charges against a resident abuser shall be reported to the resident victim. All victim notifications will be documented in an incident report”.

Documentation Reviewed

Notification -example

Interviews

Director or Designee – The interviewed director reported that the Agency policy mandates that residents shall be informed of the outcome of an investigation whether the a/legation was determined to be substantiated, unsubstantiated, or unfounded. Any action taken against a staff member shall be reported to the resident victim. All victim notifications will be documented.

Investigative Staff – The interviewed investigator reported that residents are informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

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

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

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

Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0

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

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

115.273 (c). 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: (a) the staff member is no longer posted within the resident's unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months.

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

Documentation Reviewed

Notification-example

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

115.273 (d). 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: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "it is the policy of Career Resources, Inc. that residents shall be informed of the outcome of an investigation whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. Furthermore, any action taken against a staff member or any knowledge about convictions or criminal charges against a resident abuser shall be reported to the resident victim. All victim notifications will be documented in an incident report".

115.273 (e). The agency has a policy that all notifications to residents described under this standard are documented.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "all victim notifications will be documented in an incident report".

In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0

Of those notifications made in the past 12 months, the number that were documented: 0

Documentation Reviewed

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|  | <p>Notification-example</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.273 (f). The auditor is not required to audit this provision of the standard.</p> <p>Final Analysis:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> |
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| <b>115.276</b> | <b>Disciplinary sanctions for staff</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                | <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Findings (By Provision):</p> <p>115.276 (a). Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that:</p> <p>Any staff member found in violation of sexual assault will be terminated immediately.</p> <p>Any staff member found in violation of sexual harassment shall be subject to disciplinary sanctions up to and including termination.</p> <p>Any staff member found to be guilty of sexual assault will be reported to law enforcement regardless of if the staff member resigns.</p> <p>In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p>A review of the appropriate documentation, interviews with staff, and review of</p> |

relevant policies indicate that the facility is in compliance with the provisions of this standard.

115.276 (b). Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that:

Any staff member found in violation of sexual assault will be terminated immediately.

Any staff member found in violation of sexual harassment shall be subject to disciplinary sanctions up to and including termination.

Any staff member found to be guilty of sexual assault will be reported to law enforcement regardless of if the staff member resigns.

In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0

In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

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

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

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

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

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

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "any staff member found to be guilty of sexual assault will be reported to law enforcement regardless of if the staff member resigns".



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|  | <p>In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p> |
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| 115.277 | Corrective action for contractors and volunteers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|         | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|         | <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Interviews:</p> <p>Director</p> <p>Findings (By Provision):</p> <p>115.277 (a).</p> <p>Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “any contractor or volunteer who engages in sexual assault, sexual abuse, or sexual harassment shall be prohibited from contact with residents and local law enforcement will be contacted unless the activity is determined to be non-criminal. Career Resources, Inc shall discontinue the services of Contractors, Volunteers or Interns who have engaged in sexual abuse and/or harassment.”</p> |

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|  | <p>In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0</p> <p>In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents: 0</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.277 (b). The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “appropriate remedial measures will be taken on violations of sexual abuse or sexual harassment by contractors or volunteer or non-criminal incidents”.</p> <p>Interviews</p> <p>Director or Designee – The interviewed director reported that any contractor or volunteer who engages in sexual assault, sexual abuse, or sexual harassment shall be prohibited from contact with residents. Local law enforcement will be contacted unless the activity is determined to be non-criminal. Appropriate remedial measures will be taken on violations of sexual abuse or sexual harassment by contractors or volunteer on non-criminal incidents. One remedial action that the agency can take in this situation is to terminate that individual from the contract or volunteer position.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p> |
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| 115.278 | Disciplinary sanctions for residents                                                                                                     |
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|         | <b>Auditor Overall Determination:</b> Meets Standard                                                                                     |
|         | <b>Auditor Discussion</b>                                                                                                                |
|         | <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> |

Pre-Audit Questionnaire (PAQ)

Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

Interviews:

Director

Medical and Mental Health Staff

Findings (By Provision):

115.278 (a). Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “residents will be subject to disciplinary sanctions or remanded back to the CTDOC following an administrative finding that the resident engaged in sexual assault, sexual abuse, or sexual harassment of another resident. Any resident criminally charged will be returned to the CTDOC (remanded)”.

In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0

In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0

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

115.278 (b). Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

Interviews

Director or Designee - The interviewed director reported that residents will be subject to disciplinary sanctions or remanded back to the CTDOC following an administrative finding that the resident engaged in sexual assault, sexual abuse or sexual harassment of another resident. Any resident criminally charged will be returned to the CT Dept. of Corrections. CT DOC will determine the appropriate level of discipline and sanctions.

Policy: “The disciplinary process allows sanctions to 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 within the facility”.

115.278 (c). The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

#### Interviews

Director or Designee – The interviewed director reported that residents will be subject to disciplinary sanctions or remanded back to the CTDOC following an administrative finding that the resident engaged in sexual assault, sexual abuse or sexual harassment of another resident. Any resident criminally charged will be returned to the CT Dept. of Corrections. CT DOC will determine the appropriate level of discipline and sanctions.

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

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

Policy: “Isaiah/STARS/Women and Children’s Program offers outside counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse. Our facilities consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits”.

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

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

Policy: “Upon finding that staff did not consent to contact sexual abuse or sexual harassment, the resident shall be immediately remanded to the CTDOC. Inmates who violate this policy shall be subject the disciplinary action, civil liability and criminal prosecution”.

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

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

Policy: “A report of sexual abuse made in good faith based upon a reasonable belief

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|  | <p>that the alleged conduct occurred shall not constitute falsely reporting an incident, or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation". No further is action is needed.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.278 (g). The agency prohibits all sexual activity between residents and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>Final Analysis:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> |
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| 115.282 | Access to emergency medical and mental health services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|         | <p><b>Auditor Discussion</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|         | <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Findings (By Provision):</p> <p>115.282 (a). 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.</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services at no cost to the resident regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident"</p> |

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|  | <p>The allegation reported would not have necessitated access to medical services.</p> <p>115.282 (b). N/A Career Resources Inc. residential programs do not employ medical or mental health staff.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.282 (c). Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "Career Resources, Inc. does not employ medical or mental health staff. Any victim of sexual assault or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/SANE qualified staff".</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.282 (d). As reported in the PAQ, treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "Career Resources, Inc. does not employ medical or mental health staff. Any victim of sexual assault or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/SANE qualified staff".</p> <p>Final Analysis:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> |
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| <b>115.283</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b> |
|                | <b>Auditor Overall Determination:</b> Meets Standard                               |
|                | <b>Auditor Discussion</b>                                                          |

The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

Findings (By Provision):

115.283 (a). The facility does not 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.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “continued medical and mental health treatment for victims and abusers will be provided by CTDOC or local medical facilities as deemed appropriate at no cost to the resident(s)”. CTDOC policy states it will conduct a mental health evaluation within 60 days on all known resident-on-resident abusers.

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

115.283 (b). The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

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

115.283 (c). The facility shall provide such victims with medical and mental health services consistent with the community level of care.

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

115.283 (d). Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. It was further reported that are no males employed at the facility.

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

115.283 (e). If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all

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|  | <p>lawful pregnancy-related medical services. It was further reported that are no males employed at the facility.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.283 (f). Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "Career Resources, Inc. does not employ medical or mental health staff. Any victim of sexual assault or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/SANE qualified staff".</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.283 (g). Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.283 (h). The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. "CTDOC policy states it will conduct a mental health evaluation within 60 days on all known resident-on-resident abusers".</p> <p>Final Analysis:</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the standard.</p> |
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| <b>115.286</b> | <b>Sexual abuse incident reviews</b>                 |
|                | <b>Auditor Overall Determination:</b> Meets Standard |
|                | <b>Auditor Discussion</b>                            |



The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

Memo: Incident Review

Interviews:

PREA Coordinator

Incident Review Team

Findings (By Provision):

115.286 (a). The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that:

The PREA Coordinator in consultation with the Incident Review Team, which includes the Vice President of Re-Entry and Residential Services (PREA Coordinator), Program Director, Assistant Director and other pertinent individuals. will conduct an incident review within 30 days of the conclusion of all sexual abuse investigations including allegations that are found to be unsubstantiated.

The Incident Review Team shall 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 was motivated or otherwise caused by a group of dynamics at the facility.

The Incident Review Team shall examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; assess staffing levels; assess use of monitoring equipment; and prepare a report of its findings and recommendations for improvement.

Based on the review of an incident, appropriate corrective actions shall be taken as determined by the Incident Review Team.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0.

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

standard.

115.286 (b). The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “the PREA Coordinator in consultation with the Incident Review Team, which includes the Vice President of Re-Entry and Residential Services (PREA Coordinator), Program Director, Assistant Director and other pertinent individuals. will conduct an incident review within 30 days of the conclusion of all sexual abuse investigations including allegations that are found to be unsubstantiated”.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0

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

115.286 (c). The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “the PREA Coordinator in consultation with the Incident Review Team, which includes the Vice President of Re-Entry and Residential Services (PREA Coordinator), Program Director, Assistant Director and other pertinent individuals. will conduct an incident review within 30 days of the conclusion of all sexual abuse investigations including allegations that are found to be unsubstantiated”.

#### Interviews

Director or Designee – The interviewed director reported that agency does have an Incident Review Team, which includes CR/ Vice President for Re Entry and Residential Services Kim Harris, Program Director Hector Stewart, and Assistant Director Scott Harris. The Review Team seeks input in all investigations from line staff, supervisors, investigators, medical and mental health professionals.

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

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

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

states that:

The Incident Review Team shall 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 was motivated or otherwise caused by a group of dynamics at the facility.

The Incident Review Team shall examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; assess staffing levels; assess use of monitoring equipment; and prepare a report of its findings and recommendations for improvement.

#### Interviews

Director/PREA Coordinator – The interviewed PREA Coordinator reported that the facility conducts incident reviews, and such reviews are forwarded for further review. After the report has been submitted, we meet to determine whether or not there's a need to change policies or procedures to better prevent, detect or respond to sexual abuse.

Incident Review Team – The interviewed staff on the incident review team reported that the Incident Review Team shall consider whether the incident or allegation was motivated by race, ethnicity, gender, identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status of gang affiliation, or was motivated or otherwise caused by a group of dynamics at the facility. The Incident Review Team shall examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled abuse – and prepare a report of its findings and recommendations for improvement. The Incident Review Team shall assess staffing levels – and prepare a report on its findings and recommendations for improvement. The Incident Review Team shall assess the use of monitoring equipment – and prepare a report of its findings and recommendations for improvement. It was further reported that they recently upgraded our camera system. If determined the need for additional surveillance recommendations are made.

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

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

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

#### Final Analysis:

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

| 115.287 | Data collection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|         | <p data-bbox="280 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="280 342 1342 376">The following evidence was analyzed in making compliance determination:</p> <p data-bbox="280 409 1035 443">Supporting Documents, Interviews and Observations:</p> <p data-bbox="280 488 703 521">Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="280 555 1362 633">Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p data-bbox="280 667 667 701">Annual Report (2021/2022)</p> <p data-bbox="280 734 657 768">Outcome Measures Report</p> <p data-bbox="280 801 520 835">SSV (2021/2022)</p> <p data-bbox="280 880 437 913">Interviews:</p> <p data-bbox="280 947 608 981">Findings (By Provision):</p> <p data-bbox="280 1025 1430 1149">115.287 (a). The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p data-bbox="280 1182 1445 1261">Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that.</p> <p data-bbox="280 1294 1481 1541">Career Resources, Inc. shall collect accurate, uniform data for every allegation of sexual abuse that has taken place in each of its programs/facilities. Data shall be aggregated according to facility as well as the agency. A standardized tool shall be used, which answers all the questions from the most recent Survey of Sexual Violence conducted by the Department of Justice. The following shall be collected on each alleged report:</p> <ul data-bbox="288 1574 1453 2022" style="list-style-type: none"> <li>• On each alleged report, creating a total number of reports and their outcome</li> <li>• What type of alleged harassment / abuse occurred - client on client, client on staff, staff on client, staff on staff</li> <li>• What Type of Client - originating referral source</li> <li>• Type of abuse or harassment – nonconsensual sexual acts, abusive sexual contact, sexual harassment, sexual misconduct...</li> <li>• Was the alleged claim of sexual harassment /abuse substantiated, unfounded, or the investigation is still ongoing</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>• Contributing factors – race, gang affiliation, sexual identity, sexual orientation, physical plan issues, staff supervision, violation of Codes of Ethics</li> </ul> <p>Documentation Reviewed:</p> <p>Outcome Measures Report</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.287 (b). The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “Data shall be aggregated and presented in an annual report. The facility shall prepare an annual report of its findings and corrective actions. The report shall include a comparison of the current year’s data with those of previous years and shall provide an assessment of the facility’s progress in addressing sexual abuse”.</p> <p>Documentation Reviewed</p> <p>Annual Report (2021/2022)</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>115.287 (C). The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p>Documentation Reviewed</p> <p>SSV (2021)</p> <p>115.287 (d). The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>115.287 (e). N/A the agency does not contract for the confinement of its residents.</p> <p>115.287 (f). N/A the DOJ has not requested agency data.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p> |
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| <b>115.288</b> | <b>Data review for corrective action</b> |
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|  | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|  | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|  | <p>The following evidence was analyzed in making compliance determination:</p> <p>Supporting Documents, Interviews and Observations:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures</p> <p>Annual Report (2021/2022)</p> <p>Interviews:</p> <p>Agency Head</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.288 (a). The agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that.</p> <p>Career Resources, Inc. shall collect accurate, uniform data for every allegation of sexual abuse that has taken place in each of its programs/facilities. Data shall be aggregated according to facility as well as the agency. A standardized tool shall be used, which answers all the questions from the most recent Survey of Sexual Violence conducted by the Department of Justice. The following shall be collected on each alleged report:</p> <ul style="list-style-type: none"><li>• On each alleged report, creating a total number of reports and their outcome</li><li>• What type of alleged harassment / abuse occurred - client on client, client on staff, staff on client, staff on staff</li><li>• What Type of Client - originating referral source</li><li>• Type of abuse or harassment – nonconsensual sexual acts, abusive sexual contact, sexual harassment, sexual misconduct...</li><li>• Was the alleged claim of sexual harassment /abuse substantiated, unfounded, or the investigation is still ongoing</li></ul> |

- Contributing factors – race, gang affiliation, sexual identity, sexual orientation, physical plan issues, staff supervision, violation of Codes of Ethics

Documentation Reviewed

Annual Report (2021/2022)

Interviews:

Agency Head – The interviewed agency head reported that all reporting is kept updated and in storage. During any critical incidents, including allegations of PREA violations, staff are debriefed, and brainstorming takes place in order to produce better practices and policies where necessary. PREA training is provided as part of CRI’s onboard process. Yearly PREA in-service training are given to all staff and updated lists of trained staff are managed by CRI’s PREA compliance officer.

PREA Coordinator – The interviewed PREA Coordinator reported that the agency will review data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. In addition, the agency prepares an annual report of findings from its data review and any correction actions for each facility, as well as the agency as a whole.

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

115.288 (b). The annual report includes a comparison of the current year’s data and corrective actions with those from prior years. The annual report provides an assessment of the agency’s progress in addressing sexual abuse.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “data shall be aggregated and presented in an annual report. The facility shall prepare an annual report of its findings and corrective actions. The report shall include a comparison of the current year’s data with those of previous years and shall provide an assessment of the facility’s progress in addressing sexual abuse:

Documentation Reviewed

Annual Report (2021/2022)

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

115.288 (c). The agency makes its annual report readily available to the public at least through its website.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “the annual report shall be approved by the President of Re-Entry and Residential Services and shall be made readily available to the public through its

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|  | <p>website or other means upon request”.</p> <p>Documentation Reviewed</p> <p>The agency website (CAREER-RESOURCES-Annual-Report.docx (live.com)) contains the annual reports.</p> <p>Annual Report (2021/2022)</p> <p>Interviews</p> <p>Agency Head – The interviewed agency head reported that Career Resources Inc. assumed control of the Isaiah and STARS programs in 2018 and since that time began posting annual reports on our company website, <a href="http://www.careerresources.org">www.careerresources.org</a>.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.288. (d). 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. The agency indicates the nature of material redacted.</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “prior to making the data public, all personal identifiers shall be redacted. This data, minus redactions, shall also be provided to the CT DOC for inclusion in their annual report”.</p> <p>Interviews:</p> <p>PREA Coordinator – The interviewed PREA Coordinator reported that personal identifiers would be redacted from the annual report.</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p> |
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| <b>115.289</b> | <b>Data storage, publication, and destruction</b>    |
|                | <b>Auditor Overall Determination:</b> Meets Standard |
|                | <b>Auditor Discussion</b>                            |



The following evidence was analyzed in making compliance determination:

Supporting Documents, Interviews and Observations:

Pre-Audit Questionnaire (PAQ)

Policy: Career Resources Inc. Prison Rape Elimination Act (PREA) Policies and Procedures

Annual Report (2021/2022)

Interviews:

PREA Coordinator

Findings (By Provision):

115.289 (a). The agency ensures that incident-based and aggregate data are securely retained.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "Career Resources, Inc. will collect data and maintain records of all incidents related to sexual abuse and sexual harassment whether alleged or actual. The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice".

Interviews

PREA Coordinator – The interviewed PREA Coordinator reported that the agency review data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The information reviewed allows the agency to effectively improve their prevention, detection and training.

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

115.289 (b). N/A the facility does not contract for services or the placement of residents.

115.289 (c). Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that "Prior to making the data public, all personal identifiers shall be redacted. This data, minus redactions, shall also be provided to the CT DOC for inclusion in their annual report" The policy further states that "records will be

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|  | <p>maintained for at least 10 years after the date of initial collection”.</p> <p>Documentation Reviewed</p> <p>Annual Report (2021/2022)</p> <p>Interviews</p> <p>A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.289 (d). The agency shall maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p>Policy: The Career Inc. Prison Rape Elimination Act (PREA) Policies and Procedures states that “records will be maintained for at least 10 years after the date of initial collection”.</p> <p>Documentation Reviewed</p> <p>Annual Report (2021/2022)</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p> |
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| <b>115.401</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                | <p><b>Auditor Discussion</b></p> <p>The following evidence was analyzed in making compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: <ol style="list-style-type: none"> <li>a. Website</li> </ol> </li> </ol> <p>Findings (By Provision):</p> <p>115.401 (a). The agency website contains the results of all the PREA audits conducted.</p> <p>115.401 (b). The site is in Cycle 4 Audit Year 1.</p> <p>115.401 (h). During the inspection of the physical plant the auditor and was escorted throughout the site by the program lead. The auditor was provided</p> |

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|  | <p>unfettered access throughout the institution. Specifically, the auditor was not barred or deterred entry to any areas. The auditor had the ability to freely observe, with entry provided to all areas without prohibition. Based on review of documentation the site is compliant with the intent of the provision.</p> <p>115.401 (i). During the on-site visit, the auditor was provided access to all documents requested. All documents requested were received to include, but not limited to employee and resident files, sensitive documents, and investigation reports. Based on review of documentation the site is compliant with the intent of the provision.</p> <p>115.401 (m). The auditor was provided private rooms throughout the site to conduct interviews. The staff staged the residents in a fashion that the auditor did not have to wait between interviews. The rooms provided for inmate interviews were soundproof and somewhat visually confidential from other residents which was judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related content during interview. It should also be noted that additional precautionary measures were taken to ensure proper social distancing due to the COVID-19.</p> <p>A review of the appropriate documentation and interviews with staff indicate that the site is in compliance with the provisions of this standard. No corrective action is warranted.</p> <p>115.401 (n). Residents were able to submit confidential information via written letters to the auditing agency PO Box or during the interviews with the auditor. The auditor did not receive any correspondence from the site.</p> <p>Final Analysis:</p> <p>Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.</p> |
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| <b>115.403</b> | <b>Audit contents and findings</b>                                                                                                                                                                                                     |
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|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                   |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                              |
|                | <p>The following evidence was analyzed in making compliance determination:</p> <p>Documents:</p> <p>a. Website</p> <p>Findings (By Provision):</p> <p>115.403 (a). The Career Resources posts its PREA Audit reports on the Agency</p> |

website. The reports are available for review at CAREER-RESOURCES-Annual-Report.docx (live.com). There is a link to the final PREA reports. The facility is compliant with the intent of the standard.

Final Analysis:

Based on review and analysis of the available evidence, the auditor has determined that the agency and facility is fully compliant with the standard.

| <b>Appendix: Provision Findings</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
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| <b>115.211<br/>(a)</b>              | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>                                                                                                                                                                                                                                                                                                                                                                        |     |
|                                     | 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 |
| <b>115.211<br/>(b)</b>              | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>                                                                                                                                                                                                                                                                                                                                                                        |     |
|                                     | Has the agency employed or designated an agency-wide PREA Coordinator?                                                                                                                                                                                                                                                                                                                                                                               | yes |
|                                     | Is the PREA Coordinator position in the upper-level of the agency hierarchy?                                                                                                                                                                                                                                                                                                                                                                         | yes |
|                                     | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?                                                                                                                                                                                                                                                     | yes |
| <b>115.212<br/>(a)</b>              | <b>Contracting with other entities for the confinement of residents</b>                                                                                                                                                                                                                                                                                                                                                                              |     |
|                                     | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na  |
| <b>115.212<br/>(b)</b>              | <b>Contracting with other entities for the confinement of residents</b>                                                                                                                                                                                                                                                                                                                                                                              |     |
|                                     | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)                                                                                                                                              | na  |
| <b>115.212<br/>(c)</b>              | <b>Contracting with other entities for the confinement of residents</b>                                                                                                                                                                                                                                                                                                                                                                              |     |
|                                     | If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in                                                                                                                                                                                                                                                                                                                  | na  |

|                        |                                                                                                                                                                                                                                                             |     |
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|                        | emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) |     |
|                        | In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)                     | na  |
| <b>115.213<br/>(a)</b> | <b>Supervision and monitoring</b>                                                                                                                                                                                                                           |     |
|                        | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?                                                                          | yes |
|                        | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?                                                                                | yes |
|                        | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?                                                                          | yes |
|                        | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?                                       | yes |
|                        | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?                                                                                          | yes |
| <b>115.213<br/>(b)</b> | <b>Supervision and monitoring</b>                                                                                                                                                                                                                           |     |
|                        | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)                                                                               | na  |
| <b>115.213<br/>(c)</b> | <b>Supervision and monitoring</b>                                                                                                                                                                                                                           |     |
|                        | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?                                                                     | yes |
|                        | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing                                                                                                                                   | yes |

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

|                        |                                                                                                                                                                                                                                                                                                                 |     |
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|                        | 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?                                                                        |     |
|                        | Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?                                                                                                          | yes |
| <b>115.215<br/>(e)</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                                                                                              |     |
|                        | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?                                                                                                                                    | yes |
|                        | If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?           | yes |
| <b>115.215<br/>(f)</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                                                                                              |     |
|                        | 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 |
| <b>115.216<br/>(a)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>                                                                                                                                                                                                                             |     |
|                        | 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 |



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

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|                        | 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 |
| <b>115.216<br/>(c)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>                                                                                                                                                                                                                                                                                              |     |
|                        | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? | yes |
| <b>115.217<br/>(a)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                                            |     |
|                        | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?                                                                                                               | yes |
|                        | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?                                        | yes |
|                        | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?                                                                                                                                          | yes |
|                        | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?                                                                                                | yes |
|                        | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of                                                                                                                  | yes |

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

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| <b>(f)</b>             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
|                        | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?                                                                                                                                                                                                                                                   | yes |
|                        | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?                                                                                                                                                                                                                  | yes |
|                        | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?                                                                                                                                                                                                                                                                                                                                                                                 | yes |
| <b>115.217<br/>(g)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
|                        | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?                                                                                                                                                                                                                                                                                                                                    | yes |
| <b>115.217<br/>(h)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
|                        | 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 |
| <b>115.218<br/>(a)</b> | <b>Upgrades to facilities and technology</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|                        | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.) | yes |
| <b>115.218<br/>(b)</b> | <b>Upgrades to facilities and technology</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|                        | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the                                                                                                                                                                                                                                                                                            | yes |

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
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|                    | agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)                                                                                                                                                                                                        |     |
| <b>115.221 (a)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
|                    | 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 |
| <b>115.221 (b)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
|                    | Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)                                                                                                                                                                                                                                                                                | yes |
|                    | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |
| <b>115.221 (c)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
|                    | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?                                                                                                                                                                                                                                                                               | yes |
|                    | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?                                                                                                                                                                                                                                                                                                                                                    | yes |
|                    | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?                                                                                                                                                                                                                                                                                    | yes |

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
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|                    | Has the agency documented its efforts to provide SAFEs or SANEs?                                                                                                                                                                                                                                                                                                                                                                 | yes |
| <b>115.221 (d)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                       |     |
|                    | 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 |
| <b>115.221 (e)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                       |     |
|                    | 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 |
| <b>115.221 (f)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                       |     |
|                    | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)                                                                                         | yes |
| <b>115.221 (h)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                       |     |
|                    | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above). | na  |

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| <b>115.222<br/>(a)</b> | <b>Policies to ensure referrals of allegations for investigations</b>                                                                                                                                                                                                                 |     |
|                        | 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 |
| <b>115.222<br/>(b)</b> | <b>Policies to ensure referrals of allegations for investigations</b>                                                                                                                                                                                                                 |     |
|                        | 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 |
| <b>115.222<br/>(c)</b> | <b>Policies to ensure referrals of allegations for investigations</b>                                                                                                                                                                                                                 |     |
|                        | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)        | yes |
| <b>115.231<br/>(a)</b> | <b>Employee training</b>                                                                                                                                                                                                                                                              |     |
|                        | 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                                                                                                                                                                                                                         | yes |

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|                    | residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?                                                                                                          |     |
|                    | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?                                                                                            | yes |
|                    | Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?                                                                                           | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?                                                                                     | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?                                                                                                      | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?                                                       | yes |
| <b>115.231 (b)</b> | <b>Employee training</b>                                                                                                                                                                                                                  |     |
|                    | 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 |
| <b>115.231 (c)</b> | <b>Employee training</b>                                                                                                                                                                                                                  |     |
|                    | 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,                                                                                                                                                                        | yes |



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|                        | does the agency provide refresher information on current sexual abuse and sexual harassment policies?                                                                                                                                                                                                                                                                             |     |
| <b>115.231<br/>(d)</b> | <b>Employee training</b>                                                                                                                                                                                                                                                                                                                                                          |     |
|                        | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?                                                                                                                                                                                                                                       | yes |
| <b>115.232<br/>(a)</b> | <b>Volunteer and contractor training</b>                                                                                                                                                                                                                                                                                                                                          |     |
|                        | 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 |
| <b>115.232<br/>(b)</b> | <b>Volunteer and contractor training</b>                                                                                                                                                                                                                                                                                                                                          |     |
|                        | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| <b>115.232<br/>(c)</b> | <b>Volunteer and contractor training</b>                                                                                                                                                                                                                                                                                                                                          |     |
|                        | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?                                                                                                                                                                                                                                                     | yes |
| <b>115.233<br/>(a)</b> | <b>Resident education</b>                                                                                                                                                                                                                                                                                                                                                         |     |
|                        | During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?                                                                                                                                                                                                                                      | yes |
|                        | During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?                                                                                                                                                                                                                                           | yes |
|                        | During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?                                                                                                                                                                                                                                                      | yes |

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|                    | During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?                                                                                | yes |
|                    | During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?                                                                                        | yes |
| <b>115.233 (b)</b> | <b>Resident education</b>                                                                                                                                                                                         |     |
|                    | Does the agency provide refresher information whenever a resident is transferred to a different facility?                                                                                                         | yes |
| <b>115.233 (c)</b> | <b>Resident education</b>                                                                                                                                                                                         |     |
|                    | 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 |
| <b>115.233 (d)</b> | <b>Resident education</b>                                                                                                                                                                                         |     |
|                    | Does the agency maintain documentation of resident participation in these education sessions?                                                                                                                     | yes |
| <b>115.233 (e)</b> | <b>Resident education</b>                                                                                                                                                                                         |     |
|                    | 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 |
| <b>115.234 (a)</b> | <b>Specialized training: Investigations</b>                                                                                                                                                                       |     |
|                    | In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent                                                                                    | yes |

|                    |                                                                                                                                                                                                                                                                                                                                                                              |     |
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|                    | the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).                                                                                               |     |
| <b>115.234 (b)</b> | <b>Specialized training: Investigations</b>                                                                                                                                                                                                                                                                                                                                  |     |
|                    | Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).                                                                                                                                                            | yes |
|                    | Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).                                                                                                                                                                  | yes |
|                    | Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).                                                                                                                                                    | yes |
|                    | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).                                                                                                | yes |
| <b>115.234 (c)</b> | <b>Specialized training: Investigations</b>                                                                                                                                                                                                                                                                                                                                  |     |
|                    | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)                                                                                        | yes |
| <b>115.235 (a)</b> | <b>Specialized training: Medical and mental health care</b>                                                                                                                                                                                                                                                                                                                  |     |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na  |

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|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)                                              | na |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)      | na |
| <b>115.235 (b)</b> | <b>Specialized training: Medical and mental health care</b>                                                                                                                                                                                                                                                                                                                                            |    |
|                    | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)                                                                                                                       | na |
| <b>115.235 (c)</b> | <b>Specialized training: Medical and mental health care</b>                                                                                                                                                                                                                                                                                                                                            |    |
|                    | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)                                                                             | na |
| <b>115.235 (d)</b> | <b>Specialized training: Medical and mental health care</b>                                                                                                                                                                                                                                                                                                                                            |    |
|                    | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)                                                                                                                                                               | na |
|                    | Do medical and mental health care practitioners contracted by                                                                                                                                                                                                                                                                                                                                          | na |

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|                    | and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) |     |
| <b>115.241 (a)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                         |     |
|                    | Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?                                                       | yes |
|                    | Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?                                                | yes |
| <b>115.241 (b)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                         |     |
|                    | Do intake screenings ordinarily take place within 72 hours of arrival at the facility?                                                                                                                             | yes |
| <b>115.241 (c)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                         |     |
|                    | Are all PREA screening assessments conducted using an objective screening instrument?                                                                                                                              | yes |
| <b>115.241 (d)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                         |     |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?           | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?                                                            | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?                                                 | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?                              | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:                                                                                     | yes |

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

|                        |                                                                                                                                                                                                                                                                            |     |
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| <b>115.241<br/>(g)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                 |     |
|                        | Does the facility reassess a resident's risk level when warranted due to a: Referral?                                                                                                                                                                                      | yes |
|                        | Does the facility reassess a resident's risk level when warranted due to a: Request?                                                                                                                                                                                       | yes |
|                        | Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?                                                                                                                                                                      | yes |
|                        | Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?                                                                                    | yes |
| <b>115.241<br/>(h)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                 |     |
|                        | Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?                                        | yes |
| <b>115.241<br/>(i)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                 |     |
|                        | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | yes |
| <b>115.242<br/>(a)</b> | <b>Use of screening information</b>                                                                                                                                                                                                                                        |     |
|                        | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?              | yes |
|                        | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?                  | yes |
|                        | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?                 | yes |

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
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|                    | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?                                                                                                                                                                                                                        | yes |
|                    | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?                                                                                                                                                                                                                          | yes |
| <b>115.242 (b)</b> | <b>Use of screening information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                    | Does the agency make individualized determinations about how to ensure the safety of each resident?                                                                                                                                                                                                                                                                                                                                                                                    | yes |
| <b>115.242 (c)</b> | <b>Use of screening information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                    | 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 |
| <b>115.242 (d)</b> | <b>Use of screening information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                    | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?                                                                                                                                                                                                                                                                              | yes |
| <b>115.242 (e)</b> | <b>Use of screening information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                    | Are transgender and intersex residents given the opportunity to shower separately from other residents?                                                                                                                                                                                                                                                                                                                                                                                | yes |
| <b>115.242</b>     | <b>Use of screening information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |



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| <b>(f)</b>             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|                        | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
|                        | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)                | yes |
|                        | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)                   | yes |
| <b>115.251<br/>(a)</b> | <b>Resident reporting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                        | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | yes |
|                        | Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?                                                                                                                                                                                                                                                                                                                                                                                                                                | yes |
|                        | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?                                                                                                                                                                                                                                                                                                                                                                                                                              | yes |
| <b>115.251<br/>(b)</b> | <b>Resident reporting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |

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|                        | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?                                                                                                                                                                                                                                                                                                      | yes |
|                        | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?                                                                                                                                                                                                                                                                                                                                 | yes |
|                        | Does that private entity or office allow the resident to remain anonymous upon request?                                                                                                                                                                                                                                                                                                                                                                                              | yes |
| <b>115.251<br/>(c)</b> | <b>Resident reporting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|                        | 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 |
| <b>115.251<br/>(d)</b> | <b>Resident reporting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|                        | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?                                                                                                                                                                                                                                                                                                                                                                      | yes |
| <b>115.252<br/>(a)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|                        | Is the agency exempt from this standard?<br>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 |
| <b>115.252<br/>(b)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|                        | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)                                                                                                                                                                | na  |
|                        | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve                                                                                                                                                                                                                                                                                                                                                   | na  |

|                    |                                                                                                                                                                                                                                                                                                                                                                            |    |
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|                    | with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)                                                                                                                                                                                                                                                                             |    |
| <b>115.252 (c)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                               |    |
|                    | 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.)                                                                                                                                                         | na |
|                    | Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)                                                                                                                                                                                                           | na |
| <b>115.252 (d)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                               |    |
|                    | 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.)                           | na |
|                    | If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | na |
|                    | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)                                             | na |
| <b>115.252 (e)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                               |    |
|                    | 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.)                                                                                        | na |
|                    | Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf                                                                                                                                                                                                                                      | na |

|                    |                                                                                                                                                                                                                                                                                                                                                                                   |    |
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|                    | 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.)                                             |    |
|                    | 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.)                                                                                                                                                                                                      | na |
| <b>115.252 (f)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                      |    |
|                    | 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.)                                                                                                                                                                  | na |
|                    | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | na |
|                    | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)                                                                                                                                                                                                                | na |
|                    | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)                                                                                                                                                                                                       | na |
|                    | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)                                                                                                                                                                       | na |
|                    | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)                                                                                                                                                                                                                             | na |
|                    | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)                                                                                                                                                                                                                      | na |
| <b>115.252 (g)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                      |    |
|                    | If the agency disciplines a resident for filing a grievance related to                                                                                                                                                                                                                                                                                                            | na |

|                    |                                                                                                                                                                                                                                                                                                                                 |     |
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|                    | 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.)                                                                                                                                                        |     |
| <b>115.253 (a)</b> | <b>Resident access to outside confidential support services</b>                                                                                                                                                                                                                                                                 |     |
|                    | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
|                    | Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?                                                                                                                                                                                           | yes |
| <b>115.253 (b)</b> | <b>Resident access to outside confidential support services</b>                                                                                                                                                                                                                                                                 |     |
|                    | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?                                                                            | yes |
| <b>115.253 (c)</b> | <b>Resident access to outside confidential support services</b>                                                                                                                                                                                                                                                                 |     |
|                    | 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 |
| <b>115.254 (a)</b> | <b>Third party reporting</b>                                                                                                                                                                                                                                                                                                    |     |
|                    | 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 |
| <b>115.261 (a)</b> | <b>Staff and agency reporting duties</b>                                                                                                                                                                                                                                                                                        |     |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or                                                                                                                                                                                                             | yes |

|                    |                                                                                                                                                                                                                                                                                                                  |     |
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|                    | information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?                                                                                                                                                                     |     |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?                                                                  | yes |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?                       | yes |
| <b>115.261 (b)</b> | <b>Staff and agency reporting duties</b>                                                                                                                                                                                                                                                                         |     |
|                    | Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| <b>115.261 (c)</b> | <b>Staff and agency reporting duties</b>                                                                                                                                                                                                                                                                         |     |
|                    | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?                                                                                                                               | yes |
|                    | Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?                                                                                                                            | yes |
| <b>115.261 (d)</b> | <b>Staff and agency reporting duties</b>                                                                                                                                                                                                                                                                         |     |
|                    | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?                                               | yes |
| <b>115.261 (e)</b> | <b>Staff and agency reporting duties</b>                                                                                                                                                                                                                                                                         |     |
|                    | 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 |

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| <b>115.262<br/>(a)</b> | <b>Agency protection duties</b>                                                                                                                                                                                                                                       |     |
|                        | 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 |
| <b>115.263<br/>(a)</b> | <b>Reporting to other confinement facilities</b>                                                                                                                                                                                                                      |     |
|                        | 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 |
| <b>115.263<br/>(b)</b> | <b>Reporting to other confinement facilities</b>                                                                                                                                                                                                                      |     |
|                        | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?                                                                                                                                                         | yes |
| <b>115.263<br/>(c)</b> | <b>Reporting to other confinement facilities</b>                                                                                                                                                                                                                      |     |
|                        | Does the agency document that it has provided such notification?                                                                                                                                                                                                      | yes |
| <b>115.263<br/>(d)</b> | <b>Reporting to other confinement facilities</b>                                                                                                                                                                                                                      |     |
|                        | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?                                                                                                                | yes |
| <b>115.264<br/>(a)</b> | <b>Staff first responder duties</b>                                                                                                                                                                                                                                   |     |
|                        | 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,    | yes |

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|                        | 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?                                                                                                                                                                                                                                                                        |     |
|                        | 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 |
| <b>115.264<br/>(b)</b> | <b>Staff first responder duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |
|                        | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?                                                                                                                                                                                                                                                         | yes |
| <b>115.265<br/>(a)</b> | <b>Coordinated response</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                        | 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 |
| <b>115.266<br/>(a)</b> | <b>Preservation of ability to protect residents from contact with abusers</b>                                                                                                                                                                                                                                                                                                                                                                                                |     |
|                        | 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 |
| <b>115.267<br/>(a)</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
|                        | 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 |



|                    |                                                                                                                                                                                                                                                                                                                                                                       |     |
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|                    | Has the agency designated which staff members or departments are charged with monitoring retaliation?                                                                                                                                                                                                                                                                 | yes |
| <b>115.267 (b)</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                                                                                                                                                                          |     |
|                    | Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |
| <b>115.267 (c)</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                                                                                                                                                                          |     |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?                  | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?         | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?                                                                                                                                                    | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?                                                                                                                                                      | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?                                                                                                                                                             | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?                                                                                                                                                               | yes |

|                    |                                                                                                                                                                                                                                                                                                                  |     |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?                                                                                             | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?                                                                                                             | yes |
|                    | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?                                                                                                                                                                                                   | yes |
| <b>115.267 (d)</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                                                                                                                     |     |
|                    | In the case of residents, does such monitoring also include periodic status checks?                                                                                                                                                                                                                              | yes |
| <b>115.267 (e)</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                                                                                                                     |     |
|                    | 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 |
| <b>115.271 (a)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                                         |     |
|                    | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). ) | yes |
|                    | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )                                                | yes |
| <b>115.271 (b)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                                         |     |
|                    | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?                                                                                                                                                   | yes |
| <b>115.271 (c)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                                         |     |
|                    | Do investigators gather and preserve direct and circumstantial                                                                                                                                                                                                                                                   | yes |

|                    |                                                                                                                                                                                                                                                      |     |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                    | evidence, including any available physical and DNA evidence and any available electronic monitoring data?                                                                                                                                            |     |
|                    | 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 |
| <b>115.271 (d)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                             |     |
|                    | 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 |
| <b>115.271 (e)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                             |     |
|                    | 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 |
| <b>115.271 (f)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                             |     |
|                    | 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 |
| <b>115.271 (g)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                             |     |
|                    | 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 |
| <b>115.271</b>     | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                             |     |

|                    |                                                                                                                                                                                                                                                                                                                   |     |
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| <b>(h)</b>         |                                                                                                                                                                                                                                                                                                                   |     |
|                    | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?                                                                                                                                                                                                                | yes |
| <b>115.271 (i)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                                          |     |
|                    | Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?                                                                                                                                         | yes |
| <b>115.271 (j)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                                          |     |
|                    | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?                                                                                                                      | yes |
| <b>115.271 (l)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                                          |     |
|                    | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) | yes |
| <b>115.272 (a)</b> | <b>Evidentiary standard for administrative investigations</b>                                                                                                                                                                                                                                                     |     |
|                    | 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 |
| <b>115.273 (a)</b> | <b>Reporting to residents</b>                                                                                                                                                                                                                                                                                     |     |
|                    | Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?                                                      | yes |
| <b>115.273 (b)</b> | <b>Reporting to residents</b>                                                                                                                                                                                                                                                                                     |     |
|                    | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency                                                                                                                                                                               | yes |

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                    | 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.)                                                                                                                                                                                                          |     |
| <b>115.273 (c)</b> | <b>Reporting to residents</b>                                                                                                                                                                                                                                                                                                                                                                                   |     |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?                                                    | yes |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?                                                             | yes |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?      | yes |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| <b>115.273 (d)</b> | <b>Reporting to residents</b>                                                                                                                                                                                                                                                                                                                                                                                   |     |
|                    | 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                                                                                                                                                                                                                                                                              | yes |

|                    |                                                                                                                                                                                                                                                                                                                                                                   |     |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                    | the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?                                                                                                                                                                                                                |     |
| <b>115.273 (e)</b> | <b>Reporting to residents</b>                                                                                                                                                                                                                                                                                                                                     |     |
|                    | Does the agency document all such notifications or attempted notifications?                                                                                                                                                                                                                                                                                       | yes |
| <b>115.276 (a)</b> | <b>Disciplinary sanctions for staff</b>                                                                                                                                                                                                                                                                                                                           |     |
|                    | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?                                                                                                                                                                                                                      | yes |
| <b>115.276 (b)</b> | <b>Disciplinary sanctions for staff</b>                                                                                                                                                                                                                                                                                                                           |     |
|                    | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?                                                                                                                                                                                                                                                                  | yes |
| <b>115.276 (c)</b> | <b>Disciplinary sanctions for staff</b>                                                                                                                                                                                                                                                                                                                           |     |
|                    | 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 |
| <b>115.276 (d)</b> | <b>Disciplinary sanctions for staff</b>                                                                                                                                                                                                                                                                                                                           |     |
|                    | 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 |
| <b>115.277 (a)</b> | <b>Corrective action for contractors and volunteers</b>                                                                                                                                                                                                                                                                                                           |     |

|                        |                                                                                                                                                                                                                                                                              |     |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                        | 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 |
| <b>115.277<br/>(b)</b> | <b>Corrective action for contractors and volunteers</b>                                                                                                                                                                                                                      |     |
|                        | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?                                 | yes |
| <b>115.278<br/>(a)</b> | <b>Disciplinary sanctions for residents</b>                                                                                                                                                                                                                                  |     |
|                        | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| <b>115.278<br/>(b)</b> | <b>Disciplinary sanctions for residents</b>                                                                                                                                                                                                                                  |     |
|                        | Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?                                                       | yes |
| <b>115.278<br/>(c)</b> | <b>Disciplinary sanctions for residents</b>                                                                                                                                                                                                                                  |     |
|                        | 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 |
| <b>115.278<br/>(d)</b> | <b>Disciplinary sanctions for residents</b>                                                                                                                                                                                                                                  |     |
|                        | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a           | yes |

|                    |                                                                                                                                                                                                                                                                                                                 |     |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                    | condition of access to programming and other benefits?                                                                                                                                                                                                                                                          |     |
| <b>115.278 (e)</b> | <b>Disciplinary sanctions for residents</b>                                                                                                                                                                                                                                                                     |     |
|                    | 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 |
| <b>115.278 (f)</b> | <b>Disciplinary sanctions for residents</b>                                                                                                                                                                                                                                                                     |     |
|                    | 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 |
| <b>115.278 (g)</b> | <b>Disciplinary sanctions for residents</b>                                                                                                                                                                                                                                                                     |     |
|                    | 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 |
| <b>115.282 (a)</b> | <b>Access to emergency medical and mental health services</b>                                                                                                                                                                                                                                                   |     |
|                    | 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 |
| <b>115.282 (b)</b> | <b>Access to emergency medical and mental health services</b>                                                                                                                                                                                                                                                   |     |
|                    | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?                                                                                  | yes |
|                    | Do security staff first responders immediately notify the appropriate medical and mental health practitioners?                                                                                                                                                                                                  | yes |
| <b>115.282 (c)</b> | <b>Access to emergency medical and mental health services</b>                                                                                                                                                                                                                                                   |     |
|                    | Are resident victims of sexual abuse offered timely information                                                                                                                                                                                                                                                 | yes |



|                    |                                                                                                                                                                                                                                                                                                                                                                                                                |     |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                    | about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?                                                                                                                                                                                                                 |     |
| <b>115.282 (d)</b> | <b>Access to emergency medical and mental health services</b>                                                                                                                                                                                                                                                                                                                                                  |     |
|                    | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?                                                                                                                                                                                                                   | yes |
| <b>115.283 (a)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                                                                                                                                                             |     |
|                    | 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 |
| <b>115.283 (b)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                                                                                                                                                             |     |
|                    | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?                                                                                                                                               | yes |
| <b>115.283 (c)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                                                                                                                                                             |     |
|                    | Does the facility provide such victims with medical and mental health services consistent with the community level of care?                                                                                                                                                                                                                                                                                    | yes |
| <b>115.283 (d)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                                                                                                                                                             |     |
|                    | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| <b>115.283 (e)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                                                                                                                                                             |     |
|                    | If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive                                                                                                                                                                                                                                                                                    | yes |

|                    |                                                                                                                                                                                                                                                                                                                                                                                             |     |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                    | information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) |     |
| <b>115.283 (f)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                                                                                                                                          |     |
|                    | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?                                                                                                                                                                                                                                                         | yes |
| <b>115.283 (g)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                                                                                                                                          |     |
|                    | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?                                                                                                                                                                                                | yes |
| <b>115.283 (h)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                                                                                                                                          |     |
|                    | 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 |
| <b>115.286 (a)</b> | <b>Sexual abuse incident reviews</b>                                                                                                                                                                                                                                                                                                                                                        |     |
|                    | 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 |
| <b>115.286 (b)</b> | <b>Sexual abuse incident reviews</b>                                                                                                                                                                                                                                                                                                                                                        |     |
|                    | Does such review ordinarily occur within 30 days of the conclusion of the investigation?                                                                                                                                                                                                                                                                                                    | yes |
| <b>115.286 (c)</b> | <b>Sexual abuse incident reviews</b>                                                                                                                                                                                                                                                                                                                                                        |     |
|                    | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?                                                                                                                                                                                                                                 | yes |

|                        |                                                                                                                                                                                                                                                                               |     |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>115.286<br/>(d)</b> | <b>Sexual abuse incident reviews</b>                                                                                                                                                                                                                                          |     |
|                        | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?                                                                                                   | yes |
|                        | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
|                        | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?                                                                                                                | yes |
|                        | Does the review team: Assess the adequacy of staffing levels in that area during different shifts?                                                                                                                                                                            | yes |
|                        | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?                                                                                                                                                | yes |
|                        | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?    | yes |
| <b>115.286<br/>(e)</b> | <b>Sexual abuse incident reviews</b>                                                                                                                                                                                                                                          |     |
|                        | Does the facility implement the recommendations for improvement, or document its reasons for not doing so?                                                                                                                                                                    | yes |
| <b>115.287<br/>(a)</b> | <b>Data collection</b>                                                                                                                                                                                                                                                        |     |
|                        | 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 |
| <b>115.287<br/>(b)</b> | <b>Data collection</b>                                                                                                                                                                                                                                                        |     |
|                        | Does the agency aggregate the incident-based sexual abuse data at least annually?                                                                                                                                                                                             | yes |
| <b>115.287</b>         | <b>Data collection</b>                                                                                                                                                                                                                                                        |     |

|                        |                                                                                                                                                                                                                                                                                                                                                             |     |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>(c)</b>             |                                                                                                                                                                                                                                                                                                                                                             |     |
|                        | 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 |
| <b>115.287<br/>(d)</b> | <b>Data collection</b>                                                                                                                                                                                                                                                                                                                                      |     |
|                        | 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 |
| <b>115.287<br/>(e)</b> | <b>Data collection</b>                                                                                                                                                                                                                                                                                                                                      |     |
|                        | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)                                                                                                                            | na  |
| <b>115.287<br/>(f)</b> | <b>Data collection</b>                                                                                                                                                                                                                                                                                                                                      |     |
|                        | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)                                                                                                                                                                        | yes |
| <b>115.288<br/>(a)</b> | <b>Data review for corrective action</b>                                                                                                                                                                                                                                                                                                                    |     |
|                        | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?                                                                                             | yes |
|                        | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?                                                                          | yes |
|                        | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |

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| <b>115.288<br/>(b)</b> | <b>Data review for corrective action</b>                                                                                                                                                                                                                                |     |
|                        | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?                                                       | yes |
| <b>115.288<br/>(c)</b> | <b>Data review for corrective action</b>                                                                                                                                                                                                                                |     |
|                        | 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 |
| <b>115.288<br/>(d)</b> | <b>Data review for corrective action</b>                                                                                                                                                                                                                                |     |
|                        | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?                                                   | yes |
| <b>115.289<br/>(a)</b> | <b>Data storage, publication, and destruction</b>                                                                                                                                                                                                                       |     |
|                        | Does the agency ensure that data collected pursuant to § 115.287 are securely retained?                                                                                                                                                                                 | yes |
| <b>115.289<br/>(b)</b> | <b>Data storage, publication, and destruction</b>                                                                                                                                                                                                                       |     |
|                        | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| <b>115.289<br/>(c)</b> | <b>Data storage, publication, and destruction</b>                                                                                                                                                                                                                       |     |
|                        | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?                                                                                                                                                          | yes |
| <b>115.289<br/>(d)</b> | <b>Data storage, publication, and destruction</b>                                                                                                                                                                                                                       |     |
|                        | Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?                                                                      | yes |

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| <b>115.401<br/>(a)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                         |     |
|                        | 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 |
| <b>115.401<br/>(b)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                         |     |
|                        | 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  |
| <b>115.401<br/>(h)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                         |     |
|                        | Did the auditor have access to, and the ability to observe, all areas of the audited facility?                                                                                                                                                                                                                                               | yes |
| <b>115.401<br/>(i)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                         |     |
|                        | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?                                                                                                                                                                                                             | yes |
| <b>115.401<br/>(m)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                         |     |
|                        | Was the auditor permitted to conduct private interviews with residents?                                                                                                                                                                                                                                                                      | yes |
| <b>115.401<br/>(n)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                         |     |
|                        | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the                                                                                                                                                                                                                    | yes |

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                        | same manner as if they were communicating with legal counsel?                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
| <b>115.403<br/>(f)</b> | <b>Audit contents and findings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
|                        | 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 |