

PREA Facility Audit Report: Final

Name of Facility: Bishop House for Men

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/03/2021

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"/>
Auditor Full Name as Signed: Robert B. Latham	Date of Signature: 10/03/2021	

Full Name:	Latham, Robert
Email:	robertblatham@icloud.com
Date of Birth:	08/12/2021
Date of Birth:	08/13/2021

Facility Name:	Bishop House for Men
Facility Address:	31 Bishop Street, Waterbury, Connecticut - 06704
Facility Phone:	
Facility Mailing Address:	

Name:	Martin Meehan
Email Address:	Mmeehan@newoppinc.org
Telephone Number:	203-236-9990

Name:	Martin Meehan
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Name:	
Email Address:	
Telephone Number:	

Designated facility capacity	51
Current population of facility	39
Average daily population of the past 12 months	35
Has the facility been ever occupied at any point in the past 12 months	No
Which population(s) does the facility hold	Males
Age range of population	18+
Facility security level (resident custody level)	1

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

Agency Information	
Name of agency:	New Opportunities, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	232 North Elm Street, Waterbury, Connecticut - 06702
Mailing Address:	
Telephone number:	

Staff Contact Information	
Name:	
Email Address:	
Telephone Number:	

Staff Contact Information	
Name:	Martin Meehan
Email Address:	mmeehan@newoppinc.org

Introduction

The following description of the audit methodology includes a detailed description of the following phases during the pre-audit, on-site audit, and post-audit phases: documents and records reviewed, admissions and types of interviews conducted, number of days spent at the facility, observations made during the site review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative shall describe the techniques used to sample and document and select interviews and the auditor's process for the site review.

Introduction

The Prison Rape Elimination Act (PREA) onsite audit of Bishop House was conducted August 12-13, 2021. Bishop House is located at 31 Bishop Street, Waterbury, CT 06704. The audit was conducted by Robert B. Latham from Birmingham, Alabama, who is a U. S. Department of Justice Certified PREA auditor for adult and juvenile facilities. The auditor conducted the audit as a single auditor with no additional support staff. Diversified Correctional Services contracted with the auditor January 2, 2021. There are no known existing conflicts of interest or barriers to completing the audit. Bishop House was last audited PREA June 29, 2018, with 100% compliance with the PREA Community Confinement Facilities Standards.

New Opportunities Mission Statement

New Opportunities, Inc., in an effort to eliminate poverty, provides direct support and Services to children, adolescents, adults, aging adults, and families to help them reach their highest potential in regard to their personal and economic self-sufficiency.

Audit Methodology

Pre-Onsite Audit Phase

Prior to being onsite, the PREA Coordinator and the auditor had discussions concerning access to the facility and staff, the audit process, logistics for the onsite phase of the audit, and goals and expectations. The PREA Coordinator was very receptive to the audit process and was well informed of the role of the auditor and the expectations during each stage of the PREA audit.

Notice of Audit Posting and Timeline

The audit notices, in English and Spanish, were posted June 29, 2021. The audit notices were printed in color, using a large font and easy-to-read language. The audit notices were placed throughout the facility, in places visible to all residents and staff. Pictures of the posted audit notices were emailed to the auditor on June 29, 2021, for verification. Further verification of their placement was made through observations during the onsite review. The audit notices included a statement regarding confidentiality of resident and staff correspondence with the auditor. No correspondence was received during any phase of the audit.

Request for Identification of Residents, Staff and Documents

Bishop House provided the following information for interview selections and document sampling:

1. Complete Resident Roster
2. Targeted Resident Populations
3. Residents with a physical or cognitive disability

4. Residents who are LEP
5. Transgender and intersex residents
6. Lesbian, gay, and bisexual residents
7. Residents placed in segregated housing for their own protection from sexual victimization
8. Residents in isolation
9. Residents who reported sexual abuse that occurred in the facility
10. Residents who reported prior sexual victimization during risk screening
11. Complete Staff Roster
12. Specialized Staff
13. Contractors who have contact with the residents
14. Volunteers who have contact with the residents
15. Grievances made in the 12 months preceding the audit
16. Incident Reports in the 12 months preceding the audit
17. All allegations of sexual abuse and sexual harassment reported in the 12 months preceding the audit
18. Sexual abuse and sexual harassment incident reports and internal investigative files for the 12 months preceding the audit
19. Listing of residents the facility has determined to be at heightened risk of sexual victimization
20. Listing of all residents the facility has determined to be at heightened risk of sexual abusiveness

External Contacts

The following external contacts were made:

1. Just Detention International
2. Safe Haven of Greater Waterbury
3. Saint Mary's Hospital
4. Waterbury Hospital

Agency Website Review

The auditor reviewed the New Opportunities and Connecticut Department of Correction websites. Policies and procedures are available online. Annual PREA Reports and Facility PREA Audit Reports are published.

Research

No relevant information was discovered.

Onsite Audit Phase

Entrance Briefing

An entrance briefing was held with the Program Manager/PREA Coordinator and auditor. Introductions were made, the agenda for the two days was discussed, and the auditor began the site review accompanied by the Program Manager.

Site Review

The Auditor observed the location of video monitoring cameras around the facility, to include outside. The cameras are monitored 24 hours a day. None of the cameras field of view includes the toilet and shower areas. The auditor noted that shower and toilet areas allow residents to shower ensuring their privacy from staff direct viewing. The auditor was provided unimpeded

access to all parts of the facility and all secure rooms and storage areas in the facility.

Processes and Areas Observed

No residents were admitted during the onsite phase of the audit. The auditor observed intake and risk screening to better understand the process. A grievance box is located in the common area.

Phones for reporting sexual abuse, sexual harassment or for contacting external crisis intervention services are available to the residents. Most of the residents have personal cell phones. The staff conducting the site review described the showering process, pointed out the location of the cameras and PREA posters with telephone numbers for reporting sexual abuse and sexual harassment.

Specific Area Observations

The auditor observed no sleeping areas or bathrooms were in view of cameras. The auditor observed that shower and bathroom areas allow residents to shower privacy from staff direct viewing.

Interviews

Interviews were held in an office. The location provided privacy and was centrally located to minimize disruption of daily activities and programming. Specialized staff were selected based on their respective duties in the facility. Specialized staff interviews were conducted remotely to reduce exposure to the SARS-CoV-2 virus. Nine staff were interviewed using the random staff interview protocol. This represents all staff on schedule during the two days of the onsite phase of the audit. The resident population was 19 on the first day of the audit. The auditor interviewed 10 residents.

Ten residents were randomly selected from all housing units. There were no residents identified for targeted interviews.

1. Agency head or designee
2. Superintendent or designee
3. PREA coordinator
4. PREA compliance manager
5. Agency contract administrator
6. Randomly selected staff
7. Intermediate or higher level facility staff responsible for conducting and documenting unannounced rounds
8. Medical and mental health staff
9. Non-medical staff involved in cross-gender strip or visual searches
10. Administrative (human resources) staff
11. Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff
12. Volunteers and contractors who have contact with residents
13. Investigative staff
14. Staff who perform screening for risk of victimization and abusiveness
15. Staff who supervise residents in segregated housing
16. Staff on the sexual abuse incident review team
17. Designated staff member charged with monitoring retaliation
18. First responders, both security and non-security staff

19. Intake staff

20. Randomly selected residents

Document Sampling and Review

The facility provided the auditor the requested listings of documents, files, and records. From this information, the auditor selected and reviewed a variety of files, records and documents summarized in the following table and discussed in detail below:

Personnel and Training Files. The auditor reviewed background record checks and training files for all staff members.

Resident Files. On the first day of the onsite phase of the audit, the resident population was 19. A total of 10 resident records were reviewed by the auditor.

Medical and Mental Health Records. During the past year, there were 0 residents that reported sexual abuse.

Grievances. In the past year, the facility received 6 grievances; the facility identified that 0 of those grievances alleged sexual abuse and 0 alleged sexual harassment. The auditor reviewed 6 grievances.

Incident Reports. The facility reported there were 720 incident reports for the 12 months prior to the audit. The auditor reviewed 20 incident reports.

Investigation Files. During the past 12 months, there were 0 total allegations of PREA related misconduct at the facility broken down as follows:

Administrative Investigations

0 Substantiated (0 sexual abuse allegations and 0 sexual harassment allegations)

0 Unfounded (0 sexual abuse allegations and 0 sexual harassment allegations)

0 Unsubstantiated (0 sexual abuse allegations and 0 sexual harassment allegations)

0 Pending (0 sexual abuse allegations and 0 sexual harassment allegations)

Criminal Investigations

0 referred for prosecution

0 indictments (cases pending)

0 prosecution refused

Sexual Abuse – Resident on Resident

Hotline (0)

Grievances (0)

Reports to Staff (0)

Anonymous, 3rd Party (0)

Reports by Staff (0)

Total Allegations (0)

Sexual Abuse – Staff on Resident

Hotline (0)

Grievances (0)

Reports to Staff (0)

Anonymous, 3rd Party (0)

Reports by Staff (0)

Total Allegations (0)

Sexual Harassment - Resident on Resident

Hotline (0)

Grievances (0)

Reports to Staff (0)

Anonymous, 3rd Party (0)

Reports by Staff (0)

Total Allegations (0)

Sexual Harassment - Staff on Resident

Hotline (0)

Grievances (0)

Reports to Staff (0)

Anonymous, 3rd Party (0)

Reports by Staff (0)

Total Allegations (0)

Exit Briefing

An exit briefing was held with the Facility Director. The auditor discussed the onsite audit. In addition to documentation collected onsite, the auditor did have some additional requests for documentation. The PREA Coordinator provided documentation requested in a timely manner.

Post Onsite Audit Phase

Corrective Action

115.213 (a)

A PREA compliant staffing plan was developed as part of corrective action and uploaded to supplemental audit files on September 16, 2021.

115.213 (c)

The facility implemented a staffing plan assessment, that is fully inclusive of the standard requirements, uploaded to supplemental audit files on September 16, 2021.

The auditor reviewed emailed documentation for completion of PREA: Investigating Sexual Abuse in a Confinement Setting. The training was completed by the PREA Coordinator (Program Manager)/Investigator as part of corrective action on September, 2021.

115.234 (a) - (b)

The PREA Coordinator (Program Manager)/Investigator completed PREA: Investigating Sexual Abuse in a Confinement Setting as part of corrective action. Documentation of completion was emailed to the auditor on September, 2021.

115.264 (a)

Interviews revealed staff needed refresher training for first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse. This training was completed as part of corrective action. The facility uploaded staff sign-in sheets to document the training was received August 24-31, 2021.

115.288 (a) - (d)

The PREA Coordinator developed an annual report as part corrective action on September 27, 2021. The auditor reviewed the report and determined it to be compliant with the standard requirements.

115.289 (b)

The PREA Coordinator developed an annual report as part corrective action on September 27, 2021. The auditor reviewed the report and determined it to be compliant with the standard requirements.

Facility Characteristics:

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

Characteristics Related to PREA and Sexual Safety

Introduction

Parent Agency: New Opportunities

Other Significant Relationship: Connecticut Department of Correction

Facility Name: Bishop House

Facility Address: 31 Bishop Street, Waterbury, CT 06704

Total Facility Rated Capacity: 51

Resident Population Size and Makeup

Average daily population in the last 12 months: 35

Actual population on day 1 of the onsite portion of the audit : 19

Population Gender: Male

Population Ethnicity: Multiethnic

Age range of population: 18+

Average length of stay or time under supervision: 90 days

Staff Size and Makeup

Number of staff currently employed at the facility who may have contact with residents: 20

Types of Supervision Practiced: Direct Supervision

Number of staff hired by the facility during the past 12 months who may have contact with residents: 7

Number of Volunteers who may have contact with residents: 0

Number of contracts in the past 12 months for services with contractors who may have contact with residents: 0

Number of Contractors who may have contact with residents: 0

Number and Type of Housing Units

Number of resident housing units: 3 floors with 3 apartments on each floor

Number of single-occupancy cells: 6

Number of open-bay dorms: 0
 Number of segregation or isolation cells or rooms: 0
 Number of multiple occupancy rooms: 21
 Number of closed units: 0

Facility Operations

Physical Plant Description

The Facility is a 51 bed residential halfway house that serves Greater Waterbury. The facility serves all adult males that participate in a work-release program. The residents are still on inmate status for the Connecticut Department of Correction (DOC). Bishop House is a four story residential building. The first floor contains staff offices, program space, and a weightlifting room. The second, third, and fourth floors contain three apartments on each floor. Each apartment has three bedrooms, a kitchen, and a bathroom. Rooms consists of 21 double and 6 single bedrooms. Each of the upper floors also contains a staff office and a dayroom. 24/7 supervision is provided. There are no less than two staff on site at all times. Bishop House staff provides supervision of its residents by maintaining a system of accounting for their location and ensuring that mandated conditions/stipulations are met. Staff systematically assesses the residents' supervision level/needs with consideration given to: public safety, criminal history, treatment needs, public and victim concern, and location of activity.

Services Available

Potential residents of the program are referred by the DOC Community Services Division. These referrals must meet the eligibility criteria for community release as established by the DOC. The average length of stay at Bishop House is within six to eight months of discharge from sentence or releases to Parole or Transitional Supervision.

The Program emphasizes work release. All participants must be able to work and pay weekly room and board. As required, contributions are also made to the State's victim's Compensation Fund. In-house substance abuse monitoring is conducted routinely.

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx; Standards Not Met: 115.yy, 115.yy).
 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

Standards Not Met/Exceeded: 0

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. New Opportunities Organizational Chart
5. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. PREA Coordinator

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.211 (a)

PAQ: 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. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

The Bishop House program of New Opportunities, Inc. shall maintain a zero tolerance towards all forms of sexual assault/harassment. Any person who becomes aware of or suspects sexual assault/abuse or sexual harassment must report it immediately to the Program Manager or higher authority. The policy includes definitions of prohibited behaviors regarding sexual misconduct, sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. Policies address prevention of sexual abuse and sexual harassment through the designation of a PREA Coordinator, supervision and monitoring, criminal background checks, staff training, resident education, PREA posters and educational materials. The policies address detection of sexual abuse and sexual harassment through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. The policies address responding to sexual abuse and sexual harassment through the various ways of reporting, investigations, disciplinary sanctions for residents and staff, victim advocacy, access to emergency medical treatment and crisis intervention services, sexual abuse incident reviews, data collection, and data review for corrective action.

115.211 (b)

PAQ: The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA Coordinator is in the agency's organizational structure.

Bishop House employs an upper-level, agency-wide PREA Coordinator. The PREA Coordinator is identified in the New Opportunities' agency organizational chart as the Program Manager. The PREA Coordinator confirmed he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Bishop House Pre-Audit Questionnaire (PAQ)

Interview:

1. Agency Contract Administrator

Findings (by provision):

115.212 (a)

PAQ: The agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the above contracts require contractors to adopt and comply with PREA Standards. Since the last PREA audit:

1. The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies: 0
2. The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: N/A

Bishop House has not entered into or renewed a contract for the confinement of residents since the last PREA audit.

115.212 (b)

PAQ: All of the above contracts require the agency to monitor the contractor's compliance with PREA Standards. Since the last PREA audit the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA Standards: N/A

115.212 (c)

Since August 20, 2012, the agency has not entered into one or more contracts with a private agency or other entity that failed to comply with the PREA standards.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Bishop House Staffing Matrix
5. Bishop House Pre-Audit Questionnaire (PAQ)

Documents (Corrective Action):

1. Bishop House PREA Staffing Plan
2. Bishop House PREA Staffing Plan Assessment

Interviews:

1. Superintendent or Designee (Program Manager)
2. PREA Coordinator
3. Intermediate or Higher-Level Facility Staff

Site Review Observations:

Observations during onsite review of facility

115.213 (a)

PAQ: 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.

Since the last PREA audit:

1. The average daily number of residents: 45
2. The average daily number of residents on which the staffing plan was predicated: 51

Policy states the Bishop House is staffed 24/7. Resident supervision is maintained by hourly staff tours/counts of all areas. Video monitoring is also utilized by staff to monitor and supervise residents. The use of Video Monitoring Systems may be utilized to enhance supervision and monitoring of the residents and the facilities.

A PREA compliant staffing plan was developed as part of corrective action. The auditor reviewed the facility staffing plan for verification. The staffing plan is fully inclusive of the standard provision requirements.

The Program Manager/PREA Coordinator confirmed the facility regularly develops a staffing plan, maintains adequate staffing levels to protect residents against sexual abuse, considers video monitoring as part of the plan, and documents the plan. When assessing staffing levels and the need for video monitoring, the staffing plan

considers: the physical layout of each facility; the composition of the resident population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.

115.213 (b)

PAQ: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

The Program Manager confirmed the facility maintains appropriate staffing ratios and documents deviations.

115.213 (c)

PAQ: At least once every year, the facility reviews the staffing plan to see whether adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The deployment of monitoring technology; or
4. The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Policy states the staffing plan will be reviewed yearly and adjustments made as needed.

The PREA Coordinator confirmed he is consulted regarding any assessments of, or adjustments to, the staffing plan. He confirmed the assessment will occur annually and will be documented.

The facility implemented a staffing plan assessment as part of corrective action. The assessment is fully inclusive of the standard requirements.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding supervision and monitoring. Corrective action is complete.

115.213 (a)

A PREA compliant staffing plan was developed as part of corrective action and uploaded to supplemental audit files on September 16, 2021.

115.213 (c)

The facility implemented a staffing plan assessment, that is fully inclusive of the standard requirements, uploaded to supplemental audit files on September 16, 2021.

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Bishop House Training Curriculum
5. Bishop House Orientation Training Checklist
6. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Random Sample of Staff
2. Random sample of Residents
3. Transgender or Intersex Residents

Site Review Observations:

Observations during onsite review of facility

Findings (By Provision):

115.215 (a)

PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.

In the past 12 months:

1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0
2. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0

Policy states cross-gender strip searches and body cavity searches are prohibited.

115.215 (b)

PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.

In the past 12 months:

1. The number of cross-gender pat-down searches of residents: 0
2. The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): 0

Residents interviewed confirmed no staff of the opposite gender have performed a pat-down search of their body. Staff interviewed confirmed they have not conducted cross-gender pat-down searches. No staff interviewed provided an example of a circumstance that would warrant such a search.

115.215 (c)

PAQ: Facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.

Policy states cross-gender strip searches and body cavity searches are prohibited.

115.215 (d)

PAQ: 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 a resident housing unit.

Policy states resident showers, bathroom and changing areas are conducted in private without cross-gender viewing.

Staff interviews confirmed staff of the opposite gender announce their presence when entering a housing unit that houses residents of the opposite gender. Interviews also confirmed residents are able to dress, shower and performing bodily functions without being viewed by staff of the opposite gender. Interviews with residents corroborated that staff announce their presence when entering a housing unit that houses residents of the opposite gender. All residents stated they are never fully naked in full view of staff of the opposite gender.

PREA Site Review:

Residents are able to shower, perform bodily functions, and change clothing in the privacy of an individual restroom and shower. Staff of the opposite gender announced their presence prior to entering a living unit where residents of the opposite gender are housed.

115.215 (e)

PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Zero such searches occurred in the past 12 months.

All staff is prohibited from searching a transgender or intersex client for the purpose of determining genital status.

Interviews with staff confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex resident for the purpose of determining the resident's genital status.

115.215 (f)

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: 100%

Staff interviewed confirmed they have received training on how to conduct cross-gender pat down searches and searches of transgender residents in a professional and respectful manner, consistent with security needs.

The auditor reviewed the Bishop House Training Curriculum, Bishop House Orientation Training Checklist, and staff training records for verification the training is provided.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Bishop House Policy: Admission and Orientation
5. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Agency Head (Program Manager)
2. Random Sample of Staff
3. Residents (with disabilities or who are limited English proficient)

Site Review Observations:

Observations during onsite review of facility

Findings (By Provision):

115.216 (a)

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

Policy states all residents of the Bishop House will have every opportunity to participate in all aspects of sexual abuse/harassment prevention, detection, and response.

The CEO confirmed 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.

115.216 (b)

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.

All residents of the Bishop House will have every opportunity to participate in all aspects of sexual abuse/harassment prevention, detection and response. Interpretation services will be provided as needed.

PREA Site Review:

The auditor observed PREA educational materials available in English and Spanish.

115.216 (c)

PAQ: 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.

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

Policy states 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 residents safety or performance of first responders or investigation of residents allegation. Any use of resident interpreters must be noted in Incident report/investigation.

Staff interviews confirmed the agency would use a Spanish speaking staff member or a language service for interpretation. No staff interviewed had any knowledge of resident interpreters, resident readers, or any other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. New Opportunities Policy: Background Checks
5. Employment Application
6. PREA Employment Questionnaire
7. Employee Background Checks
8. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Administrative (Human Resources) Staff

Findings (By Provision):

115.217 (a)

PAQ: 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.

Policy states all employees (including NOI maintenance staff) shall have a criminal background check completed. All new employees will be appropriately screened by human resources staff before starting employment.

Bishop House uses the PREA Employment Questionnaire to document if staff: (1) have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) have 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) have been civilly or administratively adjudicated to have engaged in, or attempted to engage in, the activity described above.

The auditor reviewed PREA Employment Questionnaire for persons hired in the 12 months preceding the audit and observed the three questions regarding past conduct were asked and answered. The auditor also observed existing employees are asked the same questions about misconduct annually.

The HR staff interview supported the documented evidence. The facility asks all applicants and employees about previous misconduct in written applications for hiring and promotions and in written self-evaluations conducted as part of reviews for current employees.

115.217 (b)

PAQ: 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 HR staff confirmed the department 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 with the residents.

115.217 (c)

PAQ: 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.

During the past 12 months:

1. The number of persons hired who may have contact with residents who have had criminal background record checks: 7
2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

Policy states all employees (including NOI maintenance staff) shall have a criminal background check completed.

The HR staff confirmed the department performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with the residents.

The auditor reviewed records of background checks of personnel hired in the past 12 months for verification they are conducted in compliance with the standard provision.

115.217 (d)

PAQ: Agency policy requires that a criminal background records check be completed before enlisting the services of any contractor who may have contact with residents.

During the past 12 months:

1. The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 0
2. The percent of contracts for services where criminal background record checks

were conducted on all staff covered in the contract who might have contact with residents: N/A

Policy states all employees (including NOI maintenance staff) shall have a criminal background check completed.

The HR staff confirmed the department performs criminal background record checks for all contractors who may have contact with the residents.

115.217 (e)

PAQ: Agency policy requires that either criminal background records checks be conducted at least every five years of 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 states criminal background checks will be completed every five years on Bishop House and NOI maintenance employees.

The interview with the HR staff confirmed background checks are completed every 5 years.

115.217 (f)

Bishop House will ask the following three questions from the PREA Employment Questionnaire of all potential employees, internal promotions, and annually for all existing employees who in the course of his/her employment could be expected to have contact with clients under the supervision of, or in the custody of, the Judicial Branch or the Department of Correction:

1. Have you engaged in any sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?
2. Have you been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, over, or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse?
3. Have you been civilly/administratively adjudicated to have engaged in any sexual misconduct?

The auditor reviewed PREA Employment Questionnaire for persons hired in the 12 months preceding the audit and observed the three questions regarding past conduct were asked and answered. The auditor also observed existing employees are asked the same questions about misconduct annually.

115.217 (g)

PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Policy states falsification, misrepresentation or deliberate omission of a material fact that is job-related and stated on an employment application or in an interview may be justification for refusal of employment, or if employed, termination of employment.

115.217 (h)

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

The HR staff confirmed the agency provides 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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding hiring and promotion decisions. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Agency Head (Program Manager)
2. Superintendent or Designee (Program Manager)

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.218 (a)

PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.

Policy states New Opportunities Inc will ensure any substantial modification of existing facility will consider effect of design in protecting clients from sexual abuse.

The Program Manager confirmed the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the

agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

115.218 (b)

PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

Policy states any video equipment upgrade will also consider enhancement and protection of clients from sexual abuse.

The Program Manager confirmed when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technologies. No corrective action is required.



Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Memorandum of Understanding: Safe Haven of Greater Waterbury
5. State of Connecticut Judicial Branch Office of Victim Services (OVS) Sexual Assault Forensic Examiners (SAFE) Program
6. Letter: Waterbury Police Department
7. Sexual Abuse Resource List
8. Substitute Senate Bill No. 17
9. PREA Incident Checklist
10. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. PREA Coordinator
2. Random Sample of Staff

3. SAFEs/SANEs (OVS SAFE Program)
4. Residents who Reported a Sexual Abuse

Findings (By Provision):

115.221 (a) and (b)

PAQ: The facility is responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

The Program Manager conducts initial investigations and involves Department of Corrections (Parole) and State Police, which conduct the criminal component of investigations.

Staff interviews confirmed they are knowledgeable of the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They were also knowledgeable that law enforcement is responsible for conducting sexual abuse investigations.

115.221 (c)

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

During the past 12 months:

1. The number of forensic medical exams conducted: 0
2. The number of exams performed by SANEs/SAFEs: 0
3. The number of exams performed by a qualified medical practitioner: 0

Forensic medical examinations are available through the State of Connecticut Judicial Branch Office of Victim Services (OVS) Sexual Assault Forensic Examiners (SAFE) Program

The SAFE Program has caring sexual assault forensic examiners, called SAFEs, who work closely with:

- Emergency room nurses and doctors to give medical care;
- Sexual assault victim advocates to give emotional support, information and referrals;
- The police and prosecutor by collecting physical evidence that may be used in the police investigation and criminal court, if the victim decides to report the crime.

SAFE Program services are free, confidential, and available 24 hours a day, 7 days a week. By law, victims cannot receive a bill for the sexual assault forensic exam and evidence collection, even if they go to a non-participating health care facility.

Participating Health Care Facilities

1. Connecticut Children's Medical Center
2. Hartford Hospital
3. The Hospital of Central Connecticut (New Britain campus)

4. Manchester Memorial Hospital
5. Middlesex Hospital
6. MidState Medical Center
7. Saint Francis Hospital
8. Windham Hospital
9. University of Connecticut Student Health Services

Saint Mary's Hospital and Waterbury Hospital are non-participating health care facilities. Services would be available to resident victims of sexual abuse at Bishop House.

Policy states upon notification of any incident of sexual abuse/assault the PREA Coordinator or designee will contact appropriate law enforcement who will handle and coordinate investigation and appropriate medical and victim services.

The auditor contacted Safe Haven of Greater Waterbury, Saint Mary's Hospital, and Waterbury Hospital. Services would be available to resident victims of sexual abuse at Bishop House.

115.221 (d) and (e)

(d) PAQ: The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. 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.

(e) PAQ: If requested by the victim, a victim advocate, or 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 states community victim services will be made available to victims in addition to Department of Correction Medical and Mental Health Services as needed.

Victim advocates are available from Safe Haven of Greater Waterbury. Counselor advocates provide emotional support, advocacy, and access to victim assistance at St. Mary's and Waterbury Hospital after a sexual assault has occurred. Victims have the right to contact an advocate to for support an incident.

The auditor contacted staff at Safe Haven of Greater Waterbury and was told that if requested by the facility, they would provide victim advocacy services to a victim of sexual abuse. Services would be provided at no cost to the victim.

Bishop House has an MOU with Safe Haven of Greater Waterbury for outside support services. The auditor contacted Safe Haven of Greater Waterbury and confirmed victim advocacy is available to the youth at Bishop House. The auditor reviewed the information for verification.

115.221 (f)

PAQ: If the agency is not responsible for administrative or criminal 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 §115.321 (a) through (e) of the standards.

Bishop House does not conduct criminal investigations. Law enforcement will take the lead role in investigations for sexual abuse.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Bishop House Pre-Audit Questionnaire (PAQ)

Interview:

1. Agency Head (Program Manager)

Findings (By Provision):

115.222 (a)

PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse and staff sexual misconduct).

In the past 12 months:

1. The number of allegations of sexual abuse and sexual harassment that were received: 0
2. The number of allegations resulting in an administrative investigation: 0
3. The number of allegations referred for criminal investigation: 0

Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed.

All reported incidents of sexual assault/abuse will be immediately reported to local

law enforcement for investigation. The PREA coordinator shall ensure any report of sexual assault/abuse, or harassment determined to be a non-criminal matter by law enforcement will be investigated. The PREA coordinator will also ensure the Department of Correction (Parole) is notified of any incidents of sexual abuse/assault or sexual harassment.

The Program Manager confirmed the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.

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. Agency 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.

CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention is published at:

<https://portal.ct.gov/-/media/DOC/Pdf/Ad/ad0612pdf.pdf>

115.222 (c)

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

Bishop House Policy: Prison Rape Elimination Act (PREA) and CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention describes the responsibilities of both the agency and the investigating entities.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Bishop House Training Acknowledgement Form
5. PowerPoint: PREA
6. Training Records
7. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Random Sample of Staff

Findings (By Provision):**115.231 (a)**

PAQ: The agency trains all employees who may have contact with residents on the following matters:

1. Bishop House PREA policy
2. Bishop House zero-tolerance policy
3. Resident's right to be free from sexual assault/abuse and harassment
4. The dynamics of sexual assault/abuse and harassment in residential settings, including determining which residents are most vulnerable.
5. The rights of residents and staff to be free from retaliation for reporting sexual /abuse or harassment
6. How to detect and respond to signs of threatened and actual abuse
7. How to communicate effectively and professionally with resident
8. How to comply with relevant laws related to mandatory reporting of sexual abuse to authorities

Policy states during employee orientation and annually, staff must be trained in, and must sign a statement that they understand, the following: (1) The Agency's zero tolerance for all forms of sexual assault/abuse and harassment, (2) The resident's right to be free from sexual assault/abuse and harassment, (3) The dynamics of sexual assault/abuse and harassment in residential settings, including determining which residents are most vulnerable, (4) The right of residents and staff to be free from retaliation for reporting sexual assault/abuse or harassment (5) How to detect and respond to signs of threatened and actual abuse, (6) How to communicate effectively and professionally with all residents, and (7) How to comply with relevant laws related to the mandatory reporting of sexual abuse to authorities.

The auditor reviewed the PREA PowerPoint, and training records. Staff interviewed reported receiving the training topics annually.

115.231 (b)

PAQ: 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.

115.231 (a)

PAQ: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: bi-annually and during staff meetings

The auditor reviewed the training curricula and staff training records.

115.231 (d)

PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

Each employee signs a training acknowledgment form to verify attendance. The auditor reviewed staff training records. Staff sign that they have received training.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding employee training. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

Volunteers or Contractors who have Contact with Residents - N/A

Findings (By Provision):

115.332 (a)

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

The number of volunteers and individual contractors who have contact with residents who have been trained in agency's policies and procedures regarding

	<p>sexual abuse/harassment prevention, detection, and response: 0 The percent of volunteers and individual contractors who have contact with residents who have been trained in agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response: N/A</p> <p>Bishop House does not use volunteers or outside contractors.</p> <p>115.232 (b) PAQ: 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. All volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>Bishop House does not use volunteers or outside contractors.</p> <p>115.232 (c) PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p>Bishop House does not use volunteers or outside contractors.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding volunteer and contractor training. No corrective action is required.</p>
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention 2. Parole and Community Services Policy and Procedure Manual 3. Bishop House Policy: Prison Rape Elimination Act (PREA) 4. Pamphlet: Bishop House Sexual Assault Prevention for Residents 5. Memorandum of Understanding: Safe Haven of Greater Waterbury 6. Sexual Abuse Resource List 7. PREA Education Acknowledgement Forms 8. Bishop House Pre-Audit Questionnaire (PAQ) <p>Interviews:</p>

1. Intake Staff
2. Random Sample of Residents

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.233 (a)

PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.

Of residents admitted during the past 12 months:

The number who were given this information at intake: 96

Policy states during orientation all residents will receive information and sign off that they have received the following information; Agency's zero tolerance policy regarding sexual assault/abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and agency policy and procedures for responding to such incidents. Residents shall receive information explaining Bishop House's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and the review process.

The auditor reviewed the resident acknowledgement forms to verify residents have been provided PREA information at intake.

115.233 (b)

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

In the past 12 months:

1. The number of residents transferred from a different community confinement facility: 8
2. The number of residents transferred from a different community confinement facility who received refresher information: 8

Residents interviewed confirmed they were told about their right not to be sexually abused and sexually harassed, how to report sexual abuse or sexual harassment, and their right to be free from retaliation for reporting such incidents. They stated they received PREA education upon admission to the facility, during orientation.

115.233 (c)

PAQ: Resident PREA education is available in accessible formats for all residents including those who are. The program shall provide orientation and information in a manner of which can be understood by the person served. Information shall be in formats that are accessible to those who are limited English proficient, deaf, visually

impaired, or otherwise disabled as well as those who have limited reading skills.

Review: The auditor reviewed the Pamphlet: Bishop House Sexual Assault Prevention for Residents and Sexual Abuse Resource List. Residents sign acknowledgement forms to verify they have been provided the information at intake.

115.233 (d)

PAQ: The agency maintains documentation of resident participation in PREA education sessions.

Policy states during orientation all residents will receive information and sign off that they have received the information.

Review: The auditor reviewed acknowledgement forms to verify residents have been provided PREA information.

115.233 (e)

PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

Review: The auditor reviewed education and informational materials in compliance with the standard. The auditor observed there are posters posted throughout the facility that contain information about PREA, including how to report sexual abuse and sexual harassment. Also, the residents are given the Pamphlet: Bishop House Sexual Assault Prevention for Residents.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident education. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)

4. Training Documentation
5. Specialized Training: Investigating Sexual Abuse in Correctional Settings
6. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Investigative Staff (Program Manager)

Findings (By Provision):

115.234 (a)

PAQ: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

The Program Manager would conduct internal administrative investigations.

An interview with the PREA Coordinator (Program Manager)/Investigator confirmed he had not received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. He completed the training as part of corrective action. Documentation of completion was emailed to the auditor on September, 2021.

115.234 (b)

Specialized training includes techniques for interviewing resident sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Training was accomplished through online training developed by The Moss Group, Inc. and published on the PREA Resource Center's website.

An interview with the PREA Coordinator (Program Manager)/Investigator confirmed he had not received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. He completed the training as part of corrective action. Documentation of completion was emailed to the auditor on September, 2021.

115.234 (c)

PAQ: The agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 1

Documentation of completion was emailed to the auditor on September, 2021.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for investigations. Corrective action is complete.

115.234 (a) - (c)

As part of corrective action the PREA Coordinator (Program Manager)/Investigator competed Specialized Training: Investigating Sexual Abuse in a Confinement

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Medical Staff and Mental Health Staff - N/A

Findings (By Provision):

115.235 (a)

PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.

1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 0
2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: N/A

There are no medical or mental health care practitioners at Bishop House.

115.235 (b)

PAQ: Agency medical staff at this facility do not conduct forensic exams.

115.235 (c)

PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

There are no medical or mental health care practitioners at Bishop House.

115.235 (d)

Medical and mental health care practitioners shall also receive the training mandated for employees under §115.231 or for contractors and volunteers under §115.232, depending upon the practitioner's status at the agency.

There are no medical or mental health care practitioners at Bishop House.

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for medical and mental health care. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA) Bishop House Policy: Admission and Orientation
4. Bishop House Policy: Admission
5. Bishop House Policy: Intake and Orientation
6. Client Intake Screening
7. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. PREA Coordinator
2. Staff Responsible for Risk Screening
3. Random Sample of Residents

Findings (By Provision):

115.241 (a)

PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

Policy states upon referral the resident referral package is reviewed for indicators of either a history or indicators of previous sexual assault/abuse or predatory behavior. Upon arrival the Case Manager will also conduct an intake screening risk assessment.

The auditor reviewed completed Client Intake Screenings for verification.

The Staff Responsible for Risk Screening confirmed they screen residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. They stated they screen residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The information is ascertained through conversations

with residents during intake, and reviewing any relevant information.

Ten (10) residents were interviewed with the random resident protocol. They confirmed they were asked questions like the following examples at intake:

1. Have you been in jail or prison before?
2. Have you have ever been sexually abused?
3. Do you identify with being gay, bisexual, or transgender?
4. Do you think you might be in danger of sexual abuse at the facility?

115.241 (b)

PAQ: 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.

In the past 12 months:

1. The number of residents entering the facility (either through intake or transfer) 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: 96
2. The percent of residents entering the facility (either through intake or transfer) 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: 100%

Policy states upon arrival the Case Manager will also conduct an intake screening risk assessment.

The auditor reviewed completed Client Intake Screenings for verification that residents are screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.

115.241 (c)

PAQ: Risk assessment is conducted using an objective screening instrument.

The auditor observed the objective screening instrument and examples for residents interviewed.

115.241 (d)

At a minimum, the agency shall attempt to ascertain information about:

- a. Prior sexual victimization or abusiveness;
- b. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- c. Current charges and offense history;
- d. Age;
- e. Level of emotional and cognitive development;
- f. Physical size and stature;
- g. Mental illness or mental disabilities;
- h. Intellectual or developmental disabilities;
- i. Physical disabilities;

- j. The resident's own perception of vulnerability; and
- k. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The auditor reviewed the Client Intake Screening and found it to be inclusive of the required information. Additionally, the Staff Responsible for Risk Screening confirmed the initial risk screening considers all aspects required by the 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. Note:

The PREA Screening assessment shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents, for risk of being sexually abusive.

The auditor reviewed the Screening Assessment for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) and found it to be inclusive of the required information.

115.241 (f)

PAQ: The policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

In the past 12 months:

1. The number of residents entering the facility (either through intake or transfer) 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: 150
2. The percent of residents entering the facility (either through intake or transfer) 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: 100%

Policy states clients will be reassessed after 14 business days and no later than 30 days of arrival by Case Managers and reassessment will be noted in client case notes.

115.241 (g)

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

Policy states in the event of any new information or incident related to a client's

safety or risk of victimization the Program Manager will conduct a reassessment immediately taking appropriate action to ensure Clients safety. Identification of any risk factors at intake will be reported to the program manager for evaluation and further action as needed. If at any time, new information or incident involving new risk factors being identified the Program manager will be advised immediately. The resident will then be reassessed and appropriate action taken as needed.

The Staff Responsible for Risk Screening confirmed resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

115.241 (h)

PAQ:

The policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding:

1. Whether or not the resident has a mental, physical, or developmental disability;
2. Whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
3. Whether or not the resident has previously experienced sexual victimization; and
4. The resident's own perception of vulnerability.

Policy states residents will not be disciplined for refusing to answer or discuss information related to mental/physical disability, sexual orientation, previous victimization or resident's perception of vulnerability.

The Staff Responsible for Risk Screening confirmed residents may not be disciplined for refusing to answer such questions.

115.241 (i)

PAQ: 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.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed the sensitive information is used for programmatic and treatment decisions.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility fully meets this standard regarding screening for risk of victimization and abusiveness. No corrective action is required.

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Client Intake Screenings
5. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent or Designee (Program Manager)
2. PREA Coordinator
3. Staff Responsible for Risk Screening
4. Medical Staff - N/A
5. Mental Health Staff - N/A
6. Transgendered/Intersex/Gay/Lesbian/Bisexual Residents

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.242 (a)

PAQ: 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 states upon arrival the Case Manager will also conduct an intake screening risk assessment. Risk factors are considered in housing the resident upon arrival.

CTDOC policy states screening information is used to enhance housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed the facility uses information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment by determining housing, bed, work, education, and programming assignments.

115.242 (b)

PAQ: The agency/facility makes individualized determinations about how to ensure the safety of each resident.

CTDOC policy states individualized determinations will be made on how to ensure the safety of each inmate.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed the facility makes individualized determinations about how to ensure the safety of each resident.

115.242 (c)

PAQ: The agency or facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

CTDOC policy states in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the Department shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

The PREA Coordinator confirmed housing and programming assignments for transgender or intersex residents are made on a case-by-case basis.

115.242 (d)

A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

CTDOC policy states a transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed transgender or intersex residents' views of their safety are given serious consideration.

115.242 (e)

Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

CTDOC policy states transgender and intersex inmates shall be given the opportunity to shower separately from other residents.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed transgender and intersex residents are given the opportunity to shower separately from other residents.

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.

CTDOC policy states lesbian, gay, bisexual, transgender, or intersex inmates shall not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, 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 such inmates.

The PREA Coordinator confirmed LGBTQI residents are placed in areas solely on the basis of such identification or status.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding use of screening information. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. PREA Resource List
5. Memorandum of Understanding: Safe Haven of Greater Waterbury
6. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. PREA Coordinator
2. Random Sample of Staff
3. Random Sample of Residents
4. Residents who Reported a Sexual Abuse

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.251 (a)

PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND Staff neglect or violation of responsibilities that may have contributed to such incidents.

Policy states at intake residents will be advised of all reporting options available to report sexual assault/abuse or harassment.

CTDOC policy provides for multiple methods for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates may report such incidents in the following ways: (1) Reporting to any staff member either verbally or in writing (verbal reports must be documented promptly); (2) Calling the PREA hotline; (3) Writing an inmate request; (4) Writing an anonymous note; (5) Calling the Connecticut State Police; (6) Inmates detained solely for civil immigration purposes may also contact any relevant consular officials and relevant officials at the United States Department of Homeland Security. Staff shall provide contact information to such inmates upon request.

Staff interviews confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by calling the hotline number. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or calling the police.

PREA Site Review:

The auditor observed posters and the PREA Resource List with various ways for reporting sexual abuse and sexual harassment.

115.251 (b)

PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.

Bishop House provides residents with at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. Residents can call the Safe Haven of Greater Waterbury hotline. This information is included in the PREA Resource List that is posted and included in the Resident's Handbook. Other external reporting methods include: Connecticut Sexual Assault Crisis Services, State of Connecticut Office of Victim Advocates, National Sexual Violence Resource Center, and the Rape, Abuse, and Incest National Network

The PREA Coordinator identified Safe Haven of Greater Waterbury Hotline as a way residents can report sexual abuse or sexual harassment to a public or private entity that is not part of the agency. Calling the hotline enables receipt and immediate transmission of resident reports of sexual abuse or sexual harassment to agency officials and allows the resident to remain anonymous upon request. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or calling the police. Residents also could identify someone that does not work at the facility they could report to.

115.251 (c)

PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. The time frame that staff are

required to document verbal reports: immediately

Policy states all staff are required to report any instance of alleged or actual sexual assault/abuse or harassment to the duty officer /program manager immediately.

115.251 (d)

PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these procedures in the following ways: PREA Resource List

Staff interviews revealed they would privately report sexual abuse and sexual harassment of residents by calling the hotline.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident reporting. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

Residents who Reported a Sexual Abuse

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.252 (a)

PAQ: The agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse.

115.252 (b) -(g) N/A

Conclusion:

determined the facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. PREA Resource List
5. Memorandum of Understanding: Safe Haven of Greater Waterbury
6. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent of Designee (Program Manager)
2. PREA Coordinator
3. Random Sample of Residents
4. Residents who Reported a Sexual Abuse

Findings (By Provision):

115.253 (a)

PAQ: The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by:

1. Giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.
2. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.

Policy states residents will be provided contact information to outside victim advocates and support services.

Contact information for outside victim advocate services for emotional support related to sexual abuse is included in the PREA Resource List'

Safe Haven of Greater Waterbury:

- Phone: 860-550-6632
- Address: 29 Central Ave, Waterbury, CT 06702

CT Sexual Assault Crisis Services

- 888-999-5545 (English)
- 888-568-8332 (Spanish)

Rape, Abuse, and Incest National Network

- 800-656-4673

The auditor reviewed the MOU to provide residents with emotional support services related to sexual abuse with Safe Haven of Greater Waterbury. The auditor contacted Safe Haven of Greater Waterbury and confirmed victim advocacy is available to the residents at the facility.

Resident interviews revealed residents were aware there are services available outside of the facility for dealing with sexual abuse if they ever need it.

115.253 (b)

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

Residents interviewed knew contacting the sexual abuse hotline or other outside services would be a free call, they could make a call when needed and their conversation would be private. Most of the residents had a personal cell phone. Even though the residents reported their correspondence would be private, they were knowledgeable about mandatory reporting rules if they were to share certain information that is required to be reported.

115.253 (c)

PAQ: The agency or facility maintains memoranda 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 agency or facility maintains copies of those agreements.

The auditor reviewed the MOU to provide residents with emotional support services related to sexual abuse with Safe Haven of Greater Waterbury. The auditor contacted Safe Haven of Greater Waterbury and confirmed victim advocacy is available to the youth at the facility.

Interviews with residents confirmed they were knowledgeable of mandatory reporting rules when having conversations with people from outside services.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. CTDOC Website Publication: <https://portal.ct.gov/DOC/Miscellaneous/PREA>
5. Bishop House Pre-Audit Questionnaire (PAQ)

§115.254

PAQ: The agency or facility provides methods to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.

CTDOC Policy states staff shall accept reports of sexual abuse, sexual harassment, retaliation for reporting sexual abuse and harassment or staff neglect or violation of responsibilities from inmates not directly involved in the incident in question. Such inmates may report these incidents in any manner set forth above. Inmates who file third party reports of sexual abuse and/or sexual harassment that are deemed to be false and unfounded after proper investigation may be subject to disciplinary action in accordance with Administrative Directive 9.5, Code of Penal Discipline and/or criminal charges according to applicable State laws. Staff shall also accept such reports from individuals outside the correctional facility. These individuals may make reports by: (1) Writing to or calling the Commissioner, Deputy Commissioner, District Administrator or Unit Administrator of the facility in which the incident allegedly occurred; or (2) Contacting the PREA Coordinator. The Department shall make the above information about reports from third parties outside the correctional facility available on its website.

This information is published on the Connecticut Department of Corrections (CTDOC) website at <https://portal.ct.gov/DOC/Miscellaneous/PREA>. The website includes the following contact information:

PREA Director's Office
203-250-8136
945 Highland Ave
Cheshire CT, 06410

and

PREA Investigation Unit Hotline:

770-743-7783

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility fully meets this standard regarding third-party reporting. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent or Designee (Program Manager)
2. PREA Coordinator
3. Random Sample of Staff
4. Medical and Mental Health Staff - N/A

Findings (By Provision):

115.261 (a)

PAQ: The agency requires all staff to report immediately and according to agency policy:

1. 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.
2. Any retaliation against residents or staff who reported such an incident.
3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Policy states all staff are required to report any instance of alleged or actual sexual assault/abuse or harassment to the duty officer /program manager immediately.

Interviews with staff confirmed the requirement to report 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; retaliation against residents or staff who reported such an incident; and any staff

neglect or violation of responsibilities that may have contributed to an incident or retaliation.

115.261 (b)

PAQ: Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

CTDOC policy states apart from reporting to designated supervisors or officials, staff shall not reveal 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.

Staff interviewed were knowledgeable that policy prohibits them 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.

115.261 (c)

Bishop House does not employ medical and mental health practitioners.

115.261 (d)

CTDOC policy states if the inmate is under 18 or otherwise subject to any mandatory reporting laws, report the incident to the Department of Children and Families or relevant agency.

The Program Manager stated the facility does not house clients who are 18 or under.

115.261 (e)

Employees shall accept reports made verbally, in writing, anonymously and from third parties. Any report received shall be promptly documented.

Policy states allegations may be reported verbally, in writing, anonymously, or from third parties.

The Program Manager confirmed allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported to the Program Manager or the Division Manager.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Agency Head (Program Manager)
2. Superintendent or Designee (Program Manager)
3. Random Sample of Staff

Findings:

PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).

In the past 12 months: The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0

Policy states upon receiving any information that a resident is subject to any risk of sexual abuse the program manager will be notified and appropriate action will be taken to protect the resident.

The Program Manager confirmed immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include will informing parole, removing the client from the area, requesting a transfer, and completing incident reports.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Agency Head (Program Manager)
2. Superintendent or Designee (Program Manager)

Findings (By Provision):

115.263 (a)

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

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

Policy states that upon receiving information or allegation that a resident was sexually abused while confined at a prior DOC facility or another DOC program the Department of Correction (Parole) will be notified immediately and an incident report completed documenting notification.

CTDOC policy states if the incident reported allegedly occurred in a facility that is not under the jurisdiction of the Department of Correction, or at a facility/site under the jurisdiction of the Department of Correction other than where it is reported, the Unit Administrator or designee shall notify the administrator of the other facility of the allegation.

115.263 (b)

PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

CTDOC policy states the Unit Administrator or designee shall notify the administrator of the other facility of the allegation within 72 hours of the reporting of the incident.

115.263 (c)

PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Policy states that an incident report will be completed, documenting notification.

115.263 (d)

	<p>PAQ: The agency or facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</p> <p>Policy states that upon receiving information or allegation that a resident was sexually abused while confined at a prior DOC facility or another DOC program the Department of Correction (Parole) will be notified immediately and an incident report completed documenting notification.</p> <p>The Program Manager confirmed he would notify the Facility Director where the alleged incident occurred and report the allegation for investigation.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.</p>
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STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS	
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination: Documents:</p> <ol style="list-style-type: none"> 1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention 2. Parole and Community Services Policy and Procedure Manual 3. Bishop House Policy: Prison Rape Elimination Act (PREA) 4. PREA Incident Check List 5. Bishop House Pre-Audit Questionnaire (PAQ) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. First Responder Refresher Training <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff First Responders 2. Random Sample of Staff 3. Residents who Reported a Sexual Abuse <p>Findings (By Provision): 115.264 (a) PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the</p>

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 preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if 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 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, if 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 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.

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

Of these allegations:

1. The number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0
2. The number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0
3. 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; There were zero allegations of sexual abuse that required evidence preservation/collection.
4. 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; There were 0 allegations of sexual abuse that required evidence preservation/collection.
5. The number of times the first security staff member to respond to the report ensured 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: 0; There were 0 allegations of sexual abuse that required evidence preservation/collection.

Policy states upon learning of an allegation that a resident was sexually abused or harassed, staff will make appropriate notifications and complete PREA incident check list. Allegations may be reported verbally, in writing, anonymously or from third parties. Staff may report privately to the Program Manager or the Division Manager if needed.

The auditor observed the PREA Incident Check List is inclusive of the standard requirements.

Interviews revealed staff needed refresher training for first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse. This training was completed as part of corrective action. The facility

uploaded staff sign-in sheets to document the training was received August 24-31, 2021.

115.264 (b)

Bishop House does not employ security staff.

Interviews revealed staff needed refresher training for first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse. This training was completed as part of corrective action. The facility uploaded staff sign-in sheets to document the training was received August 24-31, 2021.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff first responder duties. Corrective action is complete.

115.264 (a)

Interviews revealed staff needed refresher training for first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse. This training was completed as part of corrective action. The facility uploaded staff sign-in sheets to document the training was received August 24-31, 2021.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. PREA Incident Check List
5. Bishop House Pre-Audit Questionnaire (PAQ)

Interview:

1. Superintendent or Designee (Program Manager)

Findings:

PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders,

medical and mental health practitioners, investigators, and facility leadership.

Policy states Bishop House PREA policy outlines program response to any incident or allegation of sexual assault/abuse or harassment.

The PREA Incident Check List is a written plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders and the Program Manager/PREA Coordinator. The checklist requires staff to indicate the date and time tasks are completed.

The auditor reviewed PREA Incident Check List and found it to be inclusive of the actions that would be taken if there were to be an incident of sexual abuse. The Program Manager confirmed the facility uses the PREA Incident Check List to coordinate actions taken in response to an incident of sexual abuse among staff first responders and facility leadership.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Working Agreement between New Opportunities, Inc. and AFL-CIO (January 1, 2017 through December 31, 2021)
5. Bishop House Pre-Audit Questionnaire (PAQ)

Interview:

1. Agency Head (Program Manager)

Findings (By Provision):

115.266 (a)

PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any

collective bargaining agreement or other agreement since the last PREA audit.

The Program Manager confirmed Bishop House has entered into or renewed a collective bargaining agreement. He verified the agreement does not limit 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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Agency Head (Program Manager)
2. Superintendent or Designee (Program Manager)
3. Designated Staff Member Charged with Monitoring Retaliation
4. Residents who Reported a Sexual Abuse

Findings (By Provision):

115.267 (a)

PAQ: The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.

The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.

The name(s) of the staff member(s): Martin Meehan

The title(s) of the staff member(s): Program Manager

Policy states it is the agency policy that all residents who report sexual assault/abuse or sexual harassment or cooperate with a sexual assault/abuse or sexual harassment investigation will be protected from retaliation by other residents or staff.

115.267 (b)

Policy S 9.19 states Bishop House will take necessary measures to ensure protection of those reporting or assisting in the investigation of sexual abuse or sexual harassment. Such measures may include changing of residential assignment or staff assignment or offering emotional support services.

The interview with the Program Manager confirmed the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations through informing parole and requesting a transfer.

The Designated Staff Member Charged with Monitoring Retaliation (Program Manager) stated the role he plays in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or sexual harassment investigations includes reporting to state police and parole.

115.267 (c)

PAQ: The agency and/or 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 length of time that the agency and/or facility monitors the conduct or treatment: 90 days

The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The number of times an incident of retaliation occurred in the past 12 months: 0

CTDOC policy states for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of inmates or staff who reported the alleged sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation.

The Program Manager stated measures he would take when he suspects retaliation would be requesting a transfer and investigation.

The Designated Staff Member Charged with Monitoring Retaliation (Program Manager) stated monitoring includes assigning a staff member to monitor a victim for any retaliation, periodic status checks, possible housing changes, and removal of staff and abuser. He stated he would monitor the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse for 90 days and beyond if needed or until the client discharges.

115.267 (d)

In the case of residents, such monitoring shall also include periodic status checks.

CTDOC policy states the PREA Unit should also include periodic status checks of any alleged inmate victims. The PREA Unit shall continue the monitoring beyond 90 days if the initial monitoring indicates a continuing need for monitoring.

The Designated Staff Member Charged with Monitoring Retaliation (Program Manager) stated he would monitor the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse for 90 days and beyond if needed or until the client discharges. Monitoring would include periodic status checks.

115.267 (e)

CTDOC policy states the CEO stated if an individual who cooperates with an investigation expresses fear of retaliation, measures the agency takes to protect that individual against retaliation includes increasing monitoring of the resident alleging sexual abuse or harassment. This includes in-person and video surveillance monitoring. The resident may be moved to another room for further protection.

The Program Manager would request a transfer, make a referral for mental health counseling, and make a referral to parole and the police department for follow-up.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 1.10: Investigations
2. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
3. Parole and Community Services Policy and Procedure Manual
4. Bishop House Policy: Prison Rape Elimination Act (PREA)
5. Training Records
6. Bishop House Pre-Audit Questionnaire (PAQ)

Documents (Corrective Action):

1. Specialized Training: Investigating Sexual Abuse in a Confinement Setting

Interviews:

1. Superintendent or Designee (Program Manager)
2. Investigative Staff - PREA Coordinator (Program Manager)
3. Residents who Reported a Sexual Abuse

Findings (By Provision):

115.271 (a)

PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.

Policy states all criminal matters will be referred and investigated by local law enforcement.

CTDOC policy states the Connecticut State Police shall serve as the primary investigating authority in all incidents of sexual abuse within the Department of Correction. When inmates are being housed within the community confinement centers with which the Department contracts, the appropriate law enforcement agency shall be the investigating authority.

The PREA Coordinator (Program Manager)/Investigator confirmed an investigation following an allegation of sexual abuse or sexual harassment is initiated immediately upon report of an allegation of sexual abuse or sexual harassment and are conducted promptly. Anonymous or third-party reports of sexual abuse and sexual harassment are investigated in the same manner as all investigations.

115.271 (b)

The agency does not conduct criminal investigations.

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to §115.224.

CTDOC policy states the Connecticut State Police shall serve as the primary investigating authority in all incidents of sexual abuse within the Department of Correction. The PREA Investigation Unit or designee shall serve as the primary investigating authority for all incidents of sexual harassment. All PREA investigators shall complete specialized training in accordance with Administrative Directive 1.10.

As part of corrective action the PREA Coordinator (Program Manager)/Investigator completed Specialized Training: Investigating Sexual Abuse in a Confinement Setting. Documentation the training was received was uploaded September 29, 2021.

115.271 (c)

Policy states agency investigations will be conducted promptly and thoroughly by appropriate assigned staff. All criminal matters will be referred and investigated by law enforcement.

The PREA Program Manager)/Investigator stated the investigative process includes the contacting police. Law enforcement would gather physical and DNA evidence.

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.

If the Connecticut State Police determine that no criminal aspect exists, the PREA Investigation Unit may conduct compelled interviews only after consulting with the Office of the State's Attorney as to whether compelled interviews would be an obstacle to subsequent criminal prosecution.

The PREA Coordinator (Program Manager) Investigator confirmed compelled interviews would be the responsibility of State Police.

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.

Policy states an investigator assigned to conduct an investigation shall gather relevant information as necessary to conduct the investigation. No person shall be assigned to conduct an investigation that is involved in, or witness to, the matter under investigation. The investigator shall not recommend a specific level of discipline; however, as a result of the preponderance of the evidence, the investigator may determine whether the allegation is substantiated, unsubstantiated or unfounded. Each relevant witness shall be interviewed.

The PREA Coordinator (Program Manager)/Investigator stated he judges the credibility of an alleged victim, suspect, or witness based on the preponderance of evidence. He confirmed that a resident who alleges sexual abuse is not required to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

115.271 (f)

Policy states the internal administrative investigation will include whether the alleged incident of sexual harassment, or retaliation was the result of employee misconduct or negligence. The PREA Coordinator must compile a full review / incident report and submit to the affected program's contracted funder.

The PREA Coordinator (Program Manager)/Investigator stated the internal administrative investigation will include whether the alleged incident of sexual harassment, or retaliation was the result of employee misconduct or negligence. He confirmed administrative investigations are documented.

115.271 (g)

Criminal investigations are conducted by the Connecticut State Police. Police reports are documented written reports that contain a thorough description of physical, testimonial, and documentary evidence.

115.271 (h)

PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: 0

The Connecticut State Police refers substantiated allegations that appear to be criminal for prosecution.

115.271 (i)

PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

CTDOC policy states the PREA Unit shall retain all investigation reports for: (1) as long as the alleged abuser is incarcerated or employed by the Department, plus five years; or (2) as long as required by State records retention policies; or (3) as required by a litigation hold notice, whichever is longer.

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.

The PREA Coordinator (Program Manager)/Investigator confirmed an investigation would proceed when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct. The Connecticut State Police would be the investigating entity. He stated when a victim alleging sexual abuse or sexual harassment leaves the facility prior to a completed investigation into the allegation the police would continue to investigate.

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.

The Program Manager/PREA Coordinator confirmed if an outside agency investigates allegations of sexual abuse the facility fully cooperates.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding criminal and administrative agency investigations. Corrective action is complete.

115.271 (c)

As part of corrective action the PREA Coordinator (Program Manager)/Investigator completed Specialized Training: Investigating Sexual Abuse in a Confinement Setting. Documentation the training was received was uploaded September 29, 2021.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Bishop House Pre-Audit Questionnaire (PAQ)

Interview:

1. Investigator - PREA Coordinator (Program Manager)

Findings:

PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

Policy states it is the agency policy that when conducting investigations, that all evidence is reviewed and considered when determining whether allegations of sexual assault/abuse or harassment are substantiated. The agency shall impose a standard of preponderance of evidence or a lower level of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

The interview with the PREA Coordinator (Program Manager)/Investigator confirmed this policy.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent or Designee (Program Manager)
2. Investigator - PREA Coordinator (Program Manager)
3. Residents who Reported a Sexual Abuse

Findings (by provision):

115.273 (a)

PAQ: The agency has a policy requiring that any resident who makes an allegation 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.

In the past 12 months:

1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 0
2. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: N/A

Policy states that residents who are victims of sexual assault/abuse or sexual harassment are informed of the investigation results and actions taken whenever possible. All victim notifications will be documented in an Incident Report.

The Program Manager/ PREA Coordinator confirmed the facility notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

115.273 (b)

PAQ: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

In the past 12 months:

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

2. Of the outside agency investigations of alleged sexual abuse that were completed, 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 states it is the policy of Bishop House that residents who are victims of sexual assault/abuse or sexual harassment are informed of the investigation results and actions taken whenever possible. All victim notifications will be documented in an Incident Report.

115.273 (c)

PAQ: 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/facility has determined that the allegation is unfounded) whenever:

1. The staff member is no longer posted within the resident's unit;
2. The staff member is no longer employed at the facility;
3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
4. 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 the past 12 months.

CTDOC policy states the client shall be informed (unless the alleged sexual abuse was determined to be unfounded) whenever:

1. The staff member is no longer assigned within the resident's unit;
2. The staff member is no longer employed at the facility;
3. Bishop House learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.273 (d)

PAQ: 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:

1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

CTDOC policy states following a clients allegation that he/she has been sexually abused by another resident, Bishop House shall subsequently inform the alleged victim whenever:

1. Bishop House learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

2. The agency learns that the alleged abuser has been convicted on a charge

related to sexual abuse within the facility

115.273 (e)

PAQ: The agency has a policy that all notifications to residents described under this standard are documented.

In the past 12 months:

1. The number of notifications to residents that were made pursuant to this standard: 0
2. The number of those notifications that were documented: N/A

CTDOC policy states all such notifications shall be documented on the CN 9202 Offender Classification History form in section 5 of the inmate's master file.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to residents. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Bishop House Pre-Audit Questionnaire (PAQ)

Findings (by provision):

115.276 (a)

PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Policy states any staff found in violation of sexual assault/abuse or sexual harassment will be subject to disciplinary action up to including dismissal.

115.276 (b)

In the past 12 months:

1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: 0
2. The number of those staff from the facility that have been terminated (or

resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

CTDOC policy states termination is the presumptive disciplinary sanction for staff who have been found to have engaged in sexual abuse.

115.276 (c)

PAQ: 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 that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0

115.276 (d)

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

CTDOC policy states termination is the presumptive disciplinary sanction for staff who have been found to have engaged in sexual abuse. All terminations for violations of agency inmate sexual abuse or harassment policies or resignations by staff who would have been terminated but for their resignation shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Bishop House Pre-Audit Questionnaire (PAQ)

Interview:

1. Superintendent or Designee (Program Manager)

Findings (by provision):

115.277 (a)

PAQ: 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. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.

Policy states any contractor or volunteer who engages in sexual assault/abuse or harassment shall be prohibited from contact with residents and local law enforcement will be contacted unless activity determined to be noncriminal.

CTDOC policy states any contractor, vendor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

115.277 (b)

PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

CTDOC policy states the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency inmate sexual abuse or sexual harassment policies by a contractor or volunteer.

The Program Manager stated actions the facility would take in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer would include discontinuing using the contractor or volunteer.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. CTDOC Administrative Directive 9.5: Code of Penal Discipline
3. Parole and Community Services Policy and Procedure Manual
4. Bishop House Policy: Prison Rape Elimination Act (PREA)
5. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent or Designee (Program Manager)

Findings (by provision):

115.278 (a)

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

In the past 12 months:

1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0
2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0

Policy states residents will be subject to disciplinary sanctions or remanded back to the Department of Correction following an administrative finding that the resident engaged in sexual assault/abuse or harassment of another resident. Any resident criminally charged will be returned to the Department of Correction (remanded).

CTDOC policy states inmates shall be subject to disciplinary sanctions in accordance with Administrative Directive 9.5 Code of Penal Discipline if an investigation finds that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

115.278 (b)

PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

The Program Manager stated 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.

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.

The Program Manager stated mental disability or mental illness is considered when determining sanctions.

115.278 (d)

PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

CTDOC policy states if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

115.278 (e)

PAQ: The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.

CTDOC policy states the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.278 (f)

PAQ: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

CTDOC policy states a report of sexual abuse, made in good faith based on 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. However, if an investigation concludes that the report of sexual abuse was not made in good faith, an inmate may be subject to discipline in accordance with Administrative Directive 9.5 Code of Penal Discipline.

115.278 (g)

PAQ: The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

CTDOC policy states all sexual activity between inmates is prohibited and inmates may be disciplined for engaging in this activity. However, if the activity is not

coerced, inmates engaging in the activity will not be found guilty of sexual abuse, although they may be subject to other disciplinary sanctions.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. State of Connecticut Judicial Branch Office of Victim Services (OVS) Sexual Assault Forensic Examiners (SAFE) Program
5. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Medical and Mental Health Staff - N/A
2. Residents who Reported a Sexual Abuse
3. Staff First Responders

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.282 (a)

PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

CTDOC policy states the facility shall offer medical and mental health evaluation

and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any facility. (An inmate may refuse such treatment in writing utilizing HR-301; Refusal of Health Services) any such refusal must be documented by the Supervisor completing the PREA Incident Checklist (CN61201).

State of Connecticut Judicial Branch Office of Victim Services (OVS) Sexual Assault Forensic Examiners (SAFE) Program

The SAFE Program has caring sexual assault forensic examiners, called SAFEs, who work closely with:

- Emergency room nurses and doctors to give medical care;
- Sexual assault victim advocates to give emotional support, information and referrals;
- The police and prosecutor by collecting physical evidence that may be used in the police investigation and criminal court, if the victim decides to report the crime.

SAFE Program services are free, confidential, and available 24 hours a day, 7 days a week. By law, victims cannot receive a bill for the sexual assault forensic exam and evidence collection, even if they go to a non-participating health care facility.

Participating Health Care Facilities

1. Connecticut Children's Medical Center
2. Hartford Hospital
3. The Hospital of Central Connecticut (New Britain campus)
4. Manchester Memorial Hospital
5. Middlesex Hospital
6. MidState Medical Center
7. Saint Francis Hospital
8. Windham Hospital
9. University of Connecticut Student Health Services

The auditor contacted Saint Mary's Hospital, Waterbury Hospital, and Safe Haven of Greater Waterbury. Services would be available to resident victims of sexual abuse at Bishop House.

115.282 (b)

Bishop House does not employ medical or mental health practitioners.

115.282 (c)

PAQ: Resident victims of sexual abuse while incarcerated are 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. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis.

CTDOC policy states inmate victims of sexual abuse while incarcerated shall be

offered timely access to information about and access to sexually transmitted infections prophylaxis and tests for sexually transmitted infections all as medically appropriate.

The Agency does not provide specialized treatment services for victims of sexual assault, victims will be referred to outside source for medical and mental health services.

Saint Mary's Hospital and Waterbury Hospital would provide sexually transmitted infections prophylaxis.

115.282 (d)

PAQ: 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.

CTDOC policy states treatment services relative to sexual abuse 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.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Bishop House Policy: Medical and Mental Health Care for Victims of Sexual Abuse
5. Memorandum of Understanding: Safe Haven of Greater Waterbury
6. Forensic medical examinations are available through the State of Connecticut Judicial Branch Office of Victim Services (OVS) Sexual Assault Forensic Examiners (SAFE) Program
7. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Medical and Mental Health Staff - N/A
2. Residents who Reported a Sexual Abuse

Site Review Observations:

Observations during on-site review of physical plant

Findings (by provision):**115.283 (a)**

PAQ: The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

CTDOC policy states the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any facility. (An inmate may refuse such treatment in writing utilizing HR-301; Refusal of Health Services) any such refusal must be documented by the Supervisor completing the PREA Incident Checklist (CN61201).

Forensic medical examinations are available through the State of Connecticut Judicial Branch Office of Victim Services (OVS) Sexual Assault Forensic Examiners (SAFE) Program

The SAFE Program has caring sexual assault forensic examiners, called SAFEs, who work closely with:

- Emergency room nurses and doctors to give medical care;
- Sexual assault victim advocates to give emotional support, information and referrals;
- The police and prosecutor by collecting physical evidence that may be used in the police investigation and criminal court, if the victim decides to report the crime.

SAFE Program services are free, confidential, and available 24 hours a day, 7 days a week. By law, victims cannot receive a bill for the sexual assault forensic exam and evidence collection, even if they go to a non-participating health care facility.

Participating Health Care Facilities

1. Connecticut Children's Medical Center
2. Hartford Hospital
3. The Hospital of Central Connecticut (New Britain campus)
4. Manchester Memorial Hospital
5. Middlesex Hospital
6. MidState Medical Center
7. Saint Francis Hospital
8. Windham Hospital
9. University of Connecticut Student Health Services

Saint Mary's Hospital and Waterbury Hospital are non-participating health care facilities. Services would be available to resident victims of sexual abuse at Bishop House.

115.283 (b)

CTDOC policy states 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.

115.283 (c)

CTDOC policy states inmate victims of sexual abuse while incarcerated shall be offered timely access to information about and access to sexually transmitted infections prophylaxis and tests for sexually transmitted infections all as medically appropriate.

115.283 (d) N/A

Bishop House is an all-male facility.

115.283 (e) N/A

Bishop House is an all-male facility.

115.283 (f)

PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

CTDOC policy states inmate victims of sexual abuse while incarcerated shall be offered timely access to information about and access to sexually transmitted infections prophylaxis and tests for sexually transmitted infections all as medically appropriate.

The Agency does not provide specialized treatment services for victims of sexual assault, victims will be referred to outside source for medical and mental health services.

Saint Mary's Hospital and Waterbury Hospital medical personnel would provide information and treatment for sexually transmitted infections.

115.283 (g)

PAQ: Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

CTDOC policy states treatment services relative to sexual abuse 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.

115.283 (h)

PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

CTDOC policy states all facilities shall attempt to conduct a mental health evaluation of all known inmate-on-inmate aggressors within 60 days of learning of

such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The Agency does not provide specialized treatment services for victims of sexual assault, victims will be referred to outside source for medical and mental health services.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. CN 61203, PREA Incident Post-Investigation Facility Review Form
5. Bishop House Pre-Audit Questionnaire (PAQ)

Interviews:

1. Superintendent or Designee (Program Manager)
2. PREA Coordinator
3. Incident Review Team

Findings (by provision):

115.286 (a)

PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0

Policy states The PREA Coordinator will conduct an incident review at the conclusion of all sexual abuse investigations including allegations that are found to be unsubstantiated.

CTDOC policy states each facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the incident has been determined to be unfounded.

115.286 (b)

PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

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

CTDOC policy states the review shall ordinarily occur within 30 days of the conclusion of the investigation.

115.286 (c)

PAQ: 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.

CTDOC policy states the review team shall include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners.

The Program Manager confirmed the facility has a sexual abuse incident review team; the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

115.286 (d)

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

CTDOC policy states the review team shall:

- (1) consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (2) consider whether the incident or allegation was motivated by race, ethnicity, gang affiliation, gender identity, status or perceived status as lesbian, gay, bisexual or intersex, or was motivated or otherwise caused by other group dynamics at the facility;
- (3) examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- (4) assess the adequacy of staffing levels in that area during different shifts;
- (5) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (6) prepare a report of its findings, including but not necessarily limiting the report to the areas laid out herein as well as any recommendations for improvement. The report shall be submitted to the facility's unit administrator and the PREA Director.

The PREA Coordinator reported he is a part of the sexual abuse incident review team. He confirmed the team considers 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 other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area is assessed for different shifts. He confirmed the team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

115.286 (e)

PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.

CTDOC policy states the facility shall implement recommendations for improvement or document reasons for not doing so.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Incident Report Form
5. Bishop House Pre-Audit Questionnaire (PAQ)

Findings (by provision):

115.287 (a)/c)

PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.

CTDOC policy states all sexual abuse/ sexual harassment shall be documented on CN 6601, Incident Report in accordance with Administrative Directive 6.6, Reporting of Incidents. This information shall also be compiled for each residential facility with which the Department contracts for the housing of inmates.

The auditor reviewed the Incident Report Form and Survey of Sexual Victimization Substantiated Incident Form for verification.

115.287 (b)

PAQ: The agency aggregates the incident-based sexual abuse data at least annually.

The auditor reviewed the aggregated data from 2016-2020.

115.287 (d)

PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Policy states Bishop House will maintain records of all incidents related to incidents or allegations of sexual assault/abuse and sexual harassment. This information and data will be provided to the Department of Correction upon request. The auditor reviewed incident reports and internal investigation files for verification.

115.287 (e) N/A

PAQ: The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with SSV reporting regarding content.

Bishop House is the only community residential facility operated by New Opportunities.

115.287 (f) N/A

The agency was not requested to provide the Department of Justice with data from the previous calendar year.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data collection. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Bishop House Pre-Audit Questionnaire (PAQ)

Document (Corrective Action):

1. Annual Reports (2016-2020) <http://www.newoppinc.org/halfway-house>

Interviews:

1. Agency Head (Program Manager)
2. PREA Coordinator

Findings (by provision):**115.288 (a)**

PAQ: The agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. 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.

CTDOC policy states the agency PREA Coordinator shall review data collected and aggregated to assess and improve the effectiveness of the Department's sexual abuse prevention, detection, and response, policies, practices, and training by: (1) identifying problem areas; (2) recommending corrective action on an ongoing basis; and (3) preparing an annual report of the findings and corrective actions for each facility as well as the Department as a whole.

Annual reports are published on the agency's website at: <http://www.newoppinc.org/halfway-house>. Reports are published for 2016 through 2020. The reports are inclusive of annual data comparison and statistical analysis and corrective actions. The Program Manager/PREA Coordinator confirmed the agency reviews data collected and aggregated pursuant to §115.287 in order to assess, and improve the effectiveness, of its sexual abuse and prevention, detection, and response policies, and training. The auditor reviewed the published annual reports and found them to be inclusive of the requirements of the standard provision.

115.288 (b)

PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

The auditor reviewed the annual reports and determined they are inclusive of the standard provision.

115.288 (c)

PAQ: The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

The auditor observed the published annual reports at: <http://www.newoppinc.org/halfway-house>

The reports are approved by the CEO. This was corroborated by interviewing the Program Manager and reviewing the published annual reports.

115.288 (d)

PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

The auditor reviewed the annual reports and observed no identifying information.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data review for corrective action. Corrective action is complete.

115.288 (a) - (d)

The PREA Coordinator developed an annual report as part corrective action on September 27, 2021. The auditor reviewed the report and determined it to be compliant with the standard requirements.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. CTDOC Administrative Directive 6.12: Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention
2. Parole and Community Services Policy and Procedure Manual
3. Bishop House Policy: Prison Rape Elimination Act (PREA)
4. Bishop House Pre-Audit Questionnaire (PAQ)

Document (Corrective Action):

1. Annual Reports (2016-2020) <http://www.newoppinc.org/halfway-house>

Findings (by provision):

115.289 (a)

PAQ: The agency ensures that incident-based and aggregate data are securely

retained.

Bishop House will maintain records of all incidents related to incidents or allegations of sexual assault/abuse and sexual harassment.

The PREA Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained.

115.289 (b)

PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

Aggregated sexual abuse data is available to the public through the New Opportunities' website at <http://www.newoppinc.org/halfway-house>. Reports are published for 2016 to 2020.

The auditor reviewed published annual reports on the agency website.

115.289 (c)

PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

The auditor reviewed the published annual reports and observed personal identifiers were not included in the reports.

115.289 (d)

PAQ: The agency maintains sexual abuse data 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 states records will be maintained for 10 years.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data storage, publication, and destruction. Corrective action is complete.

115.289 (b)

The PREA Coordinator developed an annual report as part corrective action on September 27, 2021. The auditor reviewed the report and determined it to be compliant with the standard requirements.

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Bishop House Pre-Audit Questionnaire (PAQ)
2. Interviews
3. Research
4. Policy Review
5. Document Review
6. Observations during onsite review of facility

Findings:

During the three-year period starting on August 20, 2013, and the current audit cycle, New Opportunities ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. Also, one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited. Bishop House is the only community residential facility operated by New Opportunities.

The auditor was given access to, and the ability to observe, all areas of Bishop House. The auditor was permitted to conduct private interviews with residents at the facility. The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Bishop House Pre-Audit Questionnaire (PAQ)
2. Policy Review
3. Documentation Review
4. Interviews

5. Observations during onsite review of facility

Findings:

All Bishop House PREA Audit Reports are published on the Connecticut Department of Correction's website at: <https://portal.ct.gov/DOC/Miscellaneous/PREA>.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings. No corrective action is required.

	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
	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
	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
	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
	If the agency has entered into a contract with an entity that fails	na

	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
	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
	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.)	yes
	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	yes

	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
	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
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
	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
	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

	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
	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
	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
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	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
Section 115.264		
	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
Section 115.266		
	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

	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
	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
	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
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency 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

	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
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
	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
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology,	yes

	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.)	
	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
	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
	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	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
	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
	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
	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
	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

	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
	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
	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
	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

	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
	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
	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

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
	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
	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
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
	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
	Does the agency maintain documentation of resident participation in these education sessions?	yes
	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
	In addition to the general training provided to all employees	yes

	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)).	
	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
	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
	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

	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
	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
	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
	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

	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.)	
	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
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
	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	yes

	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: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
	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
	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

	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
	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
	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
	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	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
	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
	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
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

	<p>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.)</p>	yes
	<p>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.)</p>	yes
	<p>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.)</p>	yes
	<p>Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?</p>	yes
	<p>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?</p>	yes
	<p>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?</p>	yes

	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
	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
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
	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	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
	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
	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
	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

	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
	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

	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.)	
	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
	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
	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
	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
	Does the agency require all staff to report immediately and	yes

	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
	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
	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
	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
	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

	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
	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
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
	Does the agency document that it has provided such notification?	yes
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	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: 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	yes

	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
	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
	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
	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
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
	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
	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	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
	In the case of residents, does such monitoring also include periodic status checks?	yes
	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
	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
	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

	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
	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
	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
	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
	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

	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
	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
	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
	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
	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
	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
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
	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
	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

	abuser has been convicted on a charge related to sexual abuse within the facility?	
	Does the agency document all such notifications or attempted notifications?	yes
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
	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
	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

	prohibited from contact with residents?	
	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
	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
	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
	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
	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
	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

	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
	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
	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
	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
	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
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with	yes

	appropriate?	
	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
	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
	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
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. Note: in "all-	na

	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.)	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
	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
	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
	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
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

	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
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
	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
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

	necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	
	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
	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
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
	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

	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
	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
	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
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
	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
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
	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

	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
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	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
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
	Was the auditor permitted to conduct private interviews with residents?	yes
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

	<p>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.)</p>	yes
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